Hawaii Coordinated Entry System Mapping Tool

The following document is intended to assist in the development of a system map for the coordinated entry system in Hawaii. Building off the baseline set by Hawaii's draft Coordinated Entry Policies and Procedures, it looks at: (1) what is the approach from that document; (2) whether steps have been taken to implement that approach; (3) what the community likes about the approach; (4) what the community does not like about the approach; (5) what alternatives could be explored; and (6) what else is needed to move forward on developing any particular component of the system.

ISSUE, ELEMENT, OR COMPONENT	DRAFT POLICIES AND PROCEDURES				NEXT STEPS	
	What approach do the draft Policies and Procedures take regarding this issue, element, or component?	What steps have been taken to implement this approach (if any)? If none, why not?	What do we like about this approach?	What don't we like about this approach?	Is there a better approach? If so, what is it?	Is additional information needed to inform this decision? Do additional decision-makers need to be included to address these issues?
System Access and Entry: Full coverage through the "No Wrong Door" model, focused on three "portals" through which clients enter the coordinated entry system: (1) street outreach, (2) emergency shelters, and (3) Aloha United Way 2-1-1. Additional services and linkages to the CES portals come through community partners, including healthcare system, law enforcement, etc.						
Access Points: Where and how will clients access the coordinated entry system?	There will be multiple access points within the CoC staffed by multiple agencies. Primary initial access will be through: • Street outreach • Emergency shelters • Aloha United Way 211					
Advertising: How will clients learn about these access points?	Access points will be advertised through: • Aloha United Way 211 • Partners in Care (PIC) website • Other online information Referrals will also be accepted from: • Healthcare providers • Case managers • Primary care physicians • Mental health providers • Hospitals • Local businesses • Police departments					
Role: What role will these initial access points play in the coordinated entry process?	Access points will perform triage screening to determine crisis needs, incorporating the following goals/components:					

	• Address the health and safety of someone who may be very vulnerable (victims of domestic violence or other persons in immediate distress) • Specialized expertise to address a special demographic population (veterans, families, elderly, etc.) • Clinical capacity to meet the service needs of other special populations (mentally ill, substance abuse, recently released offenders, etc.)				
Operating Principles: What operating principles will the initial access points incorporate into their programs?	System entry and access will incorporate best practices related to: • Housing First (reduction of entry barriers) • Non-discrimination				
Other Outstanding Issues:					
Assessment and Prioritization: Providers and outreach workers will perform assessment using the VI-SPDAT or the appropriate subpopulation version of the SPDAT. Once assessed, clients will be assigned a housing navigator (typically an outreach worker or shelter staff member) who gets clients document-ready and scans those documents into HMIS. Eligibility and prioritization schemes will be outlined in the Policies and Procedures, including score ranges and other additional factors to consider. By-name lists will be incorporated into HMIS.					
Assessment Timing and Process: Who will conduct the assessment? When will it be conducted? How will it be conducted?	Assessment will be conducted as part of the intake process, during which a household will be interviewed and entered into coordinated entry by a housing navigator. Interviews may be conducted face-to-face, via telephone, or via other web-based means and may include parents, guardians, or others. Screening interviews will be conducted using a common assessment tool, by outreach workers and other agency staff, and will be documented in HMIS.				
Assessment Tool(s): What assessment tools will the community utilize? Will	The VI-SPDAT (as well as subpopulation-specific versions) will be used as common				

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there be supplemental components to the assessment tool?	assessment tools. This may be supplemented by providers, but any additional tools must be consistent with the general structure and represent no additional barriers to entry above funder-mandated criteria. All applicable privacy laws will be in effect.					
Role of HMIS: What will happen to the assessment information after collection? What role will HMIS play in the assessment process?	Assessment scores completed in hard copy format must be entered into HMIS within 7 business days, except for victims of domestic violence. This will create a Unique Client Identifier to avoid duplication. If a client is not already in HMIS, a Release of Information will be obtained at this time.					
Prioritization for PSH: How will permanent supportive housing beds be prioritized?	Clients will be prioritized for PSH on the basis of: • VI-SPDAT scores between 10-20 • Length of time homeless • Tie-breakers: age, document-readiness					
Prioritization for RRH: How will rapid rehousing beds be prioritized?	Clients will be prioritized for RRH on the basis of: • VI-SPDAT scores between 5-9 • Sustainable income, or the ability to obtain income, sufficient to afford rent at the end of rental assistance					
Prioritization for TH: How will transitional housing beds be prioritized?	Clients will be prioritized for TH on the basis of: • VI-SPDAT scores between 0-10 • Length of time homeless • Tie-breakers: age, document-readiness					
Other Outstanding Issues:						

Matching, Referral, and Placement: Clients will be matched to and referred for placement into housing programs through bi-weekly case conferencing. VI-SPDAT scores and other screening information will be stored in HMIS. HMIS capacity may be expanded to further enable matching and referral.

After Assessment: What will happen to clients following assessment?	Following assessment, clients will be assigned to a housing navigator, whose role will be to prepare the household in any way possible for housing and services, including: • Discussion of housing goals • Document preparation • Assistance moving through the matching process • Updating the assessment • Reviewing participant information • Locating the participant • Preparing the client for referral The housing navigator will remain with the client through placement and provide a warm hand-off to case managers.				
Housing Navigators: Who will serve as housing navigators?	Housing navigators will typically be either: • Street outreach workers • An emergency/transitional shelter worker with a pre-existing relationship to the client				
Matching and Placement: When and how will matching be performed? What happens once a referral is made?	Matching to housing assistance can and should occur as soon as an opening becomes available (including the period before document-readiness). Following placement, housing navigators will submit a Housing Placement Form and the client will be removed from their caseload.				
Denied Referrals: What happens if a client or program rejects a referral?	Client choice will be built into the system. Clients may reject a limited number of referrals. If a program rejects a referral, the client may appeal the decision to the Executive Committee, which will attempt to identify alternative solutions. All denied				

	referrals/appeals will be documented in HMIS.				
Other Outstanding Issues:					