



ANCHORAGE COALITION TO  
**END HOMELESSNESS**

Access Point Training

# Acronym Guide

**ACEH** Anchorage Coalition to End Homelessness

**CE** Coordinated Entry

**COC** Continuum of Care

**UDE** Universal Data Element

**AKHMIS** Alaska Homeless Management Information System

**HUD US** Department of Housing and Urban Development of the United States

**HUD TA** Housing and Urban Development Technical Assistance

**VI-SPDAT/TAYSPDATS/VIFSPDAT** Vulnerability Index-Service Prioritization Decision Assistance Tool

## Goals of Coordinated Entry

- Prioritize most vulnerable for limited resources
- Streamline the Homeless Response System
- Move communities to data informed decisions



# HUD Homeless Definitions

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- **Category 1 - Literally Homeless**
  - Shelter, camp, transitional housing (i.e., Safe Harbor, Rights of Passage, etc.) institution for less than 90 days and was literally homeless prior to entry
- Category 2 -Imminent Risk of Homelessness
- Category 3-Homeless under other Federal statutes
- **Category 4 - Fleeing/Attempting to Flee DV**
  - Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing



# Who is Eligible for CE?

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In Anchorage/intends to live in Anchorage

Category 1 (literally homeless) and 4 homelessness (fleeing or attempting to flee a DV situation)

People in Transitional Housing or institutions less than 90 days who were homeless prior to entering

What if someone isn't eligible?  
Refer to other resources!

- If someone does not meet the criteria for Category 1 or 4 homelessness, do not complete a CE assessment
- Do help them connect to other resources
- Ask about family, friends, existing supports



# Chronic Homelessness

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Two separate concepts together determine chronic homelessness status:

- **1) Disability Status:** this is the presence of a disability that hinders an individual's ability to live independently and/or would be improved by obtaining housing.
- **2) Length of time homeless:**
  - 12 consecutive months shelter or a place not meant for human habitation
  - OR**
  - 4 episodes of homelessness separated by 3 breaks in their experience of homelessness. The time actually experiencing homeless between breaks equaling 12 months within the last three years.



# Before You Begin

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“Where did you sleep last night/have been sleeping lately?”

- If their answer fits into Category 1 homelessness you may continue with the assessment
- If their answer does not fit within the Category 1 homelessness; do not complete the assessment

*\*You may continue if you know the client is being displaced or will be displaced due to being the survivor of a recent DV event (within the last 12 months)\**



# Intro Paragraph

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*Hello. I'm here today to talk to you about your housing and service needs. The purpose of this assessment is to identify what services in town will best suit your needs, help community providers identify gaps in our current social service system, and to determine the order in which people will be contacted for housing and related services. It is important that you know that this is not a guarantee for housing or services, nor is this a guarantee of assistance within a specific time period. **The Coordinated Entry System does not prioritize individuals on a first-come-first-serve basis which means individuals served by Coordinated Entry will wait for various lengths of time before receiving a referral to services.***

*The Coordinated Entry Process will do its best to use the information collected here to provide referrals that are appropriate to your needs and program eligibility. It is important to know, however, that this is not an application for housing or services. Once you receive a referral there may be additional information that your service agency will need to collect to ensure that you meet the requirements for their program. Receiving a referral through Coordinated Entry is not a guarantee of services until your specific program confirms eligibility. If in any circumstance you are referred to a service for which you are not eligible, you will remain prioritized for services through Coordinated Entry and can receive future referrals to other programs as availability arises.*

*In this assessment there will be questions asked about past housing and services, your current health, substance use, legal involvement, financial stability and other areas related to housing and service need. The answers you provide in this assessment will not qualify or disqualify for Coordinated Entry, but rather help us identify which services will best suit your needs. It is always best to be honest when answering these questions. Some of these questions will be personal could make you feel uncomfortable. If there is anything that you do not want to talk about, please let me know. **You always have the right to refuse to answer a question, and we can move to the next part of the assessment.** Please know, however, that the more information you can provide me, the more able I am to understand your current situation and help you with what you really need.*

*Do you have any questions?*

*May we proceed?*





# Key Take Aways

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- **AN ASSESSMENT IS NOT A REFERRAL INTO HOUSING!!!**
- An assessment *is not* a guarantee into resources
- This is not a first-come-first-serve system, all clients will wait a various amount of time
- No question in the assessment will disqualify them for housing
- The more honest they are with you, the more perfect housing the system can find for them
- All the information collected in the assessment is confidential
- Please reiterate to the client to answer all phone calls they do not recognize, it could be a housing program reaching out to them
- All services are free (except for rent), that if anyone is calling them asking for money or credit to get them into housing is fraudulent



An assessment is  
not a referral into  
housing!!!

PLEASE MAKE SURE THE CLIENT KNOWS THIS WHEN  
COMPLETING THE ASSESSMENT

# HMIS Data Elements:

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







- Client Contact Information
- Client Demographics
- Disability status
- Alaska Mental Health Trust
- Native corporation affiliation
- History with homelessness
- History with domestic violence
- Income



## CLIENT CONTACT INFORMATION

	Client Phone Number	<input type="text"/>	G
	Email or Message Line	<input type="text"/>	G
	Secondary Contact	<input type="text"/>	G
	Secondary Contact Number	<input type="text"/>	G

## CLIENT DEMOGRAPHICS

Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>    
Date of Birth Type	<input type="text" value="-Select-"/>  
1. Race (required)	<input type="text" value="-Select-"/>  
2. Race (optional)	<input type="text" value="-Select-"/>  
3. Race (optional)	<input type="text" value="-Select-"/>  
4. Race (optional)	<input type="text" value="-Select-"/>  
5. Race (optional)	<input type="text" value="-Select-"/>  
Ethnicity	<input type="text" value="-Select-"/>  
Gender	<div style="border: 1px solid #ccc; padding: 5px;"><p>Female</p><p>Male</p><p>A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)</p><p>Transgender</p><p>Questioning</p><p>Client doesn't know</p><p>Client refused</p><p>Data not collected</p></div> <div style="text-align: right;"><input type="button" value="Clear All"/></div>
Sexual Orientation (Head of Household and Adults only)	<input type="text" value="-Select-"/>  
<i>If Other or Additional Sexual/Relationship Orientation</i>	<input type="text" value="-Select-"/>  

## HUD Verification: Disabilities for 07/01/2021

**i** Per Disability Type, the current records for Disabilities as of 07/01/2021 are displayed below. Any previous records for Disabilities not overlapping as of this date are not displayed. In the event that multiple records exist per Disability Type as of 07/01/2021, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Disability determination value for all incomplete Disability Type records

- [No \(HUD\)](#)
- [Client doesn't know \(HUD\)](#)
- [Client refused \(HUD\)](#)
- [Data not collected \(HUD\)](#)
- [Incomplete](#)

Disability Type	Disability determination					
	Yes (HUD)	No (HUD)	Client doesn't know (HUD)	Client refused (HUD)	Data not collected (HUD)	Incomplete
Alcohol Abuse (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Alcohol and Drug Abuse (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Health Condition (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Abuse (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Problem (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save









Save & Exit

Exit

## Disabling Conditions (as defined by Alaska Mental Health Trust)

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Please select an answer for all of the beneficiary types below.

Alzheimer's Disease and Related Dementias	<input type="text" value="-Select-"/>		<a href="#">G</a>						
Chronic Alcoholism or other Substance Use Disorder	<input type="text" value="-Select-"/>		<a href="#">G</a>						
Intellectual or Developmental Disabilities	<input type="text" value="-Select-"/>		<a href="#">G</a>						
Mental Illness	<input type="text" value="-Select-"/>		<a href="#">G</a>						
Traumatic Brain Injuries	<input type="text" value="-Select-"/>		<a href="#">G</a>						
<b>Start Date *</b>	<input type="text" value="07"/>	/	<input type="text" value="01"/>	/	<input type="text" value="2021"/>				<a href="#">G</a>

## ALASKA NATIVE REGIONAL CORPORATION

*A selection must be made for Primary Alaska Native Regional Corporation.*

Primary Alaska Native Regional Corporation (if none, select "Not Affiliated"):
Secondary Corporation (if none, leave blank):

-Select- <span>▼</span>	G
-Select-	
Ahtna Corp.	
Aleut Corp.	G
Arctic Slope Regional Corp.	
Bering Straits Native Corp.	
Bristol Bay Native Corp.	
Calista Corp.	
Chugach Alaska Corp.	
Cook Inlet Regional Corp.	
Doyon Limited Corp.	
Koniag Incorp.	
NANA Regional Corp.	
Sealaska	
13th Regional Corp.	
Client doesn't know	

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**IF CLIENT IS A MINOR WHO**  
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**OLD STOP DATA ENTRY HERE**  
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*Reminder: Review all questions*

*information has changed.*



**PRIOR LIVING SITUATION**

Prior Living Situation (Where did the client sleep last night?)
Length of time in Prior Living Situation?
Approximate date homelessness started:
Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past 3 years including today?
Total number of months they have been homeless on the streets, in ES, or SH in the past 3 years?

Place not meant for habitation (HUD) ▼ G

-Select-

----- HOMELESS SITUATIONS -----

Place not meant for habitation (HUD)

Emergency shelter, incl. hotel/motel paid for w/ ES voucher, or RHY-funded Host Home shelter (HUD)

Safe Haven (HUD)

----- INSTITUTIONAL SITUATIONS -----

Foster care home or foster care group home (HUD)

Hospital or other residential non-psychiatric medical facility (HUD)

Jail, prison or juvenile detention facility (HUD)

Long-term care facility or nursing home (HUD)

Psychiatric hospital or other psychiatric facility (HUD)

Substance abuse treatment facility or detox center (HUD)

----- TEMPORARY AND PERMANENT HOUSING SITUATIONS -----

Residential project or halfway house with no homeless criteria (HUD)

Hotel or motel paid for without emergency shelter voucher (HUD)





Transitional housing for homeless persons (including homeless youth) (HUD)

Host Home (non-crisis) (HUD)












Staying or living in a friend's room, apartment or house (HUD)

Staying or living in a family member's room, apartment or house (HUD)

## **PRIOR LIVING SITUATION**

Prior Living Situation (Where did the client sleep last night?)	Place not meant for habitation (HUD) 
Length of time in Prior Living Situation?	-Select-  G
Approximate date homelessness started:	-Select- 
Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past 3 years including today?	One night or less Two to six nights One week or more, but less than one month One month or more, but less than 90 days 90 days or more, but less than one year One year or longer (HUD) Client doesn't know (HUD) Client refused (HUD) Data not collected (HUD)
Total number of months they have been homeless on the streets, in ES, or SH in the past 3 years?	-Select-  G

## **PRIOR LIVING SITUATION**

Prior Living Situation (Where did the client sleep last night?)	Place not meant for habitation (HUD) 
Length of time in Prior Living Situation?	-Select-  
Approximate date homelessness started:	<input type="text"/> / <input type="text"/> / <input type="text"/>    
Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past 3 years including today?	-Select-  
Total number of months they have been homeless on the streets, in ES, or SH in the past 3 years?	-Select-  

# What is an “Break” in Homelessness?

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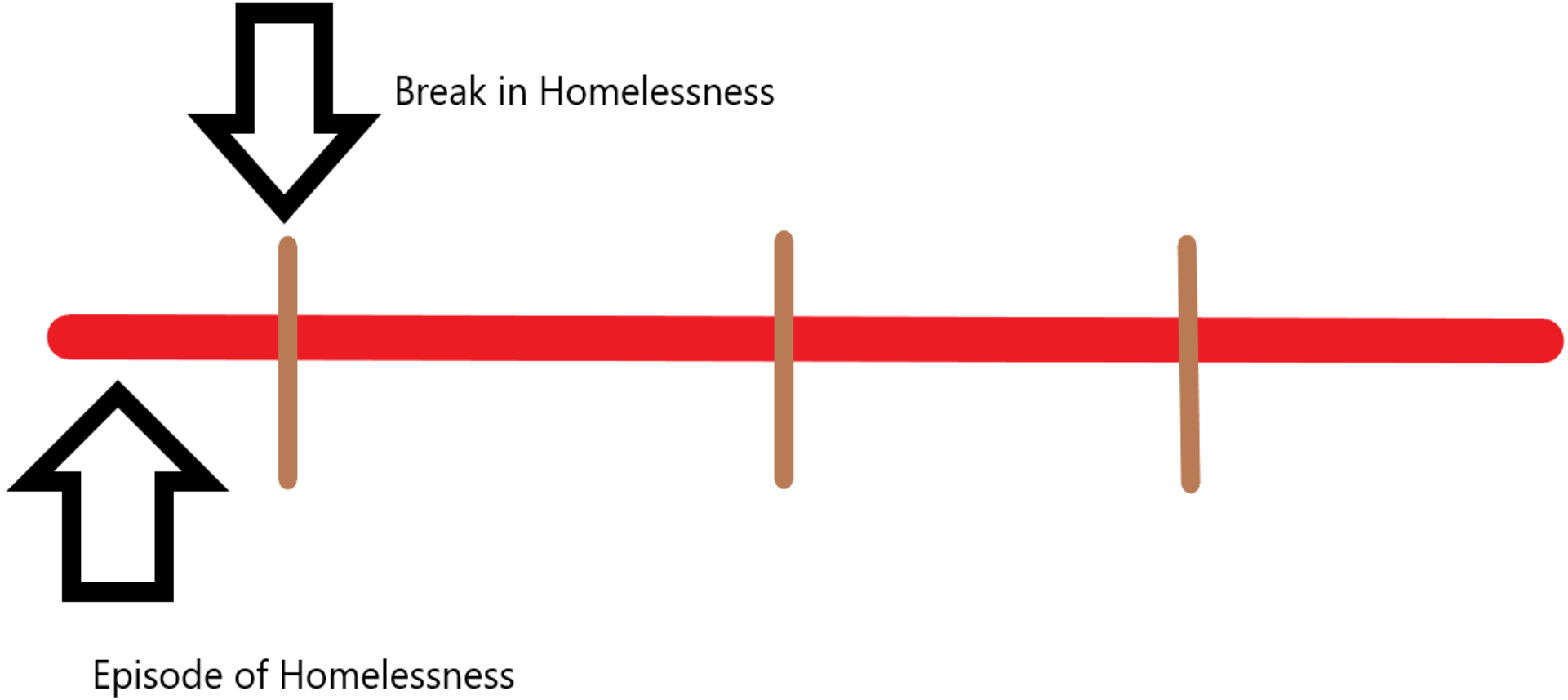
Episodes of homelessness are broken up by “**breaks**” in homelessness.




There are two main types of “breaks”:

- Being in some type of housing situation (couch-surfing, your own apartment, hotel/motel etc.) for **7 nights or longer**.
- Being in an institutional setting (jail, hospital, treatment center, long-term care facility/nursing home, etc.) for **90 days or longer**.

**\* For every break they have, they will have 1 more episode of homelessness**





<b>DOMESTIC VIOLENCE VICTIM/SURVIVOR?</b>	<input type="text" value="-Select-"/>  <b>G</b>
<i>If yes for Domestic violence victim/survivor, when experience occurred?</i>	<input type="text" value="-Select-"/>  <b>G</b>
<i>If yes for Domestic Violence victim/survivor, are you currently fleeing?</i>	<input type="text" value="-Select-"/>  <b>G</b>

## **MONTHLY INCOME**

Monthly Income Amount  
(CE Specific)

An assessment is  
not a referral into  
housing!!!

PLEASE MAKE SURE THE CLIENT KNOWS AFTER  
COMPLETING THE ASSESSMENT



# After Collecting all HMIS Questions...

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- Ask “What is something you can do now to help you work towards your goals?”
- What are other ways you as an access point can support a client?



# Anchorage Resources

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- Shelter: <https://aceh.org/capacity-map/> and refer the client accordingly
- State ID or birth certificate please refer clients to Lutheran Social Services for their ID and Birth Certificate vouchers
- For all other resources please refer the client to utilize 211



# What happens after the CE Assessment?

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- Once the assessment is completed the client is put into the prioritization list the next morning
- Clients wait a varied amount of time depending where they land in the prioritization list
- Some clients might get a referral the next day while others may never receive one



# How Referrals Work

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- Housing Provider (supervisor or above) requests X amount of referrals
- ACEH and Housing Provider get on a call, and together collect appropriate referrals using the prioritization list
- ACEH makes the referrals in AKHMIS
- Housing Provider supervisor receives an email notifying them that the referral has been completed
- Housing Provider reaches out to clients with referrals



# Prioritization List

Order	Client ID	Client Name Count: 2,059	Phone Number	Client Elevation Date	First Touch w/o Break	Most Recent Referral	Notes	Family Type	Client Age	Disabled
1	521995	Fake Person 1	Msg phone: Ms. Kalen: 907	8/19/2021	10/18/2019	7/22/2021 :		Single Adult	49	Yes
2	517568	Fake Person 2	907-555-2490	11/19/2021	1/29/2020			Single Adult	51	Yes
3	515508	Fake Person 3	907-555-1731 Usually @ BI	11/23/2021	10/2/2015			Single Adult	56	Yes
4	529512	Fake Person 4	(907)555-0237	11/23/2021	7/13/2021			Single Adult	34	Yes
5	509322	Fake Person 5	907-555-8257	1/18/2022	10/25/2018	11/16/2021 :	2022/03/29:client	Single Adult	55	Yes
6	523371	Fake Person 6	973-555-7013	2/11/2022	6/23/2021	6/24/2022 : OPEN : Southcentral Foundation ESG CV Home For		Single Adult	27	Yes
7	527957	Fake Person 7	907-555-5768	2/11/2022	6/23/2021			Single Adult	40	Yes
22	513677	Fake Person 8	Client does not have a cont		12/15/2011	7/22/2021 : OPEN		Single Adult	46	Yes
23	527530	Fake Person 9	907-555-4070/ (907) 744-02		2/8/2012	2/21/2022 : OPEN 5/18/2021 : OPEN		Single Adult	59	Yes
24	508881	Fake Person 10	907-555-0657		4/2/2012	: Rural Alaska		Single Adult	48	Yes
25	509657	Fake Person 11	Mesg Only 907-555-2980		5/15/2012			Single Adult	52	Yes
26	509210	Fake Person 12			9/17/2012	7/16/2021 :		Single Adult	25	Yes
891	504589	Fake Person 13			8/18/2020			Single Adult	60	Yes
892	514830	Fake Person 14	907-555-6814		8/18/2020	12/14/2021 :		HH with Minors	45	No



# Medical Elevation

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## **Suggested Elevation – Broadening Medical Elevation**

Anchorage CE recognizes that, for a variety of factors, sometimes clients who are most in need are not accurately reflected in our prioritization report. Request for high-acuity prioritization can be requested by community providers during the community case conferencing meetings. Potential elevation will be reviewed and supported by medical documentation and/or client notes. Elevation of a client is done at the discretion of the Transition Coordinators and CE Manager. Consensus from community providers, however, is sought. Extreme funding needs to support the elevated status may be taken to the ACEH Board.



# Housing Provider Responsibilities

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- Attending the appropriate Case Conferencing Meetings
  - Advocate for your clients
  - Update ACEH on how well your clients are doing
  - Learn about new resources
  - Brainstorm solutions for clients facing unique barriers
  - Transfer referrals to programs that can assist the client better
- Request Referrals (supervisors or above only)
- Inform ACEH when a client is no longer struggling with homelessness (housed, Incarcerated, deceased, etc.)
- Inform ACEH of any supervisor or above changes in personnel to help keep workflow smooth between ACEH and partners



# Case Conferencing

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- Case conferencing involves sharing client's personal information
- Participants *must have a signed Inter-agency Data Sharing Agreement*, or a signed AKHMIS Organization Partnership Agreement
- There is a specific case conference for each population (TAY, Single Adult, & Families)
  - TAY: every other Tuesday at 1pm
  - Single Adult: every other Tuesday at 3pm
  - Families: every other Thursday at 10am
- Advocate for your clients
- Update ACEH on how well your clients are doing
- Learn about new resources
- Brainstorm solutions for clients facing unique barriers
- Transfer referrals to programs that can assist the client better





# Translation Services Available

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- We have a contract with the Language Interpreter Center at the Alaska Institute for Justice.
- Call **1 (844) 723-6288**, enter PIN **2007160** and you will be connected with a translator and it will be billed to ACEH
- We will email out this information
- If you have difficulty or the language you need is not available, please let us know!



# Questions & Feedback

**Be on the lookout for a survey/questionnaire to help us improve!  
Let others know that being an adult Access Point is now much simpler and  
to reach out if interested.**

**We will be sending out updated packets to use if you are not inputting  
information directly into the computer**