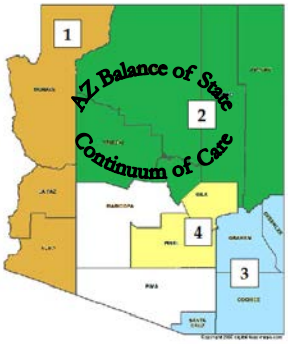

Arizona Balance of State Continuum of Care
Coordinated Entry Procedures

Table of Contents:

Overview:

The Arizona Balance of State Continuum of Care (AZBOSCOC) team prioritizes and refers households experiencing homelessness to housing using AZBOSCOC guiding principles: 1) transparent; 2) evidence-based & data-driven; 3) strengths-based & client-focused; 4) easy accessibility; 5) housing-focused; and 6) continually improving.

Roles:

Team Coordinator:

Responsibilities:

- Manage meeting
- Coordinate with COC
- Develop training

List Coordinator:

Responsibilities:

- Add updates to the By-Name List
- Enter intake information from non-HMIS users into HMIS
- Ensure HMIS data is correct

- Communicate with HMIS System Administration to manage By-Name List reporting from HMIS

Navigators (Assigned Case Manager):
Responsibilities:

- Send updates about client(s) to the List Coordinator weekly, to occur by the locally designated day of each week.
- Complete application with the individual (PSH, RRH, TH, HCV, etc.)
- Provide a warm hand-off to the housing resource

Member:
Responsibilities:

- Attend case conferencing meetings
- Navigate clients that are in your shelter or that you have contact with

If the Team Coordinator or List Coordinator steps down, the team would vote to determine a new Coordinator. Navigators are assigned by the team.

By-Name List:

AZBOSCOC maintains a by-name list of all people experiencing homelessness, with the exceptions of youth and people diagnosed with HIV/AIDS. There is a separate list for veterans and veteran households experiencing homelessness in the AZBOSCOC. This By-Name List is pulled from HMIS through the Coordinated Entry Project.

How is someone added to the list?

- Only individuals and families who are experiencing homelessness, per HUD definition, Category I by either being unsheltered (car, campground, places not meant for habitation) or in a shelter, are added to the list.
- Providers enter intake questions, appropriate VI-SPDAT (i.e. individual, family, youth), and ROI for individuals and families into HMIS.
- Team members e-mail the List Coordinator the HMIS number of those to be added to the list.
- List Coordinator pulls first and last names, last four (4) of social, DOB, income, phone number, VI-SPDAT and project information from HMIS.

How do we track people on the list?

- The team tracks homeless households using three (3) categories. Households can move between the categories.
    - Homeless: Household is "homeless" if s/he is unsheltered, in shelter or transitional shelter. S/he also remains homeless while working with a housing program until moved into permanent housing.
    - Housed: Household is "housed" if s/he has moved into permanent housing and will be removed from the By-Name List.
    - Inactive: Household is "inactive" if s/he were assisted to use other resources including natural supports, moved out of the AZBOSCOC area or if no contact has

been made for ninety (90) days. Team must document that reasonable attempts to locate the household were made prior to deferring household.

- Once a household or individual is added to the By-Name List, s/he is assigned a Navigator/Case Manager responsible for working with the household and will do the communication tracking. Navigator is typically selected based on who completed the VI-SPDAT or who has had contact.
- The team matches client with appropriate housing and provides a warm hand-off to the housing provider.

Conducting the Assessment:

Assessment Packet:

- ROI: Release of Information allowing information to be shared with all HMIS users. If other agencies participate in local case conferencing, then please add their name to the ROI prior to it being signed.
- Intake Questions: Required questions for HMIS (HMIS Intake Form)
- VI-SPDAT: AZBOSCOC common assessment tool to assist with prioritization of housing resources

Suggested Messaging:

"My name is [_____] and I work with a group called [Arizona Balance of State Continuum of Care]. I have a fifteen (15) minute survey I would like to complete with you. The answers will help us determine how we can go about providing supportive services. Most questions only require a one-word answer of "yes" or "no". The information collected goes into the Homeless Management Information System, the database for homeless services in AZBOSCOC. If you have a case manager who is helping you apply for housing, you should still work with them once you have finished this survey. The primary benefit to doing the survey is that it will help give you and me a better sense of your needs and what resources I can refer you to.

Would you like to take the survey with me?"

- If "yes", ask the individual to sign the Release of Information before proceeding with the survey.
- "If at any point you don't understand what I am really asking, just let me know and I can clarify for you. Let's start with the first question.

If an individual refuses to sign the ROI:

- S/he should not be added to list, but still entered in HMIS.
- Continue to engage and proceed with housing options available without ROI.

If an individual refuses to complete VI-SPDAT:

- S/he should be added to list.
- Continue to engage and proceed with housing options available and continue to try to get a completed VI-SPDAT.

Client FAQs:

Where am I on the wait list?

- The survey does not place you on a wait list. It is designed to help us figure out the right type of resource for you. Continue to pursue resources on your own and continue to connect with your case manager.

When do I hear back?

- Continue to work with your Case Manager if you already have one.
- Continue to check in with your Case Manager regularly.

DOs and DON'Ts for Explaining VI-SPDAT and Coordinated Assessment

- ✓ Do explain that [AZBOSCOC] is a collaboration of service providers working to streamline services to help connect homeless individuals to available resources and appropriate housing.
- ✓ Do explain the VI-SPDAT as a triage tool that enables our network of service providers to understand their needs, program eligibility, and assist in matching them to the best resources available.
- ✓ Do ask the client to sign the ROI prior to conducting the survey.
- ✓ Do encourage clients to seek out other housing opportunities.
- ✓ Do encourage clients to connect with their case managers.
- X Don't do a VI-SPDAT if the person is not literally homeless.
- X Don't mention a list.
- X Don't explain to a client the type of housing program for which they are most appropriate for.
- X Don't mention that people will receive a score after participating in a VI-SPDAT and don't give the score.
- X Don't guarantee housing to a client or give them a timeframe in which they will be housed.
- X Don't discuss program specifics (i.e. RRH can pay for a year)
- X Don't tell a client that the most vulnerable are being prioritized for housing. Please remember that we are using the VI-SPDAT and our expertise to match to appropriate housing.

Case Conferencing Meeting:

The Case Conferencing committee is a subcommittee of the AZBOSCOC and consists of staff from multiple agencies directly working with individuals experiencing homelessness including: intake, outreach, shelters, SSVF, HUD-VASH, RRH, PSH and other providers within the AZBOSCOC.

A case conference meeting is used to review cases of individuals and families who are experiencing homelessness. This allows for a review taking into account the worker's knowledge, client intake and the VI-SPDAT to determine the most appropriate housing resource. Committee members bring their breadth of knowledge and demonstrate professional judgment. Conferencing provides individual attention and conversation but still maintains a uniform, transparent process. The process is person-centric, not program-centric (i.e. the end

result will not always be RRH or PSH placement but rather to match a person to the appropriate housing resource).

Membership includes representation from the following service types:

- Street outreach
- Emergency shelter
- Transitional housing
- SSVF provider
- HUD VASH provider
- PH provider (PSH and RRH)
- Other agencies providing housing support to homeless individuals and families

Adding a Member:

- Interested agencies contact Team Coordinator about joining. The Team Coordinator will then bring the request to the team.
- Interested agencies must be able to commit a staff member to attend meetings on a regular basis and contribute to available resources and/or navigation.
- If determined to be able to join, agency must sign a confidentiality agreement to listen and share information with the team.

Meeting Preparation:

- Members submit updates two (2) days prior to the meeting, including:
  - last contact;
  - recommended housing plan: self-resolve, SSVF, HUD-VASH, PH, PSH, RRH;
  - update on if document ready.
- Team Coordinators create agenda for the meeting.

Meeting Structure:

- Ensure all individuals and families are matched to a navigator.
- Ensure all individuals and families have a suggested housing resource.
- Case conference top fifteen (15) most vulnerable persons/households.
- Determine who is document ready and able to be referred to resource.

After the Meeting

1. List Coordinator e-mails updated HMIS and call for updates (**using HMIS # instead of name**).
2. Navigator complete steps provided by the housing plan established at the meeting.

Dos and Don'ts of Case Conferencing

DO present basic client information including: Gender, Age, Location, Length of time of homelessness, Income, Barriers to housing.	DON'T use names or other client identifiers without a Release of Information.
DO solicit input from participating providers to address barriers and immediate needs.	DON'T present personal information that does not directly affect the housing and/or stabilization plan.
DO identify a concrete service plan for each individual presented.	DON'T coordinate a housing plan outside of the coordinated entry system.
DO provide updates on clients discussed at previous meetings to track success and gaps.	DON'T conclude a case without addressing solutions to housing barriers.

Prioritization and Matching for Resources:

Assistance is prioritized based on highest acuity and length of homelessness to ensure that people who are the most vulnerable receive housing.

- People who are chronically homeless with the longest history of homelessness (determined by HMIS data and case manager input, if needed) and most severe service need (determined by the VI-SPDAT score, full assessment and Case Manager input).

Tie Breakers:

- Chronic
- Veterans
- Family (with dependents)
- Female
- Currently Unsheltered

Questions to Ask When Prioritizing:

- Where are they currently staying? How do you know?
- When did you last see them? How did they look? How are they doing?
- What is their case management need? Are they willing to participate in case management?
- Are they a registered sex offender in any state?
- What income do they have? Do they have any garnishments? If yes, how long?

Prioritization Using the Above Priorities:

- The designated team discusses the newly added households and determines who should be prioritized for PSH based on length of homelessness and service needs (i.e. severity of health and behavioral health challenges, frequent interactions, difficult engaging).
- If someone requires more intensive services than the housing program offers, s/he is referred to appropriate services/housing options within the area.

Connecting to PSH Intake:

- Navigator brings the household to the agency referred to for screening.
- Protocol:
  - Progressive assessment (i.e. full SPDAT)
  - HOMES for veterans
  - Case note entry into HMIS
  - Daily staffing for walk-ins and connected to program within twenty-four (24) hours
- When a housing unit is available, the household that is prioritized, will be selected and move forward to receive the housing unit.
- Work with household on identifying housing, successful HQS inspection of housing, signing of a lease and move in.

Prioritization and Matching for SSVF & RRH

Priority for SSVF is Given to:

- Veterans with medium level case management need based on VI-SPDAT score with a 5-9 score and case management input.
- If they are not eligible for SSVF, they are referred to community-based RRH.
- Veterans not eligible for VA services.

Priority for Rapid Rehousing (RRH) is Given to:

- Households with medium level case management needs based on VI-SPDAT score with a 5-9 score and case management input along with full SPDAT/assessment, if necessary.
- Chronically homeless household and veterans meeting the above criteria that are not eligible for SSVF.

Questions to Ask When Prioritizing:

- Is the client interested in rapid rehousing?
- Is the client willing to sign a lease?
- Does the client have the needed documents for housing?
- Will the client have the ability to meet with housing specialist and search for housing?
- If the client does not have income, are they willing to look for employment? Establish plan to find employment.
- If needed, does the client have a payee or are the willing to get one?

Procedures for Matching to SSVF:

- Each team discusses the newly added persons on each By-Name List and determines who should be prioritized for RRH based case management needs.
- Once a person is identified as document-ready, they are matched to housing resource.

Helpful Information

Definitions:

- **Chronically homeless**: Person with a disability that is staying in a place not meant for human habitation, in an emergency shelter or a safe haven for the last twelve (12) months continuously or four (4) times in the last three (3) years totaling at least twelve (12) months.

- **Homeless**: Person staying in a place not meant for human habitation (car, tent, bench, etc.), emergency shelter or transitional shelter.
- **HMIS**: Homeless Management Information System is the local information technology system used to collect client-level data for the provision of housing and services to people experiencing homelessness or at risk of homelessness and used by service providers.
- **HUD-VASH**: The HUD-Veterans Affairs Supportive Housing (HUD-VASH) program combines Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (VA)
- **Permanent Supportive Housing**: Subsidized housing with support services for homeless individuals and families with an adult in the household diagnosed with a disability.
- **Rapid Rehousing**: Permanent housing with short-term financial assistance and case management for individuals and families experiencing homelessness.
- **Reasonable attempts**: A reasonable attempt to assist a client is factual and may differ from person to person depending on their situation but no less than six documented conversations need to occur offering solutions/housing/actions which the tenant rejects
- **Supportive Services for Veteran Families (SSVF):** Rapid Rehousing assistance for veterans, including single individuals and families.
- **VI-SPDAT**: Vulnerability Index-Service Prioritization Decision Assistance Tool is the adopted triage tool that helps determine chronicity and medical vulnerability of persons who are experiencing homelessness in order to assist with appropriate housing interventions moving the discussion from who is eligible to who is eligible and in greatest need of that intervention.

Yavapai County Contact Info:

- **List Coordinator:** Nick Wood
- **Team Coordinator:** Skye Biasetti

Team Members (with contact e-mail and phone number):

- **TBD**

County Contact Info:

- **List Coordinator:**
- **Team Coordinator:**

Team Members (with contact e-mail and phone number):

- **TBD**
-

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