



Continuum of Care (CoC)

- Jefferson County
- St. Lawrence County
- Lewis County

What is the Continuum of Care? (CoC)

The CoC is a planning body that coordinates housing and services funding for homeless families and individuals. ...

A CoC helps provide more strategic systems to provide homeless people with housing and services appropriate to their range of needs.

How will
Coordinated
Entry
help to minimize
homelessness?

This process helps programs/providers make the most of limited funding available throughout their community. Coordinated Entry on its own cannot address the lack of affordable housing in Jefferson, St. Lawrence & Lewis Counties.

What is Coordinated Entry? 4 Core Elements



Access: How does someone experiencing a housing crisis learn about an access response services.



Assessment: Collecting information about the barriers faced to being rapidly rehoused and characteristics that make someone more vulnerable while homeless.



Prioritization: Based on specific & definable set of criteria made publicly available through written prioritization standards and applied consistently throughout the CoC.



Referral: Persons with the highest priority are offered housing and supportive services based on program criteria.

Confidentiality & Client Privacy



Confidentiality and privacy for client information should always be a top priority when conducting assessments and handling client data.



Before completing an assessment with a client, clients must sign a Release of Information that allows our CoC to use their personal identifying information for the purpose of finding them safe and stable housing.

Process: What Happens With An Assessment

YOU ARE HERE



COMPLETION OF ASSESSMENT FORM

Your Agency & Staff On The Frontline



CE MANAGER DETERMINES VULNERABILITY



CE MANAGER ENTERS
INFORMATION INTO
DATABASE AND CHECKS
WITH THE APPROPRIATE
AGENCIES FOR VACANCIES



AGENCIES DETERMINE IF
APPROPRIATE FOR THEIR
PROGRAM(S)—OUTREACH
TO CONSUMERS FOR
DISCUSSION



IF ACCEPTED TO A
PROGRAM THE CE
MANAGER DISCHARGES
THE CLIENT FROM THE
COORDINATED ENTRY
LIST.



ONGOING DUTIES: STAY IN
TOUCH WITH THE
AGENCIES TO SEE IF THEY
HAVE NEW INTAKES; CE
MANAGER MUST UPDATE
THE LIST AS THE
ASSESSMENTS COME IN

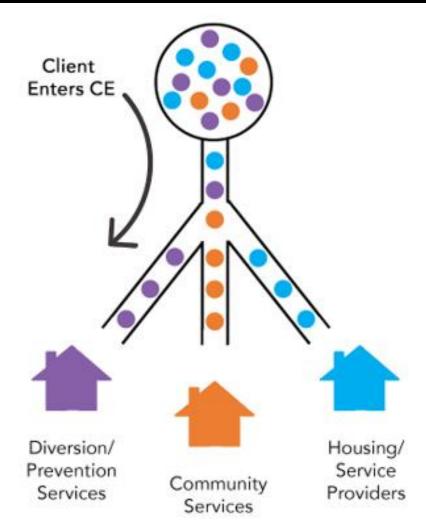
AGENCY STAFF WILL FILL THIS OUT WITH THE CONSUMER

| Client Score: | te North | Do you have any physical or mental limitations that would prevent you from obtaining housing? (circle Physical/Medical Developmental Disability Mental Health Drug or Alcohol | |
|--|-------------|--|------------------------|
| HOUSING/HOMELESS ASSESSMENT TOOL HOUSING Agreement Learn, | ts North | HIV/AIDS Other: | |
| HAVE YOU COMPLETED THIS SURVEY WITH ANOTHER AGENCY? IF YES WHICH AGENCY? | | Score one point for each disability. | Score |
| RESIDENCE INFORMATION | | 13. Is anyone in your household a veteran: ☐ Yes ☐ No IF "YES" THEN SCORE 3 | Score |
| I understand that the information on this form may be shared with other agencies participating in the continuo | um of care. | | |
| | | 14. Do you have any legal issues that will make it more difficult to rent a place to live? (Circle all that apply) Registered Sex Offender Released from Jail/Prison On probation/Parole Pending charges/ Fines | 1 |
| Signature of Head of Household Date | | SCORE 1 point for each legal issue | Score |
| 1. Name: Date: | | | |
| 2. Phone Number: () Alt. Phone: () | | Are you being sanctioned through a public assistance program: ☐ Yes ☐ No IF "YES", THEN SCORE 3 | Seere |
| Number of people in the household: | | IF TES , THEN SCORE S | Score |
| Ages and Gender of those seeking housing: DOB | | 16. Are you or anyone in your household currently employed: ☐ Yes ☐ No If so, who in the house is er the name, address, and phone number of the employer: | |
| (self) | | IF "NO" THEN SCORE 1 | Score |
| IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1. | Score: | 17. Do you have any other available income or resources at this time? These include, but are not limited to | |
| IF A FAMILY WITH DEPENDENT CHILDREN, THEN SCORE 5 | Score: | Payments, Unemployment Insurance Benefits, Disability Benefits, Social Security Benefits, SSI Payments or Yes No If yes, indicate what type of income it is, the date it was last received on and the amount | _ |
| IF THE PERSON IS 24 OR UNDER, THEN SCORE 2. | Score: | | |
| 5. When did you become homeless: | | IF "NO" THEN SCORE 1 | Score |
| | | 18. Do you have your own transportation? ☐ Yes ☐ No | |
| How many separate times in the past 3 years have you been without a regular place to stay (including right in time 2-3 times 4 or more times for the highest of the 2 choices be | - | IF "NO" THEN SCORE 1 | Score |
| IF THE PERSON HAS EXPERIENCED 2-3 EPISODES OF HOMELESSNESS, THEN SCORE 2. | Score | 19. Are you fleeing Domestic Violence? ☐ Yes ☐ No | |
| IF THE PERSON HAS EXPERIENCED 4 + EPISODES OF HOMELESSNESS, THEN SCORE 3. | Score | IF "YES" THEN SCORE 3 | Score |
| 7. Has it been more than a year since you had a regular place to stay? IF THE PERSON HAS EXPERIENCED 1+ CONSECUTIVE YEARS OF HOMELESSNESSS THEN SCORE 3 | Score: | 20.Have you ever been in the Foster Care system? ☐ Yes ☐ No IF "YES" THEN How did you leave the Foster Care system? | |
| Where did you stay last night and what is the address: | | ☐ <18 Returned to parents; ☐ Adopted; ☐ >18 Independent Living Discharge; ☐>18 Chose to Leave no Livi | ing Plan Complete |
| IF they said (car or other vehicle, street or woods, camper or tent), THEN SCORE 2 | Cana | at the control of a late of the control of the cont | |
| 9. What was your last permanent address and how long did you live there: | Score | 21. Have you ever received Social Security Benefits, SSI/SSA/SSD? ☐ Yes ☐ No If "YES" THEN Which type did you receive, Why did they stop, When did they stop? | |
| 10. Why are you no longer living at your last permanent address; what changed in the household to create t | | I understand by signing below I agree to any investigation made to verify or confirm the information I have given, or any oth | _ |
| nonpayment of rent, destruction of property, other | | by them in connection with my request for Services. I further understand if additional information is requested, I will provid under the penalties of perjury that the information I have given or will give is correct. | e it. I swear and affi |
| 11. Do you have any friends or family that you can stay with for at least the next 14 days, or longer? | Score | Signature Date | |

Next steps after the assessment tool is completed...

- Agency will fax assessment to CE Manager
- The Coordinated Entry Manager will determine the client's vulnerability (score) from the information listed on the assessment tool and place by assigned code on the Google Doc.
- CE Manager will also input data into a secure HMIS Database
- Agencies with housing openings access the google doc to see if there is a potential individual to fill a vacancy and reach out to listing contact ~ CE Manager reaches out to agencies when individuals meet program criteria to find out about openings

Benefits of Coordinated Entry



| IS/WILL | IS NOT/WILL NOT |
|---|---|
| Is a systems approach to coordination | is not first-come, first served |
| Is in communication with CoC providers & local agencies | Will not reduce the challenges of serving households with multiple barriers to obtaining or maintaining housing |
| Is an evolving process utilizing best practices | Will not guarantee housing |
| Will help the CoC make the best use of scarce resources | Will not happen without participation from all homeless service providers |
| Will succeed with a collective effort by the community | |
| | |



Housing First Strategy

WHAT FEELS LIKE THE END IS OFTEN THE

beginning