

Exercise 2

Coordinated Entry – Planning and Design Process Mapping Exercise

Have participants spend 30 minutes identifying their current process

Step 1: With (color 1) sticky notes, on a flip chart or wall space, identify your current process (as best as you can) by writing down each step (access point, assessment step, etc.) on a sticky note and placing it on your 'map' in the order it happens so you can see where each step happens/overlaps.

Step 2: With a (color 2) sticky note, identify where you see gaps or a need to streamline the process; place those sticky notes on the map.

Step 3: With a (color 3) sticky note, identify where there are unknowns (if needed)

Group 1: Core Component - Access

When thinking about your CURRENT process, identify the following:

- What types of access points are already in place (where do people first access assistance)?
- Do access points cover the CoC's full geographic area?
- Are there variations within the geographic area that inform how the access points are set up, how they operate, whom they target?
- How does a person access each location (hotline, walk-in, appointment, referral)?
- What is the timeline for accessing an entry point (do they have to wait for an appointment, is it first come first served)?
- What happens at the Access points (initial screening/triage, prevention, diversion)? Is it the same at each?
- Are there certain access points that are more frequently used than others?
- How do the access points interact with outreach workers?
- Who can be served at each access point (all populations or is it specific to certain subpopulations)?
- How is access provided after business hours and on weekends?

Group 2: Core Component - Assess

When thinking about your CURRENT process, identify the following:

- Who does the assessment? (government agency? nonprofit? clinic?)
- What assessment tool are you using?
- Do you have a phased assessment approach?
- What additional assessments (if any) does the referee agency do?
- Is there any point at which people get reassessed? How? Why?
- How and when is a screening/triage assessment used to document a household's crisis needs?
- How and when is a diversion questionnaire used to assist households avoid homelessness?
- How and when is VI-SPDAT information used to make a referral?
- Does the assessment document both eligibility and prioritization?

Group 3: Core Component - Prioritization & Referral/Housing Placement

When thinking about your CURRENT process, identify the following:

- What types of prioritization decisions are already being made?
- Are they based on level of need, time spent on the waitlist, or provider preferences?
- Has your CoC adopted a prioritization policy?
- How is your priority list managed?
- How is a person's priority level updated when new information is revealed?
- Do you have a case conferencing process? If so, who manages the process and who participates?
- Are existing "by-name lists" being merged with a CoC-wide prioritization list?
- Are all programs and projects committed to accepting referrals and filling vacancies through the Coordinated Entry System?
- What entity manages the referral process?
- What is process for matching the priority list to program vacancies?
- How does a person receive a referral?
- What are the expectations around time for a provider (receiving agency) to respond to a referral?
What happens if a referral is rejected?