NH HMIS Coordinated Entry

Prevention and Diversion Tool

What is the PDT and who uses it?

The PDT is the first step in the Coordinated Entry process and serves to gather initial information about a client's situation to determine what kind of assistance they may need. This is a crisis needs assessment.

211, outreach agencies and providers all use the PDT to determine a client's immediate needs. This helps direct the client to appropriate services and resources based on their current needs.

What Questions are asked?

- What is the clients current living situation (i.e., place not meant for human habitation, emergency shelter, staying with a friend etc.)

- Currently Fleeing Domestic Violence?

- What brought on the housing crisis?

- Details on clients housing situation and why they are requesting assistance

- Is there anyone else a client/household could stay with for the next 3 -7 days if case management/services/transportation/financial support was provided?

- Total Monthly Income

What are the benefits of the PDT?

- The PDT assesses the client's situation in order to serve their needs in the way that benefits them most. Often, clients can self resolve and may not need to be enrolled in Coordinated Entry.

- Referrals can be made based on the information provided from the PDT. A client may go into an emergency shelter where they can then be referred to a CAP or other agency before being placed into Coordinated Entry.

- The information from the PDT can determine if a client's situation is urgent where services are needed immediately.

- Helps ensure all clients entered into Coordinated Entry belong there and can prevent spaces on the prioritization list from being take by clients who can self resolve.

Contact

Contact information helps agencies to know how best to reach a client. Clients may not always have a current phone or email address, and the information may change frequently, so keeping contacts as current as possible will ensure the client can be reached.

Adding a contact also allows for secondary phone numbers, and notes. Case workers may also add their contact here if a client does not have one.

Enrollment

An active enrollment into Coordinated Entry is required for a client to be placed on the prioritization list. The enrollment is a truncated version of other program enrollments and serves to capture a few main data points.

Because Coordinated Entry also requires an assessment, the enrollment is not as in depth. It focuses on disabling condition and prior living situation (i.e., where the client stayed the night prior to enrollment, approximate date homelessness started, and total number of months homeless).

Assessment

The Assessment is completed after enrolling the client into Coordinated Entry. This is a housing needs assessment and consists of a set of questions to assist in ensuring those households with the most significant vulnerability and housing barriers are prioritized for limited available housing resources.

The assessment should be conducted approximately 14 days after a household is initially engaged in homeless or crisis services but may be conducted sooner for households who have been in the system for a period of time and are in need of a new and/or updated assessment. Generally, this assessment is designed to help target housing resources. Those households with the longest histories of homelessness or greatest vulnerabilities should be assessed first.

This may include general referrals, problem solving attempts, reconnection to family and friends, or mediation with landlords or other housing supports.

Note: This is taken from the BoS Assessment Tool Companion

Scoring

Once the Assessment is complete, the client/household will receive a score based on the answers given. It will then be used to place them on the Coordinated Entry Prioritization list.

This score is a cumulation of points in each category of the assessment and is the total out of 100.

Community Queue

When all necessary steps have been taken to enroll and assess the client/household, they will then be placed on the NH Coordinated Entry Community Queue. The Queue is what is used to pull clients onto the Coordinated Entry report to be prioritized.

Each NH CoC has their own program; however, all clients will be placed in the same queue. In the assessment, the client is asked to choose a first and second choice of where the want to be located. This will then populate onto the prioritization report. If the client is amenable to living in other locations from where they are currently staying, this will allow for more options of housing and could potentially get the client housed sooner.

Prioritization Report

The Prioritization Report consists of all clients that have been enrolled, assessed and placed on the Community Queue. The list can be used in case conferencing when determining the most vulnerable clients for housing.

The list prioritizes clients based on the following set of factors.

1. Chronic Homelessness+ Highest Acuity + Length of Time Homeless

2. Highest Acuity + Longest Time Homeless (non CH) + Disability

3. Acuity Score + Homeless + Disability

4. Exiting Transitional Housing (Category 1 and 4 prior to TH entry) or persons fleeing or attempting to flee domestic violence+ Disability

Coordinated Entry Updates

Clients may have changes to their current situation after being enrolled in Coordinated Entry. There are a few different ways this can be updated in HMIS.

Status Update:
This allows the user to document any changes to the client's record. Examples include change of income, updated disability status, updated Chronic Homelessness status, etc.

Current Living Situation:
This allows the user to enter a client's most current location. This is recorded anytime the client's living situation changes.

Annual Assessment:
Annual Assessments are completed when a client has a program enrollment of one year or longer.

Vital Documents

While uploading documents containing personal identifying information is acceptable, CoCs must put specific measures in place to ensure security. As a result, all NH CoC's will have the opportunity to store documents in HMIS. In order to upload, you must use the cover page so that the widget under the "Files" section does not show the actual document uploaded.
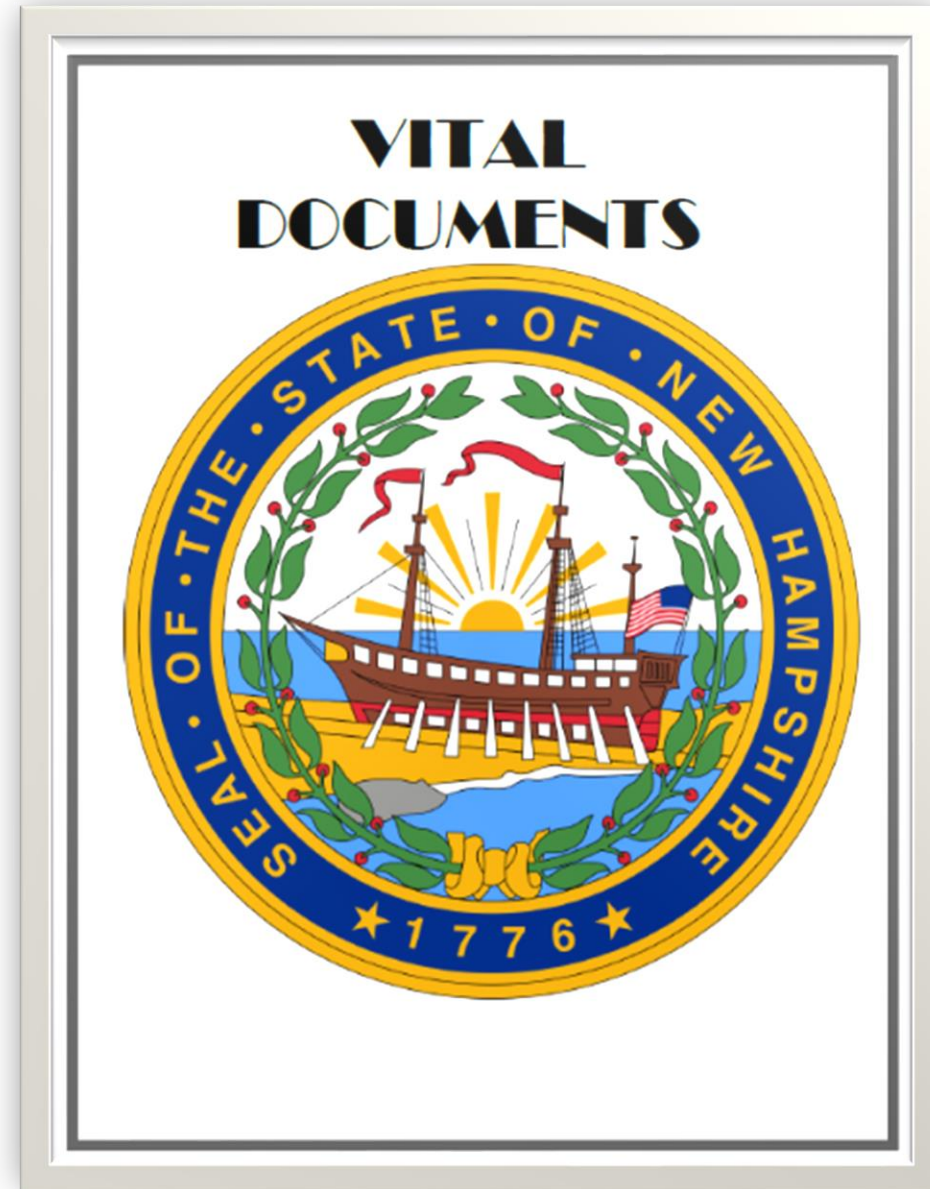
Vital Documents Continued

What type of documents should be uploaded into HMIS?

- Birth certificates

- Social Security Cards

- Identification

- Copies of EBT cards

- Any homeless documentation from third parties, such as letters from outreach

- Income Verifications

- Disability Verifications

What type of documents should **NOT** be uploaded into HMIS?

- Medical records or diagnosis level information of any kind

- Legal documents

- Anything considered privileged or confidential by another party