



# NH Coordinated Entry Roles and Responsibilities

Douglas Tetrault, TAC

December 2021

# Agenda

- 1. Introductions - fill out linked Google form in chat!**
- 2. Coordinated Entry Basics Recap**
- 3. Partner Responsibilities**
- 4. NH BoS CES Workflow**
- 5. Closing and Questions (if time)**

# Reminder: General Continuum of Care Overview

# Establishing a CoC

CoC Program interim rule requires communities to establish a Continuum of Care in order to receive CoC Program funding:

- ▶ Must meet minimum requirements for CoC structure, governance and responsibilities
- ▶ Requires collaboration between CoC Program and Emergency Solutions Grant (ESG) recipients on certain responsibilities
- ▶ Evidence must be maintained in Collaborative Applicant records (578.103)

# What is a CoC?

The CoC is the organizing body comprised of all interested stakeholders (you!) charged with planning and implementing strategies goals to end homelessness.

Representatives from relevant organizations within a geographic area shall establish a CoC for the geographic area to carry out the duties of this part.

When referencing “the CoC”, this is the full body of stakeholders as governed by the Governance Charter, not one single entity or group

# CoC Operating Duties

1. Operate the CoC:
  - ▶ CoC governance and management
  - ▶ Overall and project-level performance
  - ▶ Coordinated assessment system
  - ▶ Written standards
2. Designate an HMIS for the CoC
3. Plan for the CoC geographic area:
  - ▶ Coordinated system of care

# Coordinated Entry and Assessment

- CoC must establish and operate a coordinated assessment system, in consultation with ESG recipient(s):
  - ▶ Must provide an initial, comprehensive assessment of needs of individuals/families requesting assistance
  - ▶ Must cover the full CoC geographic area
  - ▶ Must be accessible and well-advertised to individuals/families seeking assistance

# **Coordinated Entry and Assessment**

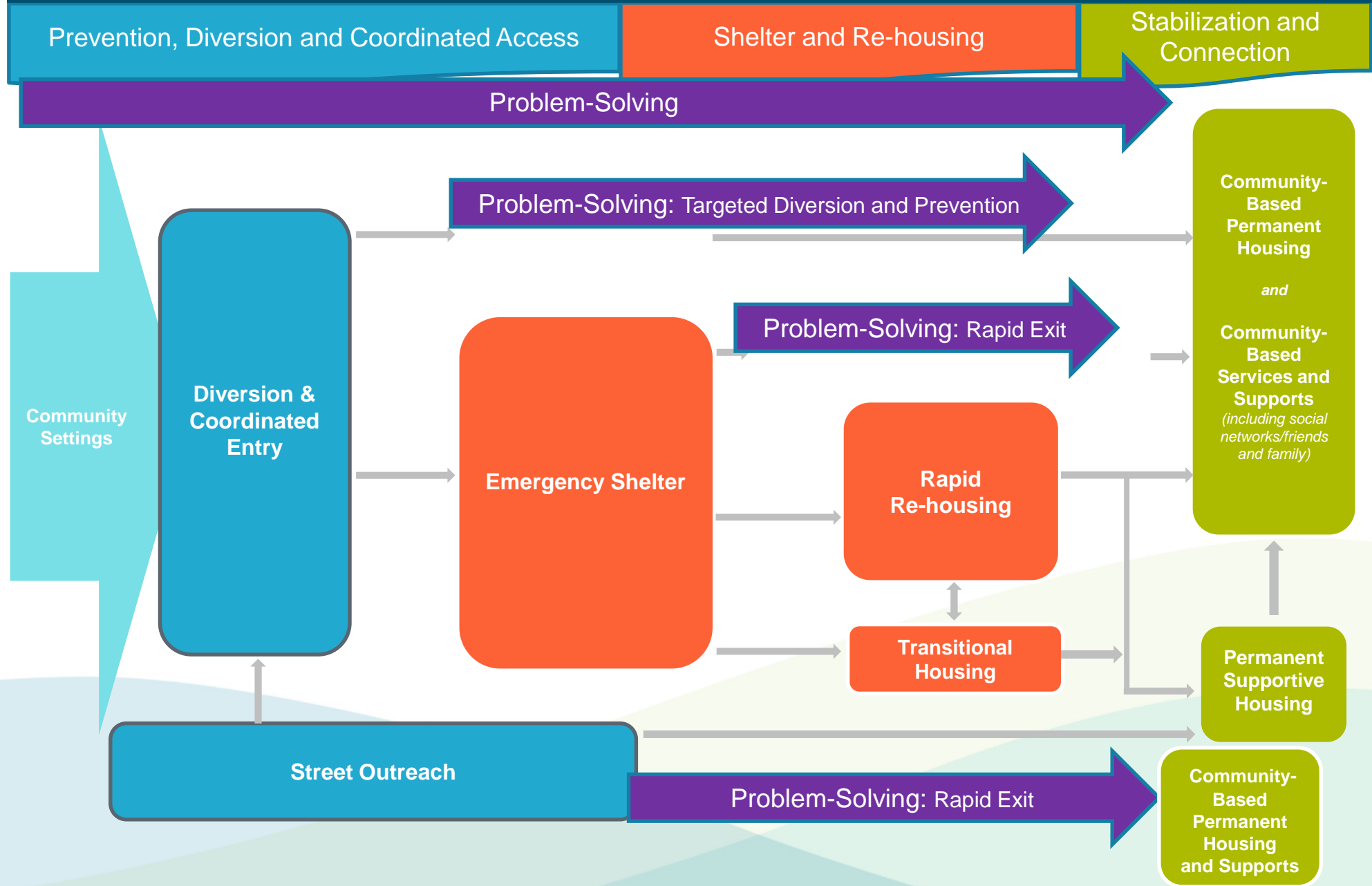
## **Core Elements**



# Coordinated Entry Overview

- A system wide approach to ensuring households in a housing crisis can be prioritized for available resources. All programs serving homeless and at-risk households encouraged and welcome to participate even if not HUD funded
- Ideally covers all homeless and housing program in a geographic area, not just those funded by HUD
- Recognizes that a “first come first served” approach fails to meet system goals and thoughtfully connect resources
- Promotes notion that those who are most vulnerable are served first, even if resource is less than ideal for that household’s needs (RRH serving individuals who may need PSH)
- Assumes programs are optimally designed. For instance:
  - RRH programs use the vast flexibility they have to serve high need households for whom no PSH available
  - Assumes PSH providers have capacity to provide deep, often clinical supportive services for most vulnerable
  - Recognizes that Transitional Housing is NOT permanent housing and those individuals are still considered homeless and made NOT eligible for PH resources once in TH
- Employs Prevention, Housing Problem Solving, Diversion and other creative approaches in helping to ease the pressure on limited housing resources
- Operates using Housing First, client-driven strategies that ensure client choice and target those with most significant barriers, including those with zero income, SUD and BH challenges

# Homeless Crisis Response System



# Core Elements of Coordinated Entry



# **NH Coordinated Entry Roles and Responsibilities**

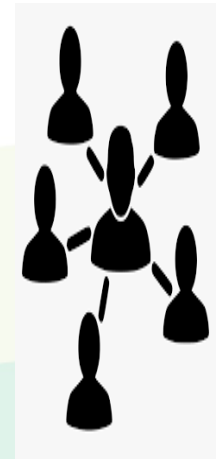
# High Level Points

- NH is committed to working with various providers even if not HUD-Funded
- Some providers may want to participate in Coordinated Entry but may not have the capacity to complete all expectations – the BoS CoC can work with providers who may need additional support or guidance to be a partner
- Some partners are required to participate in Coordinated Entry and HMIS; but all providers are encouraged to do so even if in a more limited or nuanced way
- CES fully embraces client choice – unwillingness to provide information or documents does not preclude a household from services and connections but may delay housing options that have federal/state documentation requirements
- Providers encouraged to bring questions and concerns to their CoC Lead and project managers

**We've run "programs" for decades without ending homelessness – only a system level, coordinated approach will allow us as a community achieve our collective goals.**

# Coordinated Entry Lead

- Organization or group responsible for the facilitation, management and evaluation of the Coordinated Entry System (CES).
- Responsible for matching applicants from the Prioritization List to Housing Provider openings.
- Maintains updated Regional Access Point list and local Housing Inventory list, sends updates to Regional Access Point list to 211.
- Provides training and support to the local CoC regarding Coordinated Entry.
- Three NH CoCs
  - Balance of State- NH DHHS Bureau of Housing Supports
  - Greater Nashua- Harbor Care, Inc.
  - Manchester- Coordinated Entry Committee





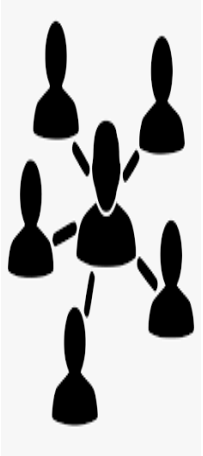
# Referral Partners

- Family Promise of Greater Concord
- Family Promise of Southern New Hampshire
- WRJ VA
- Manchester VA
- City of Keene
- City of Claremont
- SAU 93
- SAU 29
- Cheshire Medical/Dartmouth Hospital
- Cheshire County Department of Corrections
- West Central Behavioral Health
- Monadnock Family Services
- Keene Serenity Center
- Bethany Christian Services
- The Salvation Army - Human Trafficking Program
- Portsmouth/New Castle/Rye and Greenland Welfare Office
- Exeter Welfare Office
- Hampton Welfare Office
- Seabrook Welfare Office
- SOS
- Stepping Stones
- Northern Human Services
- AmeriHealth Caritas NH
- Valley Regional Hospital

# Referral Partners

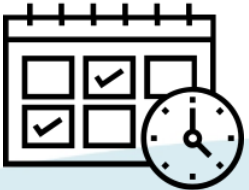
## Primary Roles

- Partner that refers or connects households with regional access points and assessment partners.
- Upon signing the NH Partnership Agreement, Referral Partners may also attend case conferencing sessions to provide input. Examples of referring agencies are: hospitals, schools, community organizations, homeless system providers without HMIS access, restaurants and coffee shops.



## Important timeframes

- Provide referral to 211 or local Assessment Partner as soon as possible when interacting with client in need of housing support



## No HMIS requirements specific to CE



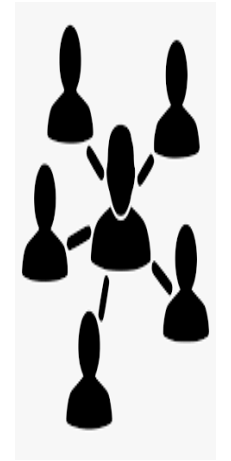




# Assessment Partners

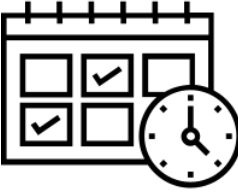
- 1269 Café
- 211
- Belknap Merrimack Community Action Program
- Bridge House, Inc
- Center for Life Management
- Community Action Partnership Strafford County
- Concord Coalition to End Homelessness
- Cross Roads House, Inc
- Easter Seals
- Families in Transition (FIT)
- Seacoast Family Promise
- Lakes Region Mental Health
- Greater Nashua Mental Health
- Harbor Care
- Helping Hands Outreach Ministries, Inc
- Hundred Nights
- Marguerite's Place
- Monadnock Family Services
- Merrimack Valley Assistance Program HOPWA
- My Friends Place
- Nashua Soup Kitchen and Shelter
- New Generation, Inc/Catholic Charities
- NHCADSV
- Riverbend Community MH Center
- Seacoast Mental Health Center, Inc
- Southern New Hampshire Services Inc
- Southwestern Community Services, Inc
- The Friends Emergency Housing Program
- The Front Door Agency
- The Mental Health Center of Greater Manchester
- The Salvation Army - Carey House
- The Salvation Army - McKenna House
- Tri-County Community Action Program
- Veterans Inc SSVF
- Waypoint
- YWCA New Hampshire (DV/SA)

# Assessment Partners: Roles



- A point of entry for applicant into Coordinated Entry project in HMIS.
- These staff are **trained** to complete the Coordinated Entry Housing Assessment process. **Training will be offered to all Assessment partners in the coming months**
- Assessment partners are expected to maintain regular check-in with individuals placed on the Coordinated Entry prioritization list: document status, referrals and services, assessment updates.
- Must sign the NH Coordinated Entry Partnership Agreement.

# Assessment Partners: Timeframes



- Conduct Diversion conversation at initial point of contact and use Housing Problem Solving strategies throughout engagement with any client, with err toward client choice and empowerment
- Conduct Coordinated Entry assessment roughly 14 business days following initial/ongoing Diversion conversation with client
  - If client unable to engage in CE Assessment within this timeframe, continue attempts at engaging when able
- Conduct at a minimum weekly outreach to those entered into CE, documenting any changes and referrals made, until client is connected with Housing Provider or housing instability resolves or is unable to be contacted for 90 days
- Work with client to gather supporting documentation for information gathered at time of CE Assessment while waiting for housing resource availability for client

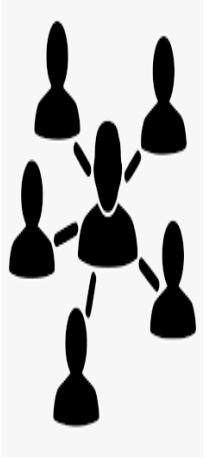
# Assessment Partners: HMIS Requirements



- Open client in **Referral Coordinated Entry** project within 24 business hours of initial engagement
- Enter into **Coordinated Entry** project once assessment is complete within approximately 14 days after initial engagement. 14 day period allows for more dedicated focus on finding alternatives that do not require significant homeless resources (self resolve, reconnection with family friends, mediation) facilitated by assessment partners and diversion and problem solving efforts
- Enter Interim Updates in Coordinated Entry project at time of change of any information entered, and at a minimum every 90 days
- Update Coordinate Entry project entry at the time that any information entered is discovered to be false (e.g. entered as veteran then documentation indicates not a veteran, entered as chronically homeless then documentation indicates not chronically homeless)
- Inform Coordinated Entry Lead and accepting Partner when client transfers from one region or program to another within 48 hours of client move
- Exit from Coordinated Entry project if contact with client is lost after weekly outreach during a consecutive 90 day period

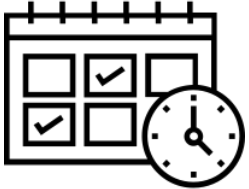
# NH 211

## Primary Role



- Main entry point into Coordinate Entry system.
- Available 24/7 to receive referrals for housing needs.
- 211 staff conduct Prevention and Diversion Assessment Tool then send completed tool and referral to Regional Access Point for further follow up.
- Housing Crisis resolution attempted at time of Prevention and Diversion Assessment, resources provided to caller while on the phone with 211 staff.
- Resources outside of the RAPs typically provided such as local welfare.

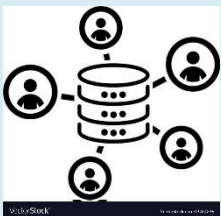
## Important timeframes



- Conduct Prevention and Diversion Assessment tool at initial contact with client seeking support with housing
- Provide caller with list of local resources including but not limited to emergency shelter
- Send referral (email with HMIS ID only) to local Regional Access Point immediately after Prevention and Diversion Assessment is completed

## HMIS data requirements

- Enter client into Referral to Coordinated Entry project within 5 days and attach completed Prevention and Diversion Assessment





# Regional Access Points (RAP)

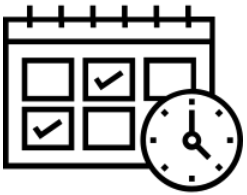
- Belknap Merrimack Community Action Program
- Center for Life Management
- Community Action Partnership Strafford County
- Families in Transition (FIT)
- Southern New Hampshire Services Inc
- Southwestern Community Services, Inc
- Tri-County Community Action Program
- Waypoint
- YWCA New Hampshire (DV/SA)
- Nashua Shelter and Soup Kitchen
- The Front Door Agency

# Regional Access Points (RAPs)

## Primary Roles



- A point of entry for persons experiencing homelessness into the region's homeless system access point.
- RAPs provide in-person walk-in and virtual support with diversion, housing system navigation, assessment, outreach, matching openings with prioritization list, lead case conferencing.
- Must sign the NH Coordinated Entry Partnership Agreement.



## Important timeframes

- Contact referrals from 211 within 24 business hours of receiving referral
- Conduct activities within timeframes listed under "Assessment Partners"



## HMIS data requirements:

- Complete requirements listed under "Assessment Partners"



# Outreach Partners

- Belknap Merrimack Community Action Program
- Center for Life Management
- Community Action Partnership Strafford County
- Easter Seals
- Families in Transition (FIT)
- Greater Nashua Mental Health
- Monadnock Family Services
- Nashua Soup Kitchen and Shelter
- Riverbend Community MH Center
- Seacoast Mental Health Center, Inc
- Southwestern Community Services, Inc
- The Mental Health Center of Greater Manchester
- Tri-County Community Action Program
- Waypoint

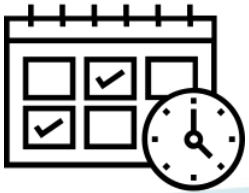


# Outreach Providers

## Primary Role

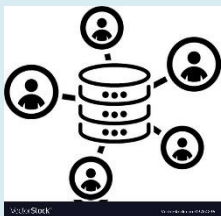


- Agencies receiving ESG or PATH must participate as an Assessment Partner and utilize the Coordinated Entry System.
- Outreach providers must enter households into the CE project in HMIS at the time of entry into ESG or PATH project in HMIS.
- The Outreach provider must follow households entered into CE on a minimum of a weekly basis until connection is made to a housing provider or housing crisis is resolved.
- Must sign the NH Coordinated Entry Partnership Agreement.



## Important timeframes

Conduct activities within timeframes listed under “Assessment Partners”



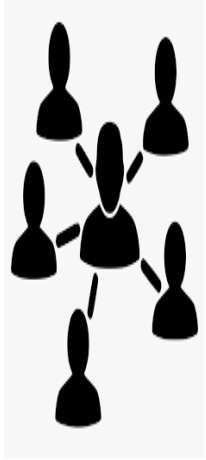
## HMIS data requirements

Complete requirements listed under “Assessment Partners”

# Shelter / Emergency Housing

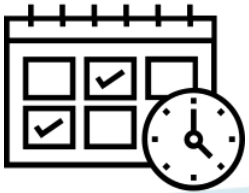
- Bridge House, Inc
- Cross Roads House, Inc
- Families in Transition (FIT)
- Helping Hands Outreach Ministries, Inc
- Hundred Nights
- Marguerite's Place
- My Friends Place
- NHCADSV
- Community Action Partnership Strafford County
- Nashua Soup Kitchen and Shelter
- New Generation, Inc/Catholic Charities
- Southwestern Community Services, Inc
- The Friends Emergency Housing Program
- The Salvation Army - Carey House
- The Salvation Army - McKenna House
- Tri-County Community Action Program

# Shelter Providers



## Primary Role

- Agencies receiving SGIA and/or ESG-CV for emergency shelter must participate as a housing provider and utilize the Coordinated Entry System
- All shelter guests must be entered into the HMIS CE project by the shelter staff.
- All shelters must inform 211 of any updates to shelter functioning and receive referrals for emergency shelter for callers experiencing a housing crisis.
- Shelters are not required to fill openings through the prioritization list, but must remain an available resource for housing crisis resolution when capacity allows, and provide referral to other local resources when there is not capacity to resolve a housing crisis.
- Must sign the NH Coordinated Entry Partnership Agreement.



## Important timeframes

- Conduct activities within timeframes listed under “Assessment Partners”



## HMIS data requirements

- Complete requirements listed under “Assessment Partners”



# Housing Partners

- Belknap Merrimack Community Action Program
- Center for Life Management
- Community Action Partnership Strafford County
- Concord Coalition to End Homelessness
- Cross Roads House, Inc
- Easter Seals
- Families in Transition (FIT)
- Seacoast Family Promise
- Lakes Region Mental Health
- Harbor Care
- Merrimack Valley Assistance Program HOPWA
- NHCADSV
- Southern New Hampshire Services Inc
- Southwestern Community Services, Inc
- The Front Door Agency
- Tri-County Community Action Program
- Veterans Inc SSVF
- Waypoint

# Housing Partners

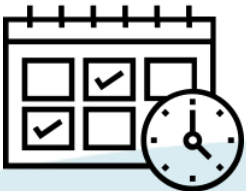


## Primary Roles

- Agencies receiving CoC, ESG, ESG-CV or HOPWA funding must participate as a housing provider and utilize the Coordinated Entry System. Must use prioritization list to fill open program vacancies with eligible clients.
- Must sign the NH Coordinated Entry Partnership Agreement.

## Important timeframes:

- Provide list of openings to Coordinated Entry Lead on a weekly basis
- Outreach to referrals from Prioritization List at least two times within 48 hours from time of referral
- Provide follow up on outcome of outreach to referrals from Prioritization List to Coordinated Entry Lead within 24 hours of last outreach to referral



## HMIS data requirements:

- Update Coordinated Entry Referral to indicate outcome of referral from Prioritization List to opening
- Exit client from Coordinated Entry project once client is entered into program project



# Closing and Questions

