Wisconsin Balance of State CoC Coordinated Entry and Referral Process for Prevention

Institute for Community Alliances

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INTRODUCTION
The Wisconsin Balance of State Continuum of Care (WI BoS CoC) has implemented a streamlined process for referring and enrolling individuals and households into Prevention programs. This process is now part of the CoC coordinated entry system. The WI BoS CoC will maintain community-wide Prevention priority lists for each LCAS. Individuals and households in need of housing, will be placed on this priority list and ranked in order of greatest need. All Prevention programs that are funded through the State of Wisconsin ETH Grant are required to enroll clients using the priority list, and other community programs are encouraged to use the priority list as well. Additional information about the WI BoS CoC Coordinated Entry process can be found here, http://www.wiboscoc.org/coordinated-entry.html.

1. REQUIREMENTS FOR ADDING CLIENTS TO THE PRIORITY LISTS
Anyone with a ServicePoint user license can add an individual or household to the priority list. It is not necessary for the individual or household to be enrolled in a program at your agency in order for you to add the person to the priority list. In order to make a referral to a priority list, you will need to have completed the Coordinated Entry Prevention Assessment in ServicePoint.

2. HOW TO ADD AN INDIVIDUAL OR HOUSEHOLD TO THE PRIORITY LISTS

A. ADD THE CLIENT TO SERVICEPOINT

- If the client or household you’re referring is not enrolled in any program at your agency, it will be easiest to enter the client into ServicePoint and make the referral from your main agency provider (not a program-specific provider). This is not a requirement if you do not have access to your main agency (Level 2) provider, or if you would rather enter the referral under a program provider.

- Use the Client Search to look for an existing client file or add a new client to ServicePoint. If you’re referring a household, use the Client Search to look for the head of household, and enter this household member first.

- The minimum data needed in order to add someone to ServicePoint is a name, the client’s gender and date of birth. In order to make a good referral, you will need some additional information including the questions contained in the Coordinated Entry Prevention Assessment.

B. COMPLETE THE CLIENT RECORD AND THE COORDINATED ENTRY ASSESSMENT – WI BOS COC
The client record is found at the top of the Client Profile tab.

The Coordinated Entry Prevention Assessment – WI BoS CoC can be found under the Assessments Tab. You will need to go to the Assessments tab and choose the CE Prevention Assessment. Fill in as much of the information as you have for
the client. All questions on the CE Prevention Assessment must be answered. The questions contained on this page make up the prioritization tool that is being used for Prevention programs. Once these questions are answered, the Coordinated Entry Prioritization for BOS Prevention report will calculate the score. There will not be any score that will need to be attached when doing a referral, but the score will only be calculated accurately if all questions are answered.

COORDINATED ENTRY PREVENTION ASSESSMENT ON THE ASSESSMENTS TAB

- Go to the Assessments Tab. Choose the Coordinated Entry Assessment. Click Submit.

  ➢ When completing the assessment, make sure that the questions used to determine the prioritization score have been completed accurately. The questions are shown below:

<table>
<thead>
<tr>
<th>Please answer for Head of Household</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual household gross income amount</td>
<td>More than 30% of AMI for household size (0 points) G</td>
</tr>
<tr>
<td>What is the last grade of school you completed?</td>
<td>Post Graduate G</td>
</tr>
<tr>
<td>At least one dependent child under age 6</td>
<td>No (0 Points) G</td>
</tr>
<tr>
<td>Single parent with minor child(ren)</td>
<td>No (0 Points) G</td>
</tr>
<tr>
<td>Household size of 5 or more?</td>
<td>No G</td>
</tr>
<tr>
<td>Pregnant?</td>
<td>No (HUD) G</td>
</tr>
<tr>
<td>Does the client have a disabling condition?</td>
<td>Client refused (HUD) G</td>
</tr>
<tr>
<td>Number of times literally homeless in the past 3 years?</td>
<td>Never G</td>
</tr>
<tr>
<td>Total number of months of literal homelessness in the past 3 years?</td>
<td>Less than a month G</td>
</tr>
<tr>
<td>Number of times you have had to move because of economic factors in the last 2 years?</td>
<td>0 G</td>
</tr>
<tr>
<td>Court ordered rental evictions on your record within the past 3 years?</td>
<td>No prior rental evictions (0 points) G</td>
</tr>
<tr>
<td>Domestic violence victim/survivor</td>
<td>No (HUD) G</td>
</tr>
<tr>
<td>If yes for Domestic Violence Victim/Survivor, are you currently fleeing?</td>
<td>No (HUD) G</td>
</tr>
<tr>
<td>Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property</td>
<td>No (0 Points) G</td>
</tr>
<tr>
<td>Registered sex offender</td>
<td>No (0 Points) G</td>
</tr>
<tr>
<td>Means of Transportation</td>
<td>Bus G</td>
</tr>
</tbody>
</table>
### 3. REFERRAL PROCESS

**A. ANSWER ALL THE QUESTIONS ON THE COORDINATED ENTRY PREVENTION ASSESSMENT**

#### Interviewer’s Information

<table>
<thead>
<tr>
<th>Item</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewer’s Name</td>
<td></td>
</tr>
<tr>
<td>Agency’s Full Name</td>
<td></td>
</tr>
<tr>
<td>Job Title at Agency</td>
<td>Select</td>
</tr>
<tr>
<td>Today’s Date (date of interview)</td>
<td></td>
</tr>
</tbody>
</table>

#### Client ROI Signed

<table>
<thead>
<tr>
<th>Item</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the client consented to participate?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### Please answer for Head of Household

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<tr>
<th>Item</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
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<td>No (0 Points)</td>
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<tr>
<td>Means of Transportation</td>
<td>Bus</td>
</tr>
</tbody>
</table>

#### Client Contact Information

<table>
<thead>
<tr>
<th>Item</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</td>
<td>CVI Vets Place Central</td>
</tr>
<tr>
<td>Is there a phone number and/or email where someone can get in touch with you or leave you a message?</td>
<td>123-456-7891, <a href="mailto:test.test@gmail.com">test.test@gmail.com</a></td>
</tr>
</tbody>
</table>
B. ADD A REFERRAL TO THE PREVENTION PRIORITY LIST

Once you’ve completed the Coordinated Entry Prevention Assessment, you are ready to make a referral to the Prevention priority list. If you are referring a Family, you should only include the Head of Household in the referral. To add a referral, go into the Service Transactions tab of HMIS:

![Service Transactions](image)

To create a referral, you need to identify a service transaction type, a provider of that service and the date on which the referral was made.

- Your service transaction type will be Rent Payment Assistance (BH-3800.7000). Select the service transaction type, and then click Add Terms. It will look like nothing has happened, but if you scroll to the bottom of the screen, you will see the service transaction type listed.

![Needs Assignment](image)

Next, select the provider. To make a referral to the priority list for singles, you need to choose your local CoC Prevention Priority List. For example, BoS Coulee Prevention Priority List. Select the correct list and click Add Provider.

![Referral Provider Quicklist](image)

Finally, you will need to enter the date of the referral. **You do not need to complete the referral ranking or attach a score when making a referral for Prevention.**
Make sure to check the box by the service transaction type in the Referrals section.

Set a Projected Follow Up Date and enter your user information for the Follow Up User.
Set the Need Status/Outcome to “Identified.” Once you have selected the appropriate items, your referral will look like the example below. Click Save ALL.
5. UPDATING A REFERRAL WHEN ASSESSMENT ANSWERS HAVE CHANGED

If the client’s assessment score has changed, their existing priority list referral should be updated. To update this, you need to update the questions on the Coordinated Entry Prevention Assessment and that will change the score in the Prevention Prioritization Report.

A. UPDATING A REFERRAL

After entering the new answers in the assessment, click Save to update the coordinated entry assessment. You do not have to go back into the referral when updating the above questions that effect a client’s score.

6. VIEWING THE PRIORITY LISTS

Agencies in the CoC that provide ETH Prevention services, will need to use the Advanced Reporting Tool (ART) to view the priority lists.

- Click the black arrow to display the Public Folder
- Navigate to the Coordinated Entry folder, and open the folder for the Balance of State CoC. This folder contains two reports – one for the family report, and another for the singles priority list. Use the most recent version available.

- Click on the magnifying glass. Then select View Report. All users with an ART license can run this report in “View” mode.

- Complete the required report prompts. Set the effective date to the current date. Choose the correct prioritization list provider. Once both prompts are complete, click Run Query.
A. PREVENTION PRIORITY REPORT

Summary – confidentiality statement and summary statistics
Prevention Prioritization List
Accepted Referrals
Accepted (Individuals)
Canceled, Declined, Other

There is not a Family or Single list, because that is not a need to differentiate between household type. There is just one report for all households referred to the list.
7. HOW TO ACCEPT AN INDIVIDUAL OR HOUSEHOLD OFF THE PRIORITY LIST FOR PROGRAM ENROLLMENT

FOR CLIENTS ENROLLING IN A PROGRAM AT YOUR AGENCY

If you are accepting a referral because you’re enrolling a client in a program at your agency, then you will need to add a Service Transaction for your agency’s program. Make sure to use the correct prevention program provider in HMIS.

Only “accept” the referral for clients entering a program at your agency. See the “Canceled/Declined” Section for more information about removing clients no longer in need of prevention services from the priority list, including clients who secured housing on their own or clients who obtained housing from a provider that does not use HMIS.

- Go to the client file for the client you are going to accept off the priority list, and click on the Service Transactions tab.

- Click on “View Entire Service History”

- Click on the Referrals tab

- Click on the pencil for the referral that you want to accept.

- Change the referral outcome to “Accepted”
• Select Need Status as “Closed” and “Fully Met”

• For all accepted referrals, click on Provide Service. **Important** - Make sure the Service Transaction is created for the specific program in which the client is enrolling.

8. RETURNING A CLIENT TO THE PRIORITY LIST

Individuals or households accepted off the Priority List that DO NOT Enroll in your program (were not provided prevention services) must be returned to the priority list.

• Return to the “Entire Service History” page for the client and find the referral to the priority list, and subsequent service transaction for housing

• Click on the garbage can on the Service line to delete the service transaction (If you cannot delete, contact your ICA System Administrator)
• When the Service is deleted, the original Referral will also be deleted. You will have to re-enter the referral from the original need date. **NOTE** – do not re-enter the referral until the original is deleted, and do not create both a new need and a new referral. This part can be confusing. If you have questions, contact your ICA System Administrator.

This is what the Entire Service History looks like *before* the Service is deleted.

This is what the Entire Service History looks like *after* the Service is deleted.

• To add a referral from the existing Need, click on the envelope with the green plus sign. The Need will be from the original referral date.

• When you re-create the referral, make sure to set the referral date back to the date of the original referral. This should be the same date as the Need date, which is listed at the bottom of the referral page.
- The Need Status is “Identified”

- Complete the CE Follow Up sub-assessment to document the client was returned to the priority list. Scroll down and find the CE Follow Up sub-assessment box. Click Add to enter a new follow-up.

- Complete the follow-up information. For “Outcome of Follow Up” select:
  - Previously removed from list and then returned to list
  - Use the notes field to document the reason housing was not secured from your agency program. Leave the end date field blank.

9. CANCELED REFERRAL

Referrals should be “canceled” or “declined” for one of the following reasons:
1. Client living with family/friends – permanent tenure
2. Client secured housing on their own
3. Client obtained Section 8 or site-based housing
4. Client asked to be removed from list
5. Unable to contact client
6. Client declined housing offer
7. Death
**NOTE** – You no longer need to create a service transaction to document when a client secures housing with a non-HMIS agency or secures housing on their own. You should cancel the referral and select one of the above reasons.

- Go to the client file for the client you are going to remove from the priority list, and click on the Service Transactions tab.

- Click on “View Entire Service History” and click on the Referrals tab.

- Click on the pencil for the referral that you want to accept.

- Then set the Referral Outcome to Declined, and enter the reason why the referral was declined. Click Save and Exit.

10. DOCUMENTING A 90-DAY CLIENT FOLLOW-UP

- Go to the client file and click on the Assessments tab.

- Use the drop down to find the Coordinated Entry Assessment and click submit.
• Make sure to update the client information on the CE Assessment, if necessary, including the client contact information.

  **Client Contact Information**
  
  On a regular day, where is it easiest to find you and what time of day is easiest to do so?
  
  Is there a phone number and/or email where someone can get in touch with you or leave you a message?
  
  CVI Vets Place Central
  
  123-456-7891, test.test@gmail.com

• Scroll down and find the CE Follow Up sub-assessment box. Click Add to enter a new follow-up.

• Complete the follow-up information. Choose one of the following options for the “Outcome of Follow Up”:
  
  - 90 Day required follow up (completed), (client) still needs housing, remains on list
  - Client asked to be removed from list, secured housing on their own
  - Unable to contact client

Enter additional notes if needed. Leave the end date field blank.

The Follow Up Sub-Assessment is where all Follow Up related notes should be entered. You are still able to use the Need Notes in the referral, but that should be to document things like specific requirements due to disability (like needing to live on the first floor) or preferred county or location. No Personally Identifying Information should be included in the Need Notes, or Follow Up Sub-Assessment notes.
To Access Need Notes:

- Click on the pencil next to the Need Information.

- Again, use the Need Notes field to document client information such as the client’s preferred county or location for permanent housing and the number of bedrooms needed. **Remember: Do NOT include any personally identifying information (PII) in the Need Notes.**