# Kings and Tulare Counties Coordinated Entry System: Navigation Map

Kings Tulare Homeless Alliance, the local continuum of care for Kings and Tulare Counties in California, is partnering with local Medicaid managed care plans (MCP), Anthem, Health Net, and CalViva Health to better serve people experiencing homelessness through integration of health and homeless services and effective implementation of CalAIM. This fact sheet can help health care and homeless services partners, such as medical respite providers and street medicine teams, understand how to help individuals connect to housing and health care services through the Kings/Tulare Coordinated Entry System (CES) and use data from the Homeless Management Information System (HMIS).

***Note: Referral to CalAIM Enhanced Care Management or Community Supports can happen at any time in this process.***
Should use HMIS to enroll clients in CES, get clients document-ready for housing, and work with CES staff to refer clients to a housing program.

## 1. Access

- ✓ If household/individual is at-risk, divert to community resources as needed (e.g., legal, treatment, family/friends, county Health and Human Services Agency).
- ✓ If household/individual is experiencing a housing crisis, they can enter Kings/Tulare CES in a variety of ways:
  - Centralized entry: 211, housing navigator, or another outreach staff
  - Decentralized entry: through a provider

## 2. Assess

- ✓ CES outreach staff engages with individual makes necessary linkages to confirm homeless status and develop homeless verification letter.
- ✓ CES outreach staff completes Vulnerability Index-Service Prioritization Decision Assessment Tool (VI-SPDAT) after three engagements with individual (prioritization tool).
- ✓ CES outreach staff enroll clients into CES in HMIS, adds homeless verification letter, and begins adding required housing documents to ensure clients are "document-ready," for housing referral.

## 3. Prioritize

- ✓ Client is prioritized for housing by CES based on triage outcome, health/medical needs, age, length of homelessness, and race/ethnicity/sexual orientation and gender identity (SOGI), among other factors.

## 4. Refer

- ✓ Refer clients to public benefits, employment programs, and faith-based shelters, among other services.
- ✓ CES staff refers clients who are "document-ready" to:
  - Bridge housing
  - Rapid re-housing with case management
  - Permanent supportive housing with case management
  - Housing choice vouchers (set aside vouchers for CES clients not always with a case manager)
  - Community Support housing deposits (via MCP)
  - Affordable units set aside for CES clients by developers

## 5. House

- ✓ Case managers work with client to locate affordable housing with their subsidy/voucher.
- ✓ Case manager and client locate affordable housing. Case manager provides wrap-around services and case management to help client stay permanently housed.
- ✓ Case manager can assist with:
  - Security deposit
  - Ensuring client pays monthly rent and utilities and locating resources rent and/or utilities are overdue
  - Ensuring client recertifies updated income with Low Income Housing project/voucher annually
  - Ensuring client follows lease rules
  - Connecting to community resources
  - Budgeting, as well as other daily living skills

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