Regional Coordinated Entry System Policies and Procedures

Colorado Balance of State Continuum of Care

Region: _____

Version 1

Last Updated: 11/2017

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Overview

Introduction

This document outlines the regional policies and procedures of the **(Insert Region)** Region of the Colorado Balance of State (BoS) Continuum of Care (CoC). Please see the CO BoS CoC Coordinated Entry Policies and Procedures to find statewide requirements approved by the BoS CoC Governing Board.

The Colorado BoS Coordinated Entry Policies and Procedures are mandated for all CoC- and ESG-funded providers to participate in, and will and cover the following requirements of Coordinated Entry:

Policies that must be standardized across the CoC:
Minimum requirements of each access point
Processes for assessment phases and structure, including questionnaires and work flows for:
- Initial triage
- Diversion
- Prevention screening
- Non-prioritized emergency services
- Assessment for prioritization (including same standardized assessment tool)
- Assessment for eligibility

ROI and data sharing requirements
Data collection and entry requirements
Policies and procedures for serving targeted populations, such as DV and youth
- This includes policies and procedures around data entry, especially for targeted population such as Category 4 (Note that HUD allows and actively promotes the full participation and integration of victim service providers into the CoC coordinated entry process)

Mission

The Colorado Balance of State (BoS) Continuum of Care (CoC) Coordinated Entry System (CES) is a community wide process that will connect individuals and families who are currently homeless, or at imminent risk of experiencing homelessness, with appropriate housing and resources.

Vision

The Colorado Balance of State Continuum of Care Coordinated Entry System streamlines housing services so that homelessness in Colorado is rare, brief, and nonrecurring.

Guiding Principles

- **Shared Vision/Collaboration**: Our system will operationalize a shared community vision across the 56-county area of rural Colorado with clear priorities and community ownership.
- **Client Centered:** Utilize a person-centered approach that preserves dignity and consumer choice in the housing process.
- **Low Barriers to Entry** approach, in consultation with ESG Program recipients and subrecipients, to make our housing process more efficient and effective. No client will be turned away from services based on income, employment, disability status, substance use, or mental health history.
- **Housing First** approach prioritizing permanent housing and voluntary supportive services. See Appendix B: CoC-wide Housing First Standards.
- **Performance-Driven Decision Making:** Intentional data collection will inform the CES process allowing us to see results such as: reduced length of homelessness and increased long-term housing stability for individuals and families in our communities.
- **Prioritization** based on level of vulnerability and need will assist community partners in providing timely and targeted services.
- **Transparency**: Our process will be transparent with expectations and outcomes communicated regularly to all stakeholders, including housing service providers and clients.
- **Trauma Informed** approach in all aspects of the CES process which preserves dignity for all through the knowledge of and respect for individual trauma experiences.

Regional Geographic Area

The defined geographic area of the CO Balance of State (BoS) CoC is the entire 56-county region outside of the seven county Metro-Denver area, and El Paso County (Colorado Springs). This BoS region is further divided into 11 regions. Each region of the BoS CoC listed below must operate a region-specific CES, which abide by the Policies and Procedures established in the CO BoS CoC Coordinated Entry Policies and Procedures. The **(insert region)** region is highlighted below.

11 regions within the CO Balance of State CoC:

1. <u>Northeast Plains:</u> Morgan, Logan, Sedgwick, Phillips, Washington and Yuma counties
2. <u>Central and Southeast Plains:</u> Elbert, Lincoln, Kit Carson, Cheyenne, Crowley, Otero, Kiowa, Bent, Prowers and Baca counties
3. <u>Northern Colorado:</u> Larimer and Weld counties
4. <u>Pueblo:</u> Pueblo County
5. <u>Las Animas/Huerfano:</u> Las Animas and Huerfano counties
6. <u>Upper Arkansas Valley:</u> Fremont, Chaffee, Custer, Lake, Clear Creek, Gilpin, Park and Teller counties
7. <u>San Luis Valley:</u> Alamosa, Saguache, Costilla, Conejos, Mineral and Rio Grande counties
8. <u>Western Slope:</u> Montrose, Delta, Ouray, San Miguel, Gunnison and Hinsdale counties
9. <u>Southwest Colorado:</u> La Plata, Montezuma, Dolores, San Juan and Archuleta counties
10. <u>Grand Valley:</u> Mesa, Moffat and Rio Blanco counties
11. <u>Roaring Fork/Eagle Valleys:</u> Garfield, Eagle, Pitkin, Summit, Routt, Grand and Jackson counties

Colorado Balance of State Continuum of Care (BoS CoC)

CO BoS CoC covers 56 counties grouped in to 11 regions. This does not include the 7 counties that make up the Metro Denver Homeless Initiative CoC or El Paso County in the Pikes Peak CoC.
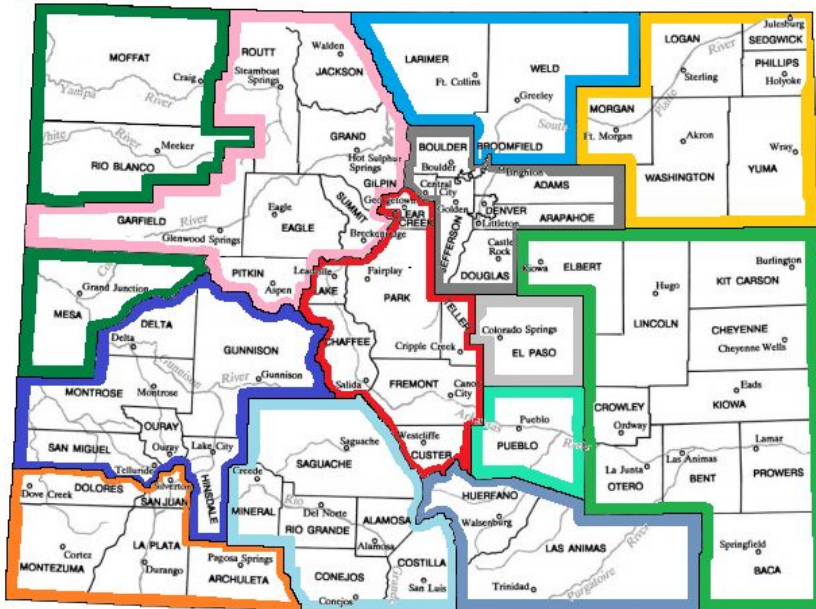
Colorado BoS CoC Regions

Grand Valley

Roaring Fork / Eagle Valleys

Western Slope

Southwest Colorado

San Louis Valley

Upper Arkansas Valley

Northern Front Range

Northeast Plains

Central and Southeast Plains

Las Animas / Heurfano

**Pueblo**

General Regional Information

The **(Insert Region)** region of the BoS CoC holds regular meetings of the full CoC membership, including representatives from the following counties in the **(Insert Region)**:
County 1, County 2, etc.

In order to ensure access, standardize assessments, and implement uniform referral processes throughout the region, we have adopted recommendations from the CO BoS CoC Coordinated Entry Policies and Procedures.

Each region details roles and responsibilities of participating entities in their local policies and procedures. This must include but is not limited to the following:

- **Access and triage assessment:** All the entities who will be serving as an access point (physical or virtual), as defined in the "Identification: Access" section of this document under the CES components. Regions must also specify partnering entities who refer persons to CES access points but do not provide formal access or assessment in the coordinated entry process.
- **Referrals:** All providers who will receive referrals through CES; this includes all CoC and ESG funded providers in the region and non-HUD funded providers who are participating in CES. Providers will accept referrals only through CES and will not maintain agency- or project-specific wait lists.
- **Other responsibilities of the participating agencies as defined by the regional coalitions. At a minimum this must include expectations for:**
  - Training attendance requirements
  - Participating in regional CE planning meetings
  - Case conferencing
  - Housing navigation, particularly the role that housing navigators will play and by whom.
  - Standards for notifying the regional coalition of changes to project eligibility criteria for all CoC or ESG funded projects, particularly projects that are targeted to specific subpopulations. This ensures that referred clients will be accurately matched to meet project grant requirements.

CES Workflow
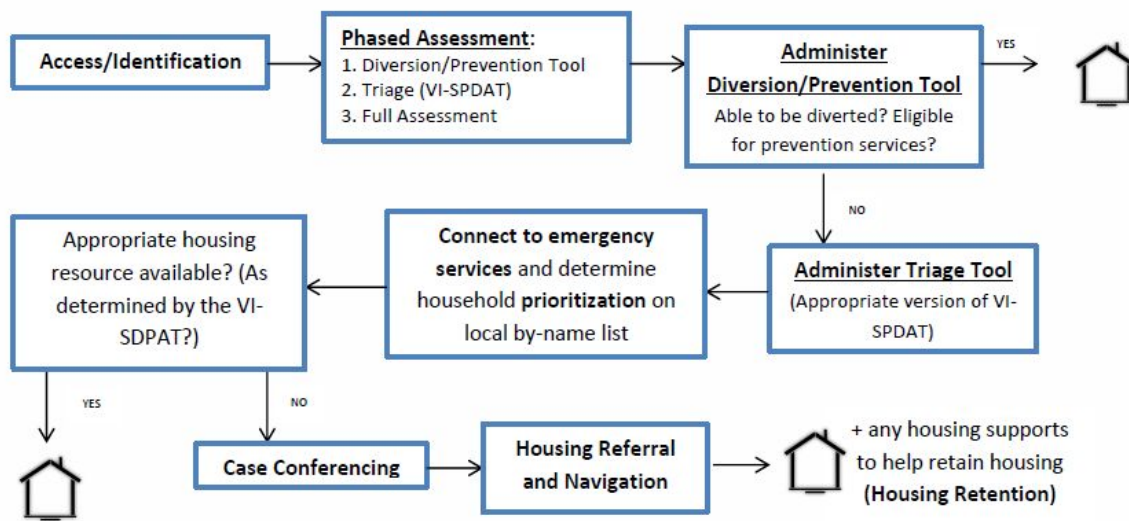
Access/Identification

In order for individuals and families to be identified, the Coordinated Entry System must be easily accessible to everyone in the 56 counties of the Colorado BoS CoC. Access points are the places–either virtual or physical–where an individual or family in need of assistance accesses the coordinated entry process. An access point must offer at minimum the screening, triage, and assessment phases of the coordinated entry process to the population to which it is dedicated.

There are four "types" of potential access points per HUD guidance:
- **Single Point of Access** (centralized with one access point)
- **Multi-site Centralized Access** (available at various locations such as high volume providers, by subpopulation, etc.)
- **No Wrong Door** (access is provided at all provider locations)
- **Assessment Hotlines** (Telephone based)

Below, please choose at least one, or any combination of the four, which will indicate your region's choice for "type" of access points in your community.

In conjunction with the CO Balance of State Continuum of Care Policies & Procedures around Access Points, the **(Insert Region)** of the CO BoS CoC has identified the following access point(s) for Coordinated Entry:

Breakdown of Access Point(s) and hours of operation:

Agency Name:	
Address:	
Phone, Fax, Email, Website:	
Hours of Operation:	
Target Population (if applicable)*:	

Agency Name:	
Address:	
Phone, Fax, Email, Website:	
Hours of Operation:	
Target Population (if applicable)*:	

Agency Name:	
Address:	
Phone, Fax, Email, Website:	
Hours of Operation:	
Target Population (if applicable)*:	

Agency Name:	
Address:	
Phone, Fax, Email, Website:	
Hours of Operation:	
Target Population (if applicable)*:	

Agency Name:	
Address:	
Phone, Fax, Email, Website:	
Hours of Operation:	
Target Population (if applicable)*:	

*The coordinated entry process may, but is not required to include separate access points and variations in assessment processes to the extent necessary to meet the needs of the following five populations:

 (1) adults without children;
 (2) adults accompanied by children;
 (3) unaccompanied youth;
 (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
 (5) persons at risk of homelessness.

Domestic Violence Survivor Access:

The **(Insert Region)** region of the CO BoS CoC has developed the following protocols that ensure at a minimum that people fleeing, or attempting to flee, domestic violence and victims of trafficking have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelters.

After Hours Access:

Document regional contacts for after hours. This might include: 211, Emergency Rooms, Police Stations. If there are no after hour access points available, note this.

Agency Name:	
Address:	
Phone, Fax, Email, Website:	
Hours of Operation:	
Target Population (if applicable)*:	

Agency Name:	
Address:	
Phone, Fax, Email, Website:	
Hours of Operation:	
Target Population (if applicable)*:	

Agency Name:	
Address:	

Phone, Fax, Email, Website:	
Hours of Operation:	
Target Population (if applicable)*:	

Local Emergency Resources:

Once an individual or family has been administered an assessment (whether the Diversion/Prevention Tool, and/or the VI-SPDAT), local emergency resources must be made known to the person(s) presenting. It is the responsibility of the access point to have the most up-to-date list of emergency services available in the region, so that anyone accessing the CES, may also access emergency resources.

Below, please list of all emergency resources in the region (including, but not limited to all emergency sheltering options). This list will be updated and submitted at least annually with our local policies and procedures.

Agency Name:	
Address:	
Phone, Fax, Email, Website:	
Hours of Operation:	
Target Population (if applicable)*:	

Agency Name:	
Address:	
Phone, Fax, Email, Website:	
Hours of Operation:	
Target Population (if applicable)*:	

Agency Name:	

Address:	
Phone, Fax, Email, Website:	
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Phone, Fax, Email, Website:	
Hours of Operation:	
Target Population (if applicable)*:	

Agency Name:	
Address:	
Phone, Fax, Email, Website:	
Hours of Operation:	
Target Population (if applicable)*:	

Street Outreach:

Street Outreach can serve as an Access Point. If your region utilizes street outreach to provide access please make sure they're identified in the access points above. Additionally in this section document how street outreach is incorporated into your CES. If formal street outreach does not exist, are there forms of "alternative" street outreach? This could include law enforcement encounters, hospital encounters, church volunteer programs, etc. This would include roles and responsibilities of street outreach. Do they have the ability to place individuals or families they encounter into housing from the streets or will those individuals be referred to a program? If no outreach exists, document that in this section.

Participating Entities:

In accordance with the the BoS CoC CE Policies and Procedures, it is recommended that additional entities participate in CES. Below is a list of entities that should be involved in order for the system to function optimally and offer the greatest number of services to clients. Additionally, regions are encouraged to add any other local entities that are useful to the CES process.

Local Government Staff/Officials	Affordable Housing Developer(s)
CDBG/HOME/Entitlement Jurisdiction	Public Housing Authorities
Law Enforcement	Non-CoC Funded Youth Homeless Organizations
Local Jail(s)	School Administrators/Homeless Liaisons
Hospital(s)	Non-CoC Funded Victim Service Organizations
EMT/Crisis Response Team(s)	Street Outreach Team(s)

Mental Health Service Organizations	Homeless or Formerly Homeless Persons
Substance Abuse Service Organization	Collaborative Applicant
Colorado Division Housing	Non-profit Service Providers

The **(Insert Region)** region of the BoS CoC has established the following participating entities outside of the Access Points listed above.

Agency Name:	
Address:	
Phone, Fax, Email, Website:	
Hours of Operation:	
Target Population (if applicable)*:	

Agency Name:	
Address:	
Phone, Fax, Email, Website:	
Hours of Operation:	
Target Population (if applicable)*:	

Agency Name:	
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Phone, Fax, Email, Website:	
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Agency Name:	
Address:	
Phone, Fax, Email, Website:	
Hours of Operation:	
Target Population (if applicable)*:	

<u>Phased Assessment:</u>
1. **Prescreening: Diversion and Prevention**
2. **Triage**
3. **Full Assessment**

The Colorado BoS CoC has chosen to take a "phased assessment" approach to Coordinated Entry, meaning that different assessments are administered to households consistently at different phases in their experience of homelessness (i.e., when one homeless assistance provider initiates the assessment with only the most pertinent questions relative to the immediate needs of the participant, and then staff at different agencies subsequently collect additional information that builds on and complements the previous responses).

1. Prescreening: Diversion and Prevention
No later than seven days after a household has presented to either a referral source assisting with diversion or an access point, an initial pre-screen, via the Diversion/Prevention Tool is administered. The Diversion/Prevention Tool is used to determine whether the household can maintain current housing, or otherwise rely on support systems that will prevent the household from entering the homeless system. The Diversion/Prevention Tool (Appendix F) can be completed in person or over the phone. If a household can be diverted, they should be immediately connected with the appropriate supports to aid in maintaining a housing situation. An attempt to divert individuals and families from experiencing homelessness will be made in all circumstances. If diversion from the homeless system is not an option, the access point will assess the household for either homelessness prevention services or will administer a VI-SPDAT and engage the household in the CES.

The **(Insert Region)** region of the BoS CoC has identified the following Homeless Prevention funds available in this region. (To be be submitted and updated annually.):

❏ No homeless prevention funds exist in this region.

Release of Information
The **(Insert Region)** region has modified and adopted the recommended Release of Information provided by the CO BoS CoC Coordinated Entry Policies and Procedures. (See Appendix G)

A client may choose not to sign the release of information. If they do not sign the ROI they will not be added to the prioritization list. They **will not be denied service** based on their decision not to share data. Persons who decide not to sign the ROI may do so without fear of denial of services resulting from the refusal, though it may affect their prioritization through CES.

2. Triage

When households are unable to be successfully diverted from the Coordinated Entry System, and are not eligible for prevention services, a full triage assessment will be administered by trained service providers at access points. Eligibility for a housing assessment (VI-SPDAT) is based on the following criteria:

- Category 1 homeless-Literally homeless
- Category 4 homeless- Fleeing/attempting to flee domestic violence*Please Note: there are special considerations regarding the safety of a household fleeing/attempting to flee domestic violence. See Policy #6 for further details.

In accordance with the BoS CoC Coordinated Entry Policies & Procedures, the **(Insert Region)** region of the BoS CoC has adopted the Vulnerability Index - Service Prioritization and Assessment Tool (VI-SPDAT) to assess vulnerability.

The CO BoS CoC has adopted the following tools to conduct the VI-SPDAT:
- Individual VI-SPDAT - https://drive.google.com/file/d/0B1tAjGCfXyG_VmM2d2lra2d0cW8/view?usp=sharing
- Family VI-SPDAT - https://drive.google.com/open?id=0B1tAjGCfXyG_WGxodFpwRzB0R2c
- Transition-Age-Youth or TAY-SPDAT - https://drive.google.com/open?id=0B1tAjGCfXyG_UVd4bWpTQTRkQm8

VI-SPDAT Training:

Every region will be responsible for training access point service providers on the use of the VI-SPDAT and must explain how they will do this in their regional document. At a minimum, regions are required to offer at least one annual training. Regions are encouraged to make trainings easily accessible and frequent enough to meet the needs of the area. EVERY person that administers the triage tool MUST complete training. A list of individuals that completes trainings, and can administer the VI-SPDAT will be documented by each region via the regional policies and procedures.

Below, please describe **(Insert Region)**'s plan for training all service providers involved in CES on use of the VI-SPDAT:

Below, please document every individual who has completed the training, agency they work for, contact info (email/phone), and date completed.

Name	Agency	Contact Info	Date Completed

Proof of completion of a training must be provided. This can be, but is not limited to a copy attached to this document of your "passed test," or confirmation from the Regional Coordinated Entry Committee lead (or staff person) that you attended a training.

3. Full Assessment
To be determined by the agency who accepts the referral and enrolls the individual or family into their program.

Connection to Emergency Resources:

In this section, please detail referral/navigation process to mainstream resources. Is there a plan in place? Examples of mainstream resources: SNAP benefits, TANF benefits, Social Security Disability Benefits, Access to Public Education, Financial Planning, etc.

Prioritization:

The CO BoS CoC Coordinated Entry Committee has outlined prioritization in the main document. Regional Coalitions are responsible for outlining regional tie-breakers that make sense for your community, chosen from the 7 below provided by HUD. A-F show examples of common tiebreakers. G. provides an option to add other factors more pressing for the **(Insert Region)** region.

A. significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type);

B. high utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities;

C. the extent to which people, especially youth and children, are unsheltered;

D. vulnerability to illness or death;

E. risk of continued homelessness;

F. vulnerability to victimization, including physical assault, trafficking or sex work; or

G. other factors determined by the community that are based on severity of needs.

Below, please list the order in which you are using any of the above (A-G) in the event that a tiebreaker is needed:

Case Conferencing:

Below, please detail how case conferencing will take place in your region. Document participation requirements for members of your regional coalition. Refer to the CO BoS CoC CE Policies and Procedures for statewide Case Conferencing guidelines, then taylor to what's been decided for your region.

*Note: In the future the CoC is planning to use HMIS for by-name list management and for pulling referrals across all regions. Until the HMIS is in full operation, as announced by the CoC Coordinated Entry Committee, it is expected referral decisions will be made through case conferencing meetings, unless otherwise noted in a region's local policies and procedures.

If a region makes a decision to make a referral that deviates from the prioritization criteria, regions must document this on the form provided in Appendix J of the Colorado BoS CoC CES Policies and Procedures.

Referral Acceptance & Housing Navigation/Placement:

Below, please describe how the (Insert Region) region of the BoS CoC uses the following housing referral and navigation process (At a minimum, there must be an individual or agency designated to navigating the entire process with individuals and families from referral to lease up.)

Provide steps your regional coalition will take to refer a participant to housing and the full navigation process. This will vary depending on the on your region, available resources, and individual client needs.

By-Name List Maintenance, Safety and Security:

Below, please indicate the name and contact information for the **(Insert Region)** region of the BoS CoC By-name list manager(s)/administrator(s):

- Name:
- Agency:
- Contact Info:

Below please describe your plan for maintaining a By-Name List in compliance with the HMIS privacy and security standards and the CoC's HMIS Policies and Procedures. This should include how local By-Name Lists are maintained and information is shared as needed among providers.

Data Collection and Evaluation

Every community is required to track the below indicators of CES effectiveness.

Indicators of effectiveness of CES function	Data Source/How to Track
% of families or individuals on a by-name list for longer than 30 days	Local By-Name List
% of referrals that are accepted by receiving programs (RRH, TH and PSH)	Local By-Name List (?)
% of persons declined by more than one provider	Local By-Name List
Average number of days households spend in emergency shelter	HMIS, and other shelter records
Reduction in the overall number of persons who are homeless (sheltered and unsheltered)	By-Name List, and PIT Count
Reduction in the number of persons who become homeless for the first time	By-Name List, and HMIS
Reduction in number of persons who return to homelessness within 6-12 months	HMIS and By-Name List
Reduction in number of long term chronic homeless families and individuals	By-Name List and HMIS

Below, please indicate how your region will track this data, and ensure that it get's to the Colorado BoS CoC Coordinated Entry Committee when required:

Marketing

All marketing completed by the (Insert Region) of the Colorado BoS CoC will coordinate said marketing with the Coordinated Entry Committee of the Colorado BoS CoC. All marketing materials will be approved and/or provided by the Coordinated Entry Committee.

The Colorado Balance of State (Insert Region) Region will advertise Coordinated Entry via the following method(s):

The Colorado Balance of State **(Insert Region)** Region will market CES in the following locations *(e.g. Hospital, Police Station, etc. Specific addresses and contact information are not needed here.)*:

Below, please describe what the **(Insert Region)** is doing to ensure that marketing is ongoing and updated.

Local regions will identify regional need for marketing materials in other languages and support for varying abilities for fair and equal access and work to modify BoS approved advertising materials accordingly. As soon as this need is identified, please let the Coordinated Entry Committee know (please email Shawn Hayes at shayes@coloradocoalition.org) ****

Training
Regional coalitions will be responsible for administering trainings to staff at all Access Points and to any other entities who complete assessments at least annually. Training must also occur when new staff join the CE process. Trainings should cover all CES policies and procedures, including topics such as:
- CES process
- Screening and assessment process, including diversion and prevention
  - This includes an at-least annual training on VI-SPDAT administration
- Prioritization standards
- Referrals
- Privacy policies and meeting HUD HMIS requirements
- Case conferences
- Grievance procedures

*Please note that the CO BoS CoC Coordinated Entry Committee will provide training materials that can be customized by each region.

Below please document your training plan and describe how agency staff participating in CES will be trained:

Real Time Housing Vacancy List

Below, please describe how the real time housing vacancy list will be maintained in your region and describe the nature by which housing providers will report the vacancies.

Cross Regional Referral Policy

Below please document any cross regional referral policies that you region has formalized with neighboring regions.

❏ No cross regional policies have been formalized for the **(insert region)** of the Colorado BoS CoC CES

Denial Policies

Below, please document how your region will ensure that, "After three referral rejections [for one household], the regional coalition should facilitate a case conference to address housing barriers and underlying reasons for the client's refusal to accept a referral." Please be sure to communicate the process by which you will allow for time at case conferences to ensure that this happens.