Coordinated Entry System Standards and Best Practices

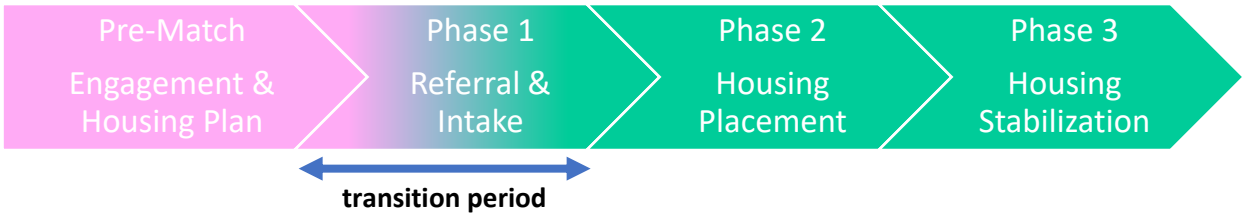
Roles

Access Point	Matchmaker	Housing Provider
Connects participants to CES and offers additional services	Facilitates referrals to housing opportunities	Provides permanent housing opportunities

Referral Standards

The goal of the referral standards is to foster a referral process that quickly places people in permanent housing following a referral from CES.

The referral process is outlined below as three phases:



Pre-Match: Engagement & Housing Plan

The pre-match timeframe will vary depending on the participant's housing interests, eligibility, vulnerability and the availability of housing opportunities. The **Access Point** is the lead agency working with the participant during this phase and is expected to maintain regular contact with the participant and update HMIS, at minimum, every 90 days. Contact every month or more often is recommended. During this phase, the **Access Point** will be providing ongoing engagement with the participant to meet basic needs and develop a trusting relationship. Activities that can be completed during this phase include:

- Providing shelter referrals if unsheltered and interested in shelter
- Continuously revisiting housing plans and diversion conversations
- Increasing income through employment or benefits
- Accessing benefits
- Addressing medical or other service needs
- Providing referrals to community-based resources to meet basic needs
- Collecting housing application documents such as birth certificates, ID cards, and social security cards (Housing Documents Guide)

During the pre-match phase, it is critical for the participant to be aware that housing resources available through CES are limited. Therefore, the **Access Point** will be continuously engaging the participant in discussions about housing plans and interests, including discussions about housing resources available through CES as well as diversion and problem-solving discussions to identify housing options not available

through CES. For more information about developing a housing plan, please watch How to Build a Housing Plan.

Phase 1: Referral and Intake

The **Matchmaker** will make referrals to all available housing opportunities on a weekly basis following CES Policies approved by the Continuum of Care Board and the eligibility criteria of the available housing opportunities.

During Phase 1, **Housing Providers** are responsible for the following:

- Requesting referrals from CES using the Homeless Management Information System (HMIS)
- Communicating eligibility criteria for the available opportunity
- Provide **Housing Provider** points of contact and details about the application process to inform the next steps to include in the match email following a referral.

Access Points are expected to come prepared to the CES match meetings with accurate and current information about the participant's availability and their housing needs and interests.

Following every housing match, the **Matchmaker** will send a match email to connect **Access Point** contacts with the **Housing Provider** point of contact. The match email will identify the participant matched to the opportunity and include next steps for the **Access Points** and **Housing Providers** to follow. Both the **Access Points** and **Housing Providers** are expected to proactively communicate with each other and the participant to complete the housing intake process. Initial communication attempts between **Access Points** and **Housing Providers** should be made within the first week of the match email and documented in HMIS.

Phase 1 is considered a transition period as participants are informed of the housing opportunity and agree to complete the intake process, supportive services are expected to transition from the **Access Point** to the **Housing Provider**. Depending on the housing opportunity, the participant may continue to need **Access Point** assistance throughout the intake process or even until permanent housing placement. It is important for the **Access Point** and **Housing Provider** to clearly communicate roles and expectations between themselves and the participant.

Matchmakers will refer participants based on presumptive eligibility. It is the **Housing Provider's** responsibility to confirm program eligibility during the housing intake process. **Housing Providers** are expected to have minimal referral returns and should be limited to:

- Inappropriate referral (ex. Accessibility needs cannot be met)
- Program ineligibility
- Participant obtained other permanent housing
- Unresponsiveness after multiple attempts to communicate with the applicant, **Access Points** and other service providers
- Applicants declined the opportunity

Goal: Less than 40% of referrals will be denied

Housing Providers are expected to attempt to contact the referred applicant within 3 business days of the referral and make a minimum of 3 attempts to contact the applicant using any means necessary,

including using all available contact information and contact the **Access Point**. Not all participants will have a phone or email and are often difficult to contact. **Housing Providers** are expected to coordinate with **Access Points** and location information available in HMIS to locate participants. Best practices for making initial contact include:

- Contacting the participant on different days and times using the contact information available in HMIS and provided by the **Access Point**
- Contacting the **Access Point** for assistance for connecting with the applicant
- Reviewing HMIS for any changes in location or service provider
- Sharing any communication challenges with the **Matchmaker**

The **Access Point** is expected to facilitate a warm handoff to the **Housing Provider**. Best practices for a successful referral include:

- Clear communication with the participant regarding match information and next steps with **Housing Provider**
- Regularly update the participant's contact information in HMIS
- Regularly update the participant's current living situation in HMIS, especially if the participant is unsheltered or doesn't have any contact information
- Participate in the intake meeting with the participant and the **Housing Provider**
- Follow-up with the **Matchmaker** if initial contact between the participant and **Housing Provider** has not been established within 1 week of the housing match

If the referral is returned to CES, it is the **Housing Provider's** responsibility to reconnect the participant with an **Access Point** and inform the **Access Point** of the reasons for returning the referral to inform the housing plan.

During this Phase, the **Matchmaker** will provide support with communication and ensuring progress toward permanent housing placement. **Matchmakers** may provide support through group or case specific case conferencing, by email or other strategies to ensure that referrals are efficiently and appropriately progressing toward housing placement. **Matchmakers** will be tracking referrals by length of days from referral to support progress toward achieving the outcomes below.

Goal: Rapid Rehousing referrals will be accepted within 14 days

Goal: Other Permanent Housing referrals will be accepted within 45 days

Goal: Permanent Supportive Housing referrals will be accepted withing 45 days

Phase 2: Housing Placement

After intake is completed during Phase 1, Phase 2 begins with the housing search or housing placement. During this phase, the **Housing Provider** should be the primary point of contact with the participant or the **Housing Provider** must clearly communicate with the **Access Point** if the **Access Point** is needed to remain the primary point of contact with the participant. The **Housing Provider** should be collaborating with the participant to locate housing that meets the participant's needs or working to schedule a move in date if housing has already been located.

Activities that support successful housing placement include:

- Ensuring participant has all housing application documents such as birth certificates, ID cards, and social security cards (Housing Documents Guide)
- Assisting participant in completing rental application
- Reviewing current housing plan
- Reviewing resources that may assist a participant as they transition into housing placement
- Exploring and strengthening participant's community supports and connections in the prospective neighborhood of housing placement

If the participant's housing needs change or if there is any other reason the participant is unable to proceed with a permanent housing placement, the **Housing Provider** is expected to re-connect the participant with the original or a new **Access Point**.

Phase 3: Housing Stabilization

Once the participant is permanently housed, the housing stabilization period begins. During this phase, **Access Point** services are typically closed and services are fully transitioned to the **Housing Provider**. However, there are times when **Access Points** may be helpful to assist with addressing housing stability concerns or building rapport and trust with the **Housing Provider**.

System performance measures in Orange County indicate that people are most likely to return to homeless during the first six months following housing placement. It is critical that participants have sufficient supportive services and linkages to community supports as they adjust to their permanent housing placement.

Critical Time Intervention (CTI) is an evidence based model that can be used in both rapid rehousing and supportive housing programs. A community wide training was available in 2021. The training and resources can be requested by emailing coordinatedentry@ocgov.com to assist **Housing Providers** with integrating this model into their housing programs.