



# ***Greater Helena Area Housing First Policies & Procedures***

**Montana District 8 Continuum of Care**

**Coordinated Entry Process**

**(Lewis and Clark, Broadwater, and Jefferson counties, based in Helena)**

**Procedures**

***Prepared & Updated by the United Way of the Lewis & Clark Area as the Greater Helena Area Housing First (coordinated entry system) lead entity within the Montana District 8 Continuum of Care (Housing Coalition), with special thanks to Chandler Rowling, Theresa Williams, Julie McFarland, and the District 8 Coordinated Entry Get Stuff Done Team.***

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## Purpose and Background

The Montana District 8 Continuum of Care (CoC), which is part of Montana's CoC Coalition (known by the U.S. Department of Housing & Urban Development (HUD) as MT-500), has established a coordinated entry (CE) process that aims to increase the efficiency of the local homeless crisis response system and improve fairness, planning and ease of access to resources, including mainstream resources. The local CE process is called Greater Helena Area Housing First (GHAHF). Goals of this local Coordinated Entry process include:

- Reduce the burden on households experiencing a housing crisis
- Identify the most appropriate housing resource to facilitate a rapid and permanent exit from homelessness
- Prioritize the most vulnerable households for housing resources
- Collect system-wide data to inform data-driven decision-making at the CoC, organizational and project levels.

Coordinated Entry is a nationally-recognized best practice for homeless housing and services that has been adopted by HUD and is required by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act as well as 24 CFR 578.7(a)(8) and HUD Notice CPD-17-01. This CE manual is organized by HUD's four core elements: Access, Assessment, Prioritization and Referral. As stated in HUD's 2017 Coordinated Entry Core Elements Guidebook, "Established (1) access points use a standardized (2) assessment process to gather information on people's needs, preferences, and the barriers they face to regaining housing. Once the assessment has identified the most vulnerable people with the highest needs, the CoC follows established policies and procedures to (3) prioritize households for (4) referrals to appropriate and available housing and supportive services resources ("projects")."

The Montana District 8 CoC is an organized regional body within the Montana CoC Coalition. It is not a separate or independent CoC recognized by HUD but uses the term "CoC" as modeled after the HUD CoC concept to address regional homelessness in MT, specifically the Greater Helena Area and Lewis and Clark, Jefferson, and Broadwater counties). Led by the Helena Resource Advocates Leadership Team, the Montana District 8 CoC is committed to align with the MT CoC Coalition and implement any and all requirements as instructed and/or mandated by the MT CoC Coalition Board.

## Definitions

**By-Name List (BNL)** — A real-time, dynamic list of households experiencing homelessness, typically literal homelessness and/or fleeing or attempting to flee domestic violence, who are in need of permanent housing. This list includes all populations (single adults, families, transitional-aged youth [18 to 24 years old], Veterans, re-entry clients) and can be sorted and filtered to prioritize and refer households to appropriate housing and services. This tool aligns with the United States Interagency Council on Homelessness (USICH) criteria and benchmarks for ending homelessness among Veterans, people experiencing chronic homelessness, and other populations as additional USICH criteria and benchmarks are released.

**Case Conferencing** — A weekly convening of housing and service providers focused on problem-solving and assigning navigation and available housing resources to prioritized households. Providers offer frequent client-level updates and ensure the most vulnerable households are being engaged and have the opportunity to connect to the homeless-and-housing system. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, reduce duplication, and facilitate rapid connection of the most vulnerable households to housing resources.

**Case Management** — “A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services” to meet individual/household needs (Case Management Society of America). Housing Case Management should be voluntary and person-centered, with the goal of identifying strengths and client-directed goals, while promoting “health, recognition, and well-being” (USICH, 2016). Case Managers should provide supportive services and linkages to mainstream resources that promote housing maintenance and stability.

**Community Outreach Teams** — Not yet available in District 8, Community Outreach Teams are designed to reach households who are unable to visit a physical local Front Door location.

**CONNECT Electronic Referral System** — Soon to be statewide, CONNECT is a referral system which allows authorized agencies in the Helena area to make and receive referrals via an online platform. Lewis and Clark Public Health administers CONNECT and trains agencies on the use of the referral system.

**Continuum of Care (CoC)** — A community planning body, required by HUD, to organize and deliver housing and services for a specific geographic region, develop a long-term strategic plan for preventing and ending homelessness, and to apply for federal resources. It has a designated Lead Entity (UWLCA) responsible for oversight and compliance with HUD requirements. Local work is divided by Human Resource Development Council (HRDC) regions and commonly referred to as a CoC (such as the District 8 CoC/HRA Leadership Team).

**Coordinated Assessment** — A centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families

seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool...” (CoC Program interim rule 24 CFR 578.3). This term is used interchangeably with “coordinated entry.”

**Coordinated Entry (CE)** — A coordinated process designed to coordinate program participant intake assessment and provision of referrals. The primary goals of CE are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present. **The four components of a CE process are Access, Assess, Prioritize and Refer.**

**Crisis Housing** — Any facility with the primary purpose of providing temporary, emergency shelter for people experiencing literal homelessness or fleeing or attempting to flee domestic violence.

**Crisis Response System** — Focused on rapid connection to permanent housing at every stage, especially within outreach and emergency shelter responses. Elements of a Crisis Response System per HUD:

1. Coordinated Entry Process
2. Development of Collaborative Partnerships with Mainstream Systems
3. Strategic Resource Allocation and Reallocation
4. Increased Performance Measurement

**Diversion** — An approach used by agencies to initiate and facilitate conversation about safe housing alternatives, outside the homeless system, often including mediation/conflict resolution between a person in crisis and their support system. Diversion focuses on a person’s strengths and supports their process of identifying the resources available to them to help resolve their housing crisis. The goal of diversion is to reduce, wherever possible, use of the Coordinated Entry System and encourage self-resolution.

**Emergency Solutions Grant (ESG)** — A HUD program that provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly rehouse homeless individuals and families, and (6) prevent families/individuals from becoming homeless.

**Family** — GHAHF uses the HUD definition, which states: a family is one or more individuals who live together. Members of the family do not need to be related by blood, marriage or any other legal capacity. Family members who are away from the household for a certain period of time may be considered part of the family, so long as the head of household has at least 50% custody of the children. Live-in aides are also considered a family member. HUD’s definition of family is broad to help make sure decent and affordable housing is available to every type of family. There are no trimester limitations (a pregnant person is a family).

**Front Door** — CE access point where households experiencing homelessness can meet with an intake professional in-person, via phone, or through outreach workers on the street. Front Door

staff are trained in a common intake and assessment process that provide access to the CE process and, therefore, local homeless housing and service resources.

**Grant Per Diem (GPD)** — Funding offered through the Department of Veterans Affairs (VA) to community agencies that provide temporary supportive services and housing to Veterans experiencing homelessness.

**Helena Resource Advocates Leadership Team (HRA LT/CoC District 8)** — Also known as the HRA Leadership Team, this is the coalition of organizations and agencies responsible for addressing housing and basic needs issues in District 8. Also responsible for engaging in CoC activities as prescribed by HUD in

<https://www.hudexchange.info/programs/coc/toolkit/responsibilities-and-duties/#coordinated-entry>.

**Housing Choice Vouchers (HCV)** — The federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Participants work with Public Housing Authorities, who are funded by HUD, to find their own housing.

**Homeless** — The HUD Definition of “Homelessness” includes four categories: Literally Homeless, At Imminent Risk of Homelessness, Unaccompanied Youth and Families With Children and Youth Defined as Homeless Under Other Federal Statutes, and Fleeing or Attempting to Flee Domestic Violence. The details of each category can be found in [Appendix A](#).

**Homeless Management Information System (HMIS)** — A local information technology database used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. HMIS is the source of the By-Name List, as well as a shelter bed tracking tool.

**Housing First** — An approach to quickly and successfully connecting individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety or treatment /service participation requirements. Supportive services are offered on a voluntary basis to maximize housing stability and prevent a return to homelessness versus addressing predetermined treatment goals prior to permanent housing entry.

**Housing Navigation** — A service offered to households experiencing homelessness to assist in navigating the homeless system and ensure the household can quickly move into housing as soon as it becomes available. Services may include continuous engagement, relationship building, document gathering (or document readiness, including identification, homeless verification, disability certification, chronic homelessness documentation, etc.), application assistance, transportation to/from intake meeting, and housing search/location. Outreach workers, case managers, and other homeless service providers may provide housing navigation assistance.

**Housing Opportunities for Persons with AIDS (HOPWA)** — A Federal program dedicated to the housing needs of people living with HIV/AIDS.

**Implementation Team** — Local individuals and organizational representatives who plan, communicate about, troubleshoot, and maintain smooth community operation and buy-in for the Coordinated Entry System. This group is largely comprised of members of Front Door agencies, HRA Leadership Team, and relevant partner agencies as appropriate to their role in the CES.

**Inflow** — Term used to track CES progress and outcomes, referring to the number of households entering the coordinated entry system (typically tracked monthly). Inflow is analyzed alongside the outflow (number of people permanently housed monthly or otherwise exiting programs) and active list to understand how close the community is to a balanced system (known as “functional zero”).

**Lead Entity** — Responsible for: ensuring GHAHF compliance with HUD requirements; provision of operational infrastructure and oversight; ownership of the By-Name List, including ongoing maintenance such as referrals for ESG funding; convener of Front Door, Partner, and Warm Hand-Off entities, and the Implementation and Case Conferencing teams. In District 8, this entity is United Way of the Lewis and Clark Area, which also serves as the anchor organization for local CoC (HRA LT).

**National Alliance to End Homelessness (NAEH)** — A nonpartisan organization committed to preventing and ending homelessness in the United States, found at <https://endhomelessness.org/>.

**Outflow** — Term used to track CES progress and outcomes, referring to the number of households who are permanently housed or otherwise exited from CES programs (typically tracked monthly). Outflow is analyzed alongside the inflow (number of people entering the CES monthly) and active list to understand how close the community is to a balanced system (known as “functional zero”).

**Outreach Coordination** — This process is still in progress in District 8. Planning and ongoing coordination of outreach activities that includes an interdisciplinary approach that ensures the use of best practices to ensure the most vulnerable and disconnected people experiencing homelessness have access to the homeless system regardless of their geographic location.

**Partner Agency** — Partner agencies are attendees of Case Conferencing meetings whose organizations provide services that assist in supporting individuals and families experiencing homelessness or who are seeking diversion from the Coordinated Entry System. Most of these agencies are not directly housing related, but their services target major barriers to housing.

**Permanent Housing (PH)** — Non-time-limited, community-based housing, including both Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH) as defined by HUD, in which formerly homeless individuals and families live as independently as possible.

**Permanent Supportive Housing (PSH)** — Permanent housing for a household that is homeless and at least one person in the household is living with any type of disability. Households eligible for PSH typically have intensive, long-term service needs that impact their ability to maintain permanent housing. Intensive services are offered and encouraged but are not to be required as a condition of tenancy. The previous federal term for this program was Shelter Plus Care (S+C).

**Prevention** — An approach that focuses on preventing homelessness to households at imminent risk of homelessness (Category 2 of the HUD homeless definition) by providing assistance to households that otherwise would lose their housing and end up in a shelter or on the streets.

**Project for Assistance in the Transition from Homelessness (PATH)** — In Montana, PATH provides outreach to homeless adults on the streets, in shelters, and in other non-traditional settings, targeting people living with serious mental illnesses and linking them to housing and mainstream services and supports.

**Rapid Rehousing (RRH)** — Rapid re-housing is a critical part of a community’s effective homeless crisis response system that connects people experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

**SSI/SSDI Outreach, Access, and Recovery (SOAR)** — A program designed to increase access to SSI/SSDI for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder.

**Supportive Services for Veteran Families (SSVF)** — A rental assistance and supportive services program that promotes housing stability among very low-income Veteran families who reside in or are transitioning to permanent housing. This program is exclusively available through the VA and Volunteers of America (VoA).

**Transitional Housing (TH)** — A time-limited intervention intended to provide a targeted level of support to attain permanent housing. Services continue to emphasize housing attainment through a housing-focused assessment and housing stability planning, which includes working with each household to identify resources in the community, to make referrals as needed, and to support ongoing family and housing stability.

**Transition Age Youth (TAY)** — Young people between the ages of 18-24 years who are in transition from state custody or foster care and are considered “at-risk”.

**TAY-VI-SPDAT** (Transition-Aged Youth Vulnerability Index- Service Prioritization Decision Assistance Tool; AKA “Youth VI-SPDAT”) — Developed by OrgCode and partners, this is a streamlined assessment tool designed specifically for youth aged 24 or younger.

**U.S. Department of Housing and Urban Development (HUD)** — A federal funder of homeless housing and services, HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. HUD is working to strengthen the housing



market to bolster the economy and protect consumers; meet the need for quality affordable rental homes; utilize housing as a platform for improving quality of life; build inclusive and sustainable communities free from discrimination; and transform the way HUD does business.

**U.S. Department of Veteran Affairs (VA)** — provides patient care and federal benefits to Veterans and their dependents, including housing and service resources to Veterans and their families who are experiencing homelessness.

**VASH (Veteran Affairs Support Housing) Voucher Program** – A housing resource that combines Housing Choice Voucher (HCV) rental assistance for Veterans experiencing homelessness with case management and clinical services provided by the VA.

**VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool)** — An evidence-based assessment tool that combines the Vulnerability Index (VI) to determine the chronicity and medical vulnerability of homeless individuals, and the Service Prioritization Decision Assistance Tool (SPDAT) to help service providers allocate resources in a logical, targeted way.

**Warm Hand-Off Organization** — Facilitate a smooth transition (“warm hand-off”) to a Front Door organization. Assures that the system avoids sending a household/person to another agency without confirming that there’s actual help/assistance on the other end. It’s also important that the referring person/agency provide the assessor/organization with pertinent information about the household/person.

## System Overview

The lead entity of Greater Helena Area Housing First (GHAHF) is the United Way of the Lewis and Clark Area (UWLCA), which also coordinates the District 8 CoC Leadership Team (HRA LT). The target population of GHAHF are people experiencing homelessness per [HUD's Homeless Definition](#). Homelessness prevention resources are targeted to people within Category 2 of the definition, and homeless housing and services (outreach, emergency shelter, transitional housing, rapid re-housing, permanent supportive housing) are targeted to people within Category 1 (literally homeless) and Category 4 (fleeing or attempting to flee domestic violence) of the definition.

The District 8 CoC is a tri-county area, including Lewis and Clark, Jefferson, and Broadwater counties. The geographic area mirrors the geographic region covered by Rocky Mountain Development Council (RMDC) District 8. The GHAHF geographic coverage matches that of the CoC (tri-county), as required by HUD.

Through the ESG and CoC Regulations from the HEARTH Act of 2009, HUD requires every CoC to develop and implement a CES process that is designed locally in response to local needs and conditions. Since the requirement is for the CoC in its entirety, the local goal is for all providers (those that receive federal funding and those that do not) to participate in GHAHF. Providers receiving federal funding are required to participate, and those without federal funding are strongly encouraged and welcomed to participate. A list of GHAHF participants is found in [Appendix B](#).

CoC and ESG recipients operating within the Montana District 8 CoC work together to ensure the CoC's GHAHF process allows for coordinated screening, assessment and referrals for ESG projects consistent with the written standards for administering ESG assistance established under 24 CFR 576.400(e) through the following requirements and partnerships:

- The MT CoC Coalition Board requires that all projects receiving CoC and/or ESG funds must participate in GHAHF, and points are awarded based on participation within the Notice of Funding Availability (NOFA) rating and ranking process.
- ESG funds flow through RMDC and are contracted to Good Samaritan Ministries as the recipient.
- Good Samaritan Ministries (GSM) staff participate in case conferencing and the Implementation Team. GSM participated in the GHAHF Redesign Workshop and are a Front Door.
- As the ESG recipient through RMDC, GSM is an active participant of GHAHF, receiving 100% of RRH referrals from it.

# POLICIES

## Monitoring and Evaluation

To ensure ongoing refinement and adjustment, the CoC facilitates planning and stakeholder consultation on an ongoing and frequent basis. Regular Front Door and Partner meetings are an opportunity for providers and partners to offer feedback and identify solutions to challenges. The CES Implementation Team offers another such opportunity, collaborating with the HRA Leadership Team to determine the structure and regularity of assessments of the CES.

The United Way of the Lewis and Clark Area monitors outcomes bi-monthly and intends for them to be adjusted over time as the community learns more and refines GHAFH. They are also reviewed at least bi-monthly by CES participants, including Front Doors and Partner Agencies.

In order to provide opportunities for feedback and assessment of program success, the HRA Leadership Team will work with the Implementation Team to create an ongoing assessment protocol for the GHAFH. This protocol will include participation from both service providers and those receiving services to evaluate, identify problems, address concerns, and implement necessary changes. This process will be led by the HRA Leadership Team under the guidance of state and federal HUD/CoC expectations and requirements.

The Lead Entity participates monthly in statewide conferencing of Coordinated Entry Systems and their use of the HMIS network, focusing on the four components of Coordinated Entry (Access, Assess, Prioritize, and Refer). These meetings allow for troubleshooting in various aspects of CES management, including buy-in, use of the HMIS database, best practices, and developments across Montana. CES leaders throughout Montana communities collaborate regarding management of Housing First efforts, housing navigation, Homeless Outreach Teams, and policy changes at state and local levels. This collaboration drives much of the innovation and assessment of Housing First across the state, and provides a system of peer accountability between Coordinated Entry Systems.

## ACCESS

Access Points, also known as “Front Doors,” have been designated through a community process to ensure fair and equal access to households regardless of where or how they are entering the District 8 homeless system. People in different populations and subpopulations (people experiencing chronic homelessness, Veterans, families with children, youth, and survivors of domestic violence) in the District 8 region have fair and equal access to the GHAFH process regardless of the location or method (ex: physical location, call center, outreach engagement) by which they access the system.

Access Points have specific responsibilities and have signed a *Front Door Agreement* acknowledging their role and responsibilities to function, which are:

- Consent to broad advertisement of your organization as a front door for people experiencing homelessness to access when in need of housing/services.
- Dedicate specific staff that are trained in CES triage, diversion, assessment provision, and data collection and input into HMIS.
- Ensure staff understand and utilize the VI-SPDAT tools for each population (family, transitional-aged youth, and single adults).
- Track diversion and intake data through HMIS and following a standard weekly schedule, entering data no later than 11pm the day prior to Case Conferencing. **Any entries added to HMIS after this time will not be updated on the By Name List, and cannot be reviewed in Case Conferencing until the next week.**
- Provide triage, diversion, and assessment services for all eligible households experiencing homelessness who enter your organization, regardless of their eligibility for your specific program(s). The CES process must offer the same assessment approach at all access points and all access points must be usable by all people who may be experiencing homelessness or at-risk of homelessness, per the current HUD definition of homelessness.
- Assess households for ESG eligibility
- Attend monthly Front Door meetings coordinated by the Lead Entity to ensure consistency of triage, diversion, and assessment services at all access points.
- Commit to unified messaging across Front Door Access Points, ensuring households hear the same information and receive equal access to diversion and assessment services, regardless of the access point they enter.
- Commit to bringing challenges/concerns to Front Door meetings and address them as a community team.
- Be nimble and adaptable as we learn what processes and procedures are most effective in the Greater Helena Area; change may be frequent based on local learning and experience and is always driven by collaborative assessment.
- Commitment to the Diversion protocol, which is:
  - When unable to provide an assessment at the time a household/person shows up or calls for housing and service assistance, facilitate a smooth transition (“warm handoff”) to another assessor or organization. Front doors commit to ensuring a household/person receives actual assistance when working with our agencies.
    - The 2-1-1 system can be used as a diversion tool. If a person/household does not qualify for Housing First, front doors can refer them to the 2-1-1

system either by explaining the system to the person and providing a phone, or by referring them to the [www.montana211.org](http://www.montana211.org) site.

- When a Front Door agency takes on the role of referring a person/household to another organization, the CONNECT referral system should be used to refer the person/household to another agency. Making a CONNECT referral will automatically alert the relevant agency on the household/person's behalf or together and let them know you are going to refer a household/person for the appropriate services. Ensure the household/person knows how to get to the specific agency and that the receiving agency knows when to expect the household/person.

## Marketing

Intentional and targeted marketing strategies are critical to ensuring the process is available to all eligible persons on a fair and equal basis. Posters have been created for both the public and potential clients, and any involved parties can present the system to interested community partners.

## Fair and Equal Access

Households who are eligible for the process include households who fit within Categories 1 (literally homeless) and Category 4 (fleeing domestic violence) of the [HUD Homeless Definition](#), and reside within the Tri-County region (stayed in one of the tri-counties last night). District 8 is looking into expansion of GHAFH to include prevention, which will target those households in Category 2 of the HUD definition.

Households are not screened out of the process due to perceived barriers related to housing or services (examples: little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations, criminal history).

The District 8 CoC ensures we are available to all eligible households regardless of perceived, actual, explicit or implicit barriers, through the following policies and procedures.

- The process is accessible to all eligible households regardless of race, color, national origin, relation, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.
- The process will be accessible to persons with Limited English Proficiency, in alignment with HUD's published Final Guidance to Federal Financial Assistance Recipients: Title VI Prohibition Against National Origin Discrimination Affective Limited English Proficient Persons (LEP Guidance) (72 FR 2732). [Note: District 8 currently has limited resources in this area, but is working towards becoming more language accessible.]
- The process is accessible to all eligible households regardless of disabilities, including accessible physical locations for individuals who use wheelchairs. Front Doors are required

to meet ADA requirements as documented in the Front Door MOU, and housing projects receiving public funding must also meet ADA requirements. [Note: at District 8 Front Door locations that are not ADA accessible, there are Front Doors folks are referred to the nearest ADA accessible site.]

- Front Doors are accessible to people who are least likely to access homeless assistance, including those actively using illegal substances or living with serious mental illness. The CoC is building relationships with local law enforcement to engage them as non-punitive outreach partners and to assist in documenting chronic homelessness for people they've seen living on the streets long term.
- Front Doors are accessible to people who are attempting to flee domestic violence (DV), dating violence, sexual assault or stalking, or who are seeking shelter or services from non-victim service providers. The Friendship Center is the local DV services provider who specializes in safety planning and DV services with households attempting to flee DV. People attempting to flee DV and victims of trafficking must have safe and confidential access to the process and victim services (including access to the comparable process used by victim service providers), and immediate access to emergency services including domestic violence hotlines and shelters. When a household is identified as needing DV-specific safety planning/support, the following process is followed:
  - If DV experience is identified prior to reaching a Front Door, the household is referred to The Friendship Center as the local DV provider.
  - Shelter (in Helena, The Friendship Center) determines eligibility through an assessment to determine if they qualify for confidential DV shelter.
    - If they qualify and there is shelter capacity, they can move into shelter immediately.
    - If they qualify and there is not shelter capacity, or if the person is a male survivor, The Friendship Center pays for a time-limited hotel voucher.
  - The case manager within the shelter completes an assessment with the client, if the client is willing.
  - Each agency keeps a list on paper; there is not a community list of people experiencing DV.
  - Agencies attend case conferencing to ensure the people with unique identifiers are still discussed and prioritized per the community policy, guaranteeing integration with GHAFH.
- To ensure people who are not yet connected to the homeless system have equal access to the process, HUD requires that street outreach efforts funded by ESG or the CoC program must be linked to the process. ESG and CoC-funded street outreach does not exist in District 8 at this time, but the CoC is making every effort to ensure all people doing street outreach are actively involved and trained in the process. People encountered by street outreach workers are offered the same standardized processes as persons assessed at physical access points, which is ensured by consistent training between access points and outreach workers as well as monthly Front Door meetings as documented in this manual.

- Additional community partners including schools, the detention center, public library, food bank, mental health centers and hospitals are aware of the process and can connect households with an access point.

All Front Doors and outreach workers are trained on standardized process steps which are elaborated upon in the [ASSESSMENT](#) section of this manual.

The process offers the same assessment approach at all Front Doors, and all Front Doors are usable by all people who may be experiencing homelessness or at risk of homelessness. Entities who agree to be a Front Door must sign Memorandum of Understanding (MOU) outlining the roles and responsibilities of Front Doors.

Front Doors in District 8 CoC Greater Helena Area Housing First, broken down by population and location, currently include the following:

<b>Front Door</b>	<b>Population Covered</b>	<b>Location of Access Point &amp; Phone #</b>	<b>Coverage (hours/days/schedule)</b>
Good Samaritan Ministries	Any/all	3067 N Montana Ave., 442-0780	9 am to 8 pm (M-F) 9 am to 7 pm (Sa) 10 am to 6 pm (Su)
Pureview Healthcare for the Homeless	Any/all	533 N Last Chance Gulch, 461-0516	8 am to 4 pm (M-F)
Our Place Community Drop-in Center	Adults (people under 18 years old are not allowed to visit)	631 N Last Chance Gulch, 442-1374	9 am to 5 pm (MWThF) 10 am to 5 pm (Tues) 2 pm to 6 pm (Sat)
Pureview Health Center	Any/all	1930 9 <sup>th</sup> Ave., 457-0000	8 am to 5:30 pm (M-Th), 8 am to 5 pm (F)
Volunteers of America	Servicemembers, Veterans and their Families	2001 11 <sup>th</sup> Ave, Building B, 996-1212	8 am to 5 pm (M-F)

Detailed information regarding Front Door locations and hours of operation are posted on flyers throughout the Greater Helena Area.

When a household presents at a Front Door that is not dedicated to the population within which they fall, the household can easily access an appropriate assessment process that provides enough information to appropriately prioritize the household for resources. This is ensured through cross training of Front Doors, so staff are equipped to complete any population-specific VI-SPDAT (family, single adult, TAY) and input the data into the shared HMIS database.

When a Front Door is unable to provide an assessment at the time a household/person shows up in person or calls for housing and service assistance, staff refer to the Diversion Policy and follow the listed steps.

Volunteers of America (VoA) provides CES access for servicemembers, Veterans, and their families within District 8.

When a reasonable accommodation is requested for a person with a disability, the Front Door is responsible for collaborating with the necessary parties to grant a reasonable accommodation as soon as possible.

Reasonable accommodations may include, but are not limited to: a mobility impairment request that requires completion of the assessment process at a different location; provision of sign language services for hearing impaired households; and information provided in accessible formats including Braille, audio, and large type. Reasonable accommodation requests will not result in access discrepancies; equal access to resources is guaranteed for all people based on the GHAFH prioritization policy and reasonable accommodation policy.

## Assessment

Front Doors and trained partner organizations are responsible for implementing a standardized assessment approach that ensures fair and equal access to homeless system resources for all eligible households. The assessment approach provides sufficient information to make prioritization decisions for ESG and CoC-funded housing and service resources, in addition to non-publicly funded housing and services that are participating in the process.

All access points and partners follow the following steps within the assessment process:

1. **Triage** – initial standardized questions asked by all Access Points that determine appropriateness for the process
2. **Diversion** – service attempted prior to assessment in which all safe alternatives are explored between Access Point staff and household experiencing homelessness to assist the household in not entering the homeless system unless absolutely necessary. Diversion is tracked through HMIS.
3. **Client Consent** – the client and assessor read through the Release of Information together, ensuring privacy protections are in place and households dictate what personal information can and cannot be shared within the GHAFH process.
4. **Standardized Assessment** – VI-SPDAT (population specific for families, single adults and transition age youth [TAY])
5. **Data Entry** into HMIS, which exports a by-name list report.

In addition to these steps, assessors are asked to refer to their agency's community resource list, utilize 2-1-1 resources, and/or provide appropriate referrals to every household.

See Appendix C for a flowchart of this workflow.



## Screening

The VI-SPDAT by OrgCode is the standardized assessment tool to be used. This tool is required of housing providers receiving CoC and/or ESG funding and requested/strongly encouraged of non-CoC/ESG funded housing providers. To participate in GHAHF, organizations must use the VI-SPDAT.

The VI-SPDAT is used as a vulnerability index that assists with prioritization for housing resources, and matching/referrals are made utilizing the VI-SPDAT score in conjunction with a case conferencing process.

Front Doors can check for eligibility for specific housing programs through HHA; the application process for public housing should help determine eligibility. Future eligibility screening should only include criteria outlined in funding contacts and should align with [Housing First](#) philosophy (low barrier) to the extent possible.

Beyond the VI-SPDAT and eligibility screening, additional screening/intake processes should not occur at the project level to determine whether a household will be accepted, except when contractually required by funders (ex: housing authorities). A service-related assessment may be completed once a household moves into housing, but not before the household has received housing. This assessment, which is commonly occurring within the community now, assists with effective service delivery and should not assist in determining eligibility or appropriateness for specific housing openings. GHAHF will work to improve the assessment process.

## Assessment Process Consistency and Ongoing Development

To ensure process consistency at all Access Points (Front Doors/Partners), the Lead Entity will host frequent Front Door and Partner meetings to address questions, inconsistencies, and trends in human error and data entry issues that arise. As GHAHF stabilizes, every effort will be made to hold these meetings monthly. These meetings function as an assessment process monitoring tool and opportunity to identify training needs. Front Door and Partner representatives are responsible for taking all information back to their agency and ensuring staff are fully informed.

To ensure process consistency beyond Front Doors, especially within Partner Agencies who complete assessments, the Lead Entity intends to host quarterly convenings for all assessors to address questions, inconsistencies, and trends in human error and data entry issues that arise. These convenings will function as an additional assessment process monitoring tool and opportunity to identify training needs. Finally, the Lead Entity intends to host an annual convening of all front doors/assessors, building in a training component, celebration, and opportunity to step back as a homeless system to look at bigger picture, utilizing GHAHF data.

The District 8 CoC assists in the compilation and development of written training materials available via verbal and written request to the Lead Entity. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the

methods by which assessments are to be conducted with fidelity to the CoC's process, including written policies and procedures, as well as an opportunity to ask questions.

## Privacy Protections

All Greater Helena Area Housing First representatives are responsible for obtaining consent to share and store personally identifying participant information for purposes of assessing, prioritizing and referring households through the process. People who do not consent still have access to housing and service resources but cannot be discussed (or have data shared) by name or personally identifying information at any point within the process, including, during case conferencing.

Participants must be free to decide what information they provide during the assessment process without retribution or limited access to assistance, with the understanding that the more information the client provides, the better service can be given through CES will not be denied if the participant refuses to provide certain pieces of information, unless the information is necessary to establish or document program eligibility per the applicable program regulation, or Federal statute requires collection, use, storage and reporting of personally identifying information (PII) as a condition of program participation.

Participants are not denied access to the process on the basis that they are or have been a victim of domestic violence, dating violence, sexual assault or stalking. Records containing PII are kept secure and confidential and the address of any family violence project is not made public.

Households are not asked or required to disclose specific disabilities or diagnosis except when it is needed to determine program eligibility to make appropriate referrals. Participants are informed of the ability to file a discrimination complaint.

The process allows and depends on all emergency services operating with as few barriers to entry as possible, independent of the operating hours of the intake and assessment process.

## Prioritization

The process prioritizes households experiencing homelessness within the CoC's geographic area for referral to housing and services. The District 8 CoC has adopted a prioritization policy based on project type, for Transitional Housing (TH), Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) projects. We utilize the by-name list pulled from HMIS to prioritize households for available housing resources.

Access to emergency shelter is offered outside of GHAF to ensure a crisis response is available to meet immediate needs, extending beyond typical business hours. People presenting at emergency shelter programs are admitted on a first-come, first-served basis driven by bed occupancy. Emergency shelters partner with us to offer diversion and assessment services as well as household access to the by-name list. Emergency shelter staff regularly attend case

conferencing meetings to inform us of household needs/updates and ensure people are moving from emergency shelter to permanent housing as quickly as possible.

The [Prioritization Policy](#) is a work in progress and will be updated as more information comes to the case conferencing team. As a starting point upon CE launch, across the State households are prioritized for resources based on the vulnerability score provided by the VI-SPDAT, starting with the highest vulnerability score and working down the list in numerical order. When a tie exists, it is broken using self-report data on length of time homeless. This process is merely a starting point as we launch with intentions of building a more sophisticated and robust prioritization policy. It is anticipated that the community will use high utilizer data to inform prioritization for PSH and will continue to use the state-adopted procedure as outlined in [HUD Notice CPD-16-11](#), ensuring PSH is dedicated to households experiencing chronic homelessness.

As a final tie-breaking factor, in the event that two or more households experiencing homelessness are identically prioritized for referral to the next available unit and are both eligible for the unit, we will refer the household that first presented for assistance in the next available unit.

Also scheduled for late 2019 is the inclusion of prevention resources, which will require organization and buy-in from prevention providers, including the faith community and those funded by ESG. The CES Implementation Team intends to solicit technical assistance to determine the process and procedure for including prevention, identify how to best target prevention resources, how to prioritize households for prevention resources, and to identify tools and resources being utilized across the county.

Case conferencing is a tool that ensures checks and balances are in place, including with the prioritization policy, and brings key stakeholders together weekly to ensure the most vulnerable households in the community are supported and not slipping through the cracks.

## Referrals

The District 8 CoC is working toward a uniform and coordinated referral process as one of the four components of the process. The [housing inventory](#) is a list of all homeless beds, units and services available through us and includes only those partnering resources in which access is offered exclusively through us. In theory, when a partnering agency (listed within the housing inventory) has a homeless housing or service opening, they will inform us via email, which triggers the process of making a referral for the opening. We use the [prioritization policy](#) to make referrals, which takes into account the organization's target population and eligibility criteria of each program. The housing referral process should occur within the HMIS database. The Implementation Team will work to improve this system and inform the Lead Entity of changes in the housing inventory.

CoC and ESG-funded projects are required to receive 100% of referrals from the process. Homeless housing providers that do not receive federal funding (CoC, ESG, HOPWA, PATH

and RHY funds, specifically) are not required to participate in GHAHF, but the District 8 CoC strongly encourages participation and is working closely with local funders to create one streamlined system in which all housing providers participate. Programs that participate must provide written eligibility criteria for their program to ensure referrals are appropriate and people are not being referred to programs for which they are not eligible (thereby avoiding additional, unnecessary steps in the process for consumers). Front Doors completing intakes with households are asked to assess for ESG eligibility whenever possible and bring this information to Case Conferencing to help streamline the referral process.

The District 8 CoC is committed to ensure all people have fair and equal access to homeless system resources and have adopted written standards that prohibit the process from screening people out due to perceived barriers related to housing or services (examples: little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations, criminal history).

Households are free to refuse housing referrals without retribution or limitation of access to homeless housing assistance. When a household refuses a referral to a specific homeless project, the housing provider logs the information on the Spreadsheet and provides it to us. The household remains on the BNL and is eligible for the next appropriate referral.

## Grievance Policy

In the event a participant does not agree with or believes discrimination occurred during any part of the Coordinated Entry System process, the participant has a right to file a grievance. It is the responsibility of the Front Door agency to inform the individual of the grievance procedure. Grievances will be processed so that complaints are addressed in the most objective and fair way possible.

The Grievance Form must be completed and submitted to a Front Door agency or electronically to [info@unitedwaylca.org](mailto:info@unitedwaylca.org). The Grievance Form is available on the UWLCA website under the Greater Helena Area Housing First section, and paper copies are available through each Front Door agency. Participants will be provided with a copy of this policy upon entry into the CES. The form should be filled out in its entirety, and must include client name, contact information, any reasonable accommodation requests, and a brief summary of the grievance.

Grievances will be handled through a tiered approach. The agency that receives the completed Grievance Form will forward the grievance to the Helena Coordinated Entry System Governing Team (CES Governing Team), which will serve as the party handling the initial grievance. The CES Governing Team will contact the individual within five business days of the receipt of the grievance to schedule a mediation meeting. This meeting will be held within 30 calendar days of the CES Governing Team's receipt of the grievance. Reasonable accommodations for scheduling, location, or accessibility will be available upon request. In circumstances for which there is a significant conflict of interest, the Governing Team will determine whether the agency involved in the grievance may participate in the decision-making regarding the outcome of the mediation meeting.

The CES Governing Team will record the grievance and the mediation meeting and will document the outcome on the Grievance Form. This documentation will be stored within the participant's Homeless Management Information System (HMIS) profile. If a resolution does not arise from the mediation meeting, additional action will be planned between the participant and the Governing Team before the conclusion of the mediation meeting. Any participant with an unresolved grievance or who wishes to appeal the Helena Coordinated Entry Committee's decision may contact the Helena Resource Advocates Leadership Team (HRA LT), which serves as the local Continuum of Care Coalition. The HRA LT can be contacted by email at [info@unitedwaylca.org](mailto:info@unitedwaylca.org). Any participant who wishes to appeal the HRA Leadership Team decision may contact the Montana Continuum of Care Coalition, care of Bob Buzzas, at [admin@montanacoc.org](mailto:admin@montanacoc.org). If these steps do not resolve the issue, participants may also consider filing a formal complaint with the Fair Housing division at HUD by calling 800-669-9777.

## Procedures

### Workflow

To illustrate how the GHAHF process functions, the following overview provides a brief description of the path a household may follow from an initial request for housing assistance through permanent housing placement.

- **Step 1: Connect to the GHAHF Coordinated Entry process through a Front Door** — To ensure fair and equal access to households in need of homeless housing assistance, the process provides access to housing assistance through multiple, convenient Front Door locations. Partner Agencies that provide access for their clients only are also access points into the system but are not open to walk-in intakes.
- **Step 2: Release of Information (ROI)** – It is the responsibility of the Front Door to provide a thorough explanation of privacy and confidentiality practices so that households know how their information is used and potentially shared. If the household is willing and agrees to the privacy and confidentiality practices, a Release of Information will be completed by the Front Door and the head of the household or individual presenting for services by following these steps:
  - The Front Door staff member will read through the agreement with the head of household or individual, and the person must sign for themselves/their family. If they are physically unable to do so, verbal consent may be given as long as that consent is witnessed by at least two Front Door Staff persons and documented with signatures from both on the ROI form.
  - The Front Door staff member uploads a copy of the ROI into HMIS. When this is done via an email scan, the email and desktop file must be deleted. Once the digital copy is in HMIS, the paper copy must be either stored in a secure, locked file or shredded.
  - In the case of domestic violence or abuse situations, the Front Door should disclose that privacy laws prohibit domestic violence shelter and service providers from disclosing any information about them to outside agencies. Therefore, if the

household wants to stay in touch with the Front Door to update on their progress, it is up to the household to stay in touch.

- **Step 3: Triage and Diversion** — Once an ROI is signed, and prior to completing a housing assessment, Front Doors attempt to provide diversion by identifying safe alternatives within a household’s support network or by utilizing available services in the community to help them avoid entering the homeless system.
  - Employees of Front Door agencies are trained and equipped to assess housing needs for households. Front Doors should first ensure that the presenting problem is housing related, and if it is not, Front Doors should utilize available resources to divert entirely from the Coordinated Entry System (e.g., Montana2-1-1, Helena Resource Guide). *Referrals to these services should be made through the **CONNECT** system.*
  - If a Front Door determines that diversion is not an option, then a housing assessment is completed with the household. *This assessment is completed in the **HMIS** system, and that household is automatically added to the By-Name List.*
- **Step 4: Participant Rights Packet** – The Front Door provides the participant with the Participant Rights Packet, which includes: Participant Rights and Responsibilities; Grievance Policy; Grievance Form; and Housing First brochure. The Front Door staff working on the intake with the household must go over these materials with the household and sign off as the witness to the household signing off on their receipt of these materials. The Participant Rights Packet can be found in Appendix C.
- **Step 5: Intake** – Front Door member completes an intake by creating a participant profile through HMIS, filling out both the Diversion Assessment and the appropriate VI-SPDAT (Vulnerability Index - Service Prioritization Decision Assistance Tool). Front Door staff also initiates any service requests or referrals through the “Services” tab and adds notes relevant to Case Conferencing in the “Client Notes” portion of the profile, including the agency that referred the household to Housing First initially (if applicable).
- **Step 6: Matching & Prioritization based on household vulnerability** — During Case Conferencing, based on responses to assessment questions, household vulnerability is determined through an objective calculation, and a project type (TH, RRH, PSH) is assigned. Our Coordinated Entry System prioritizes clients on the By-Name List in the following ways:
  - We first consider household type, prioritizing families, transitional-aged youth, veterans, and then single adults, in that order.
  - Within each household category, we prioritize people by VI-SPDAT score (largest to smallest) and then by length of time on the By-Name List.
  - We currently have four types of funding to assist with housing; therefore, we prioritize families and low-scoring people in the other categories for Emergency Solutions Grant monies and high-scoring adults for Permanent Supportive Housing vouchers. Veterans, if they qualify, are targeted with Supportive Services for Veteran Families funds and are referred to the VoA and VA for targeted services.
  - When the GHAHF has specific partnerships with landlords or properties that set aside housing for use by CES, the prioritization policy will remain the same. The

- households who have the highest VI-SPDAT score and have been on the list the longest will be prioritized first, and the list will be vetted in this manner (highest score and length of time on the list) and according to requirements held by the housing resource (age, household type, etc.) until an appropriate match is found.
- **Step 6: Case Conferencing** — Key community providers meet weekly to ensure focus on the most vulnerable households. Depending on agency staff capacity, navigation services are offered to ensure households have the documents and verification needed to move quickly into housing.
    - There are a number of agencies invited to participate in case conferencing whose function is not housing related. These agencies are included in case conferencing to directly link households to resources that can help alleviate the challenges they are facing.
    - Front Doors and Partner Agencies are responsible for assessing household eligibility for ESG funding in order to make referrals during this meeting, which are completed in the HMIS system. *Other referrals for services that are housing specific, or will contribute to supportive housing efforts, should also be completed through HMIS.*
  - **Step 7: Referral to available resources** — During Case Conferencing, eligible households are referred to available housing and service openings based on our prioritization policy and on our knowledge of their location, availability, and willingness to participate in the program available. When there are not housing specific resources available, the case conferencing group will explore other resources that might alleviate some of the challenges the household is facing. *Clients have the right to refuse any and all services available to them. This does not impact their eligibility for other programs.*
  - **Step 8: Intake process with housing provider** — Households meet with the housing provider to complete initial (application, background checks) and final steps (i.e., homelessness verification, documentation of disability). Service providers confirm this process has been completed by exiting the household from HMIS.

If a reasonable accommodation is requested for a person with a disability during any point in this process, the Front Door is responsible for collaborating with the necessary parties to grant a reasonable accommodation as soon as possible. Reasonable accommodations may include, but are not limited to: a mobility impairment request that requires completion of the assessment process at a different location; provision of sign language services for hearing impaired households; and information provided in accessible formats including Braille, audio, and large type. Reasonable accommodation requests will not result in access discrepancies; equal access to resources is guaranteed for all people based on the GHAFH prioritization policy and reasonable accommodation policy.

See Appendix C for a flowchart outlining this workflow.

## PRIVACY PROTECTIONS

All Greater Helena Area Housing First representatives are responsible for obtaining consent to share and store personally identifying participant information for purposes of assessing, prioritizing and referring households through the process. People who do not consent still have access to housing and service resources but cannot be discussed or have any personal information shared between agencies at any point within the process, including in case conferencing. If there is not an ROI for a household, they cannot be discussed in case conferencing.

Participants must be free to decide what information they provide during the assessment process without retribution or limited access to assistance, with the understanding that the more information the client provides, the better service can be given through Coordinated Entry. Services will not be denied if the participant refuses to provide certain pieces of information, unless the information is necessary to establish or document program eligibility per the applicable program regulation, or Federal statute requires collection, use, storage and reporting of personally identifying information (PII) as a condition of program participation.

Participants are not denied access to the process on the basis that they are or have been a victim of domestic violence, dating violence, sexual assault or stalking. Records containing PII are kept secure and confidential and the address of any family violence project is not made public.

Households are not asked or required to disclose specific disabilities or diagnosis except when it is needed to determine program eligibility to make appropriate referrals (MILP). Participants are informed of the ability to file a discrimination complaint.

The process allows and depends on all emergency services operating with as few barriers to entry as possible, independent of the operating hours of the intake and assessment process. However, privacy must take precedence. Case conferencing entities are **NOT** allowed to disclose information shared in meetings to anyone outside of case conferencing without a) referrals to agencies designated in the ROI, b) need-to-know communication between members of a single agency, or c) emergency service providers in emergency situations.

The following table outlines some basic guidelines for these situations:



<h2>Situation</h2> <p>These are some situations that may arise in which privacy needs to be protected</p>	<h2>What to avoid</h2> <p>Avoid doing the following in case notes, case conferencing, and conversations</p>	<h2>Objective reporting</h2> <p>IF the information is relevant to coordinating housing, these are ways you can include it in notes and case conferencing discussions</p>
<p>Household member has a specific medical condition, mental illness, or substance use issue</p>	<p>Disclosing the diagnosis (schizophrenia, OCD, specific addiction)</p> <p>Using this information to influence referrals</p>	<p>In a case note:</p> <p>“This person has disclosed that they struggle with a mental illness that could impact their housing.”</p> <p>During case conferencing (ONLY if relevant):</p> <p>“This individual arrived at the Front Door agency and smelled strongly of alcohol.”</p> <p>“[Name] appeared to be under the influence of substances.”</p> <p>Both:</p> <p>“This person has a medical condition that could make it hard for them to navigate stairs.”</p>
<p>Household member has experienced domestic violence, abuse, or any kind of violence or trauma</p>	<p>Disclosing details of the situation (abuser’s name, details of injuries, details about the aftermath and effects)</p>	<p>It can be appropriate to include information in the VI-SPDAT, but any information about the individual’s history of experiencing abuse should be left out of case notes</p> <p>Trauma histories should not be discussed in case conferencing unless extremely relevant to housing or providing resources. Even then, details must be kept to the absolute minimum.</p>
<p>GHAHF/CES representative personally knows the household member (has worked closely with the family for a long time, is a family or friend of the person/family)</p>	<p>Disclosing any personal context about an individual, including anecdotal stories or reasoning for referrals</p> <p>Neglecting to inform the group of potential bias</p>	<p>It is appropriate to disclose that you are personally familiar with an individual or family, and to refrain from participating in conversations about their case.</p>
<p>Household member goes into a medical/mental health crisis in one of the case conferencing agencies</p>	<p>Disclosing any information that is not necessary to help keep that person safe in the moment (address, non-medically relevant history)</p>	<p>“This person collapsed in our office.”</p> <p>“I know she’s diabetic.”</p> <p>“I know he suffers from heart disease.”</p>

## Greater Helena Area Housing First BY-NAME LIST (BNL)

Households experiencing homelessness that enter Greater Helena Area Housing First through Front Doors are placed on the by-name list (BNL), a dynamic, real-time list of people experiencing homelessness in District 8 and tri-county area. Because situations change frequently and having current information ensures an efficient workflow within GHAFH, households are categorized on the list based on their current status. The BNL is the source of information for weekly case conferencing meetings to determine which households will be prioritized to receive services in a given week.

Definitions below provide clarity regarding the types and reasons for each category.

- **Active-ES/TH** - currently literally homeless and residing in an emergency shelter or transitional housing. This includes households in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and who were in an emergency shelter just prior to entering the institutional care facility.
- **Active-Unsheltered** - currently literally homeless and residing in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or campground. This includes households in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and who were unsheltered just prior to entering the institutional care facility.
- **Inactive (unknown/missing)** - current whereabouts are unknown. A household's status is changed from "active" to "inactive" when the household has not accessed homeless system providers (ex: meal program, outreach, drop in center) or cannot be located by outreach staff after repeated attempts for 90 days or more. At that point, if the household is located at a later date and is identified as experiencing literal homelessness, the household is returned to "active" status as of that date and is considered for housing resources for which they are eligible and prioritized.
- **Inactive (Permanently Housed)** - currently no longer literally homeless; residing in permanent housing.
- **Inactive (Non-Perm housing)** - currently no longer literally homeless; residing in other non-permanent housing situation (e.g., friends/family-temporary tenure, residential treatment for more than 90 days, etc.).
  - **Assessment Score Override Policy:** Professionals (typically shelter staff, outreach, navigators) familiar with the household provide input through the case conferencing process. In order to override an assessment score, the team is required to go through specific questions on the VI-SPDAT and provide objective (non-opinion) information that the question was answered inaccurately and therefore a household's score is

negatively impacted. This provides evidence that the household's ability to be prioritized for resources based on GHAHF [prioritization policy](#) has been hindered. The case conferencing group discusses the new information and makes override decisions based on the majority vote. The intention of this policy is to capture under-reported information and ensure the most vulnerable people are prioritized for resources. **Only information relevant to factors listed in our written policies and procedures may be used to make prioritization decisions and/or override vulnerability scores. Overrides cannot be made based on personal opinion or a team member's relationship with the household.**

## Data Entry into Homeless Information Management System (HMIS)

Households are free to refuse questions within the triage, diversion, and assessment process without retribution or limitation of access to homeless housing assistance. When a household refuses to answer a specific question(s), the answer is marked "refused." The case conferencing process is utilized to ensure a household is prioritized appropriately whenever possible. When a case conferencing team member knows the household and has objective or firsthand observational information that assists in prioritizing a household, the information is presented to the case conferencing team for brief discussion and decision. The information shared by the team member must directly connect to the VI-SPDAT question(s) that was refused; other/additional information based on team members' subjective interpretation is not relevant within the prioritization process. This process is utilized only to promote prioritization of the most vulnerable households and not to encourage direct service staff to advocate for households who are "ready for housing" or may otherwise be favored on a personal level.

When an assessor has reason to believe that an assessment question is answered inaccurately, they must enter the response as self-reported by the person completing the assessment. The assessor may flag this issue to be discussed at case conferencing and must provide evidence as to why the response is believed to be inaccurate (with the intention of elevating a person's vulnerability score for housing prioritization purposes).

Front Doors must enter data no later than 11pm the day prior to Case Conferencing in order to have that information included in Case Conferencing. **Any entries added to HMIS after this time will not be updated on the By Name List in time, and cannot be reviewed in Case Conferencing until the next week.**

## CASE CONFERENCING

Case conferencing is the tool that is used by assessors, advocates, case managers and other professionals who are familiar with households that fall within Category 1 and Category 4 of [HUD's definition of homelessness](#). The primary focus of case conference meetings includes:

- Update/maintain the BNL through case conferencing team updates
- Coordinate services based on the prioritized BNL

- Ensure households aren't slipping through the cracks of the standard housing placement process
- Troubleshoot challenges that arise during the placement process
- Take steps to ensure housing retention.
- Troubleshoot the Coordinated Entry process when necessary and timely
- Future: Troubleshoot challenges that arise after households are placed in permanent housing but are at risk of losing housing and the placement agency requests support from the GHAFH team (eviction prevention).

At times, the assessment tool and/or assessment process does not produce the entire body of information necessary to determine a household's prioritization. This may be due to the limited nature of self-reported data, withheld information, or circumstances outside the scope of assessment questions that address one or more of the adopted prioritization factors. Prior to implementation of the process, the homeless system was difficult to access and navigate, especially for households with high vulnerability and/or barriers, and the system has historically de-incentivized full disclosure of barriers by people experiencing homelessness, as barriers to entry have existed at every level of the homeless system (from equal access to project level to systemic barriers). Due to the historic reality of our system and the negative experiences of some households experiencing homelessness, the process does not operate with reliance solely based on self-reported data collected through the assessment process but adds a human and professional component to the process through case conferencing. Standardized policies and procedures guide the functionality of case conferencing in ensuring the process works effectively and efficiently for the most vulnerable households in the community.

Case conferencing relies heavily on the success of Housing Navigation. Housing Navigation is the process by which people experiencing homelessness, who are prioritized on the by-name list, are provided ongoing engagement, document collection, and "light" case management services in order to facilitate a match to an appropriate housing resource. As people move to the top of the BNL and are in the queue to soon receive a housing referral (based on the prioritization policy, housing availability and program eligibility criteria), they can be referred to the area Housing Navigator as appropriate. Navigation services may also be provided by an outreach worker, case manager, volunteer or other homeless service provider. For the most part, professionals step into the navigation role based on their capacity to do so; Case Conferencing will collaborate with the area Housing Navigator when the position is filled.

CoCs are commonly utilizing Housing Navigators to ensure efficient and effective enrollment and subsequent movement of program participants from crisis response to permanent housing. A Housing Navigator is often a household's primary point of contact. Specific staff duties might vary, but a Housing Navigator can perform a variety of functions to reduce the time it takes persons in crisis to obtain housing. Examples of Housing Navigator functions include:

- Work closely with referring agencies to determine a person's likely eligibility

- Develop a Housing Stability Plan
- Assist the program participant with completing housing applications
- Perform housing search and enrollment
- Perform outreach to and negotiate with landlords
- Assist the program participant with submitting rental applications and understanding leases
- Address barriers to project entry
- Collect documentation for housing eligibility determinations
- Assist the program participant with obtaining utilities and making moving arrangements
- Coordinate resources such as federal, state, and local benefits
- Assist with mediation between the program participant and owner/landlord
- Assist the program participant with credit/budget counseling
- Provide renter education (e.g., landlord/tenant rights, maintenance, care of the home)

Due to fairly large numbers of people experiencing homelessness in District 8, case conferencing meetings occur based on population to ensure the group can talk about as many households as possible on a weekly basis.

Case conferencing meetings occur weekly for 1 to 2 hours and are facilitated by United Way staff. They are attended by shelter staff, future coordinated outreach teams, navigators, mainstream service providers and housing providers. The BNL is updated in real time as people share new information with the group.

## GRIEVANCE POLICY

Upon intake, participants will be provided with a copy of the Participant Rights Packet, which includes: Participant Rights and Responsibilities, Grievance Policy, Grievance Form, and a Housing First Brochure/FAQ page. These materials are included in Appendix C.

A Grievance Officer will be appointed by the GSD Team, and will not be a member of any of the Front Door agencies to maintain neutrality as much as possible. This individual is responsible for convening a Grievance Team when a mediation meeting is needed. This team will be composed of members of the GSD Team. The Grievance Officer will take into account potential biases and conflicts of interest when building this team.

## APPENDIX A: HUD HOMELESS DEFINITION

<p><b>Category 1</b></p>	<p><b>Literally Homeless</b></p>	<ul style="list-style-type: none"> <li>• An individual or family who lacks a fixed, regular, and adequate nighttime residence, which includes a primary nighttime residence of:             <ul style="list-style-type: none"> <li>○ Place not designed for or ordinarily used as a regular sleeping accommodation (including car, park, abandoned building, bus/train station, airport, or camping ground);</li> <li>○ Publicly or privately-operated shelter or transitional housing, including a hotel or motel paid for by government or charitable organizations;</li> <li>○ In addition, a person is considered homeless if he or she is being discharged from an institution where he or she has been a resident for 90 days or less and the person resided in a shelter (but not transitional housing) or place not meant for human habitation immediately prior to entering that institution.</li> </ul> </li> </ul>
<p><b>Category 2</b></p>	<p><b>Imminently at Risk of Homelessness</b></p>	<ul style="list-style-type: none"> <li>• Individual or family is being evicted within 14 days from their primary nighttime residence and:             <ul style="list-style-type: none"> <li>○ No subsequent residence has been identified; and  </li> <li>○ The household lacks the resources or support networks (i.e. family, friends, faith-based or other social networks) needed to obtain other permanent housing.</li> </ul> </li> </ul>
<p><b>Category 3</b></p>	<p><b>Unaccompanied Youth and Families with Children and Youth Defined as Homeless Under Other Federal Statutes</b></p>	<ul style="list-style-type: none"> <li>• People with ALL of these characteristics:             <ol style="list-style-type: none"> <li>1. Unaccompanied youth (less than 25 years of age) or family with children and youth;</li> <li>2. Defined as homeless under other federal statutes (ex: the definition used by Department of Education) who do not otherwise qualify under HUD’s homeless definition;</li> <li>3. Has not had a lease, ownership interest, or occupancy agreement in permanent housing in the 60 days prior to applying for assistance;</li> <li>4. Has moved two or more times in the 60 days immediately prior to applying for assistance;</li> </ol> <p>Has one or more of the following:</p> <ol style="list-style-type: none"> <li>1. chronic disabilities,</li> <li>2. chronic physical or mental health conditions</li> <li>3. substance addiction</li> <li>4. histories of domestic violence or childhood abuse</li> <li>5. child with a disability</li> <li>6. two or more barriers to employment, which include:                 <ol style="list-style-type: none"> <li>i. Lack of a high school degree or GED</li> <li>ii. Illiteracy</li> <li>iii. Low English proficiency</li> <li>iv. History of incarceration or detention for criminal activity</li> <li>v. History of unstable employment</li> </ol> </li> </ol> </li> </ul>
<p><b>Category 4</b></p>	<p><b>Fleeing or Attempting to Flee Domestic Violence</b></p>	<ul style="list-style-type: none"> <li>• Any individual or family who:             <ul style="list-style-type: none"> <li>○ Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence;</li> <li>○ Has no other residence; and</li> <li>○ Lacks the resources or support networks to obtain other permanent housing.</li> </ul> </li> </ul>

## APPENDIX B: Helena Area Services Resource Guide

### SUICIDE PREVENTION

National Suicide Hotline—800-273-8255  
National Crisis Text Line —Text “MT” to 741741

### MENTAL/BEHAVIORAL HEALTH SUPPORT SERVICES

AWARE, Inc.—449-3120  
Center for Mental Health—443-7151  
Journey Home (24-hour Crisis Response)—406-603-4010  
Leo Pocha Clinic—449-5796  
\*Our Place (Drop-In Center)—442-1374  
NAMI Helena—443-7871  
‡\*PureView Health Center—457-0000  
VA Medical Center at Fort Harrison—442-6410 or 800-827-1000

### SUBSTANCE ABUSE

Alcoholics Anonymous—888-607-2000  
Boyd Andrew Community Services—443-2343  
‡Florence Crittenton (Parents 12-24 and their children)—442-6950  
Leo Pocha Clinic—449-5796  
Narcotics Anonymous—495-9787  
‡\*PureView Health Center—457-0000

### MEDICAL CARE

\*Healthcare for the Homeless—449-5682  
Leo Pocha Clinic—449-5796  
Planned Parenthood—443-7676  
‡\*PureView Health Center—457-0000 (medical) or 457-8928 (dental) St. Peter’s Health —442-2480  
VA Medical Center at Fort Harrison—442-6410 or 800-827-1000

### VETERANS’ SERVICES

Disabled American Veterans — (Transport to VA)—495-2089  
Helena Vet Center—1301 Elm St., Ste. C— 457-8060  
Montana Veterans Foundation Willis Cruse House (Men)—449-7666  
VA Housing Assistance—447-6144 or 877-424-3838  
\*Volunteers of America Northern Rockies—996-1212

### EMERGENCY SHELTER AND SUPPORT SERVICES

The Friendship Center (domestic/sexual violence)—442-6800 (24-hr Crisis Line) God’s Love—533 N. Main St.—442-7000 (Meals at 6 am, 11:30 am & 4:30 pm)  
Red Cross – 3150 N Montana Ave. B – 800-733-2767

### HOMELESSNESS PREVENTION AND ASSISTANCE SERVICES

Family Promise Day Center—465-9467  
‡\*Good Samaritan Ministries—3067 N. Montana Ave.—442-0780  
Helena Housing Authority—Section 8 and Public Housing—442-7970  
Rocky - Affordable Family & Senior Housing—447-1680 or 800-356-6544  
‡The Salvation Army—1905 Henderson St.—442-8244  
‡Florence Crittenton (young mothers and their children)—442-6950  
YWCA (for women and their children)—442-8774

### FOOD

Helena Food Share (Pantry)—1616 Lewis St.—443-3663  
Office of Public Assistance (SNAP, TANF, Health Assistance) —888-706-1535  
Rocky - Senior Nutrition (Dinner Club / Meals on Wheels)—447-1680  
‡The Salvation Army (Pantry)—1905 Henderson St.—442-8244  
WIC, Supplemental Nutrition Program — 1930 9th Ave. — 457-8912

### CHILDREN’S EDUCATION SERVICES for LOW INCOME FAMILIES

Child Care Connections Best Beginnings Scholarships—406-587-7781  
East Helena Public Schools Homeless Liaison—227-7700  
Helena Public Schools Homeless Liaison—324-2000  
‡Florence Crittenton (Child Care 0-2, Preschool 2-3)—442-6950  
Rocky - Head Start—457-7308

### YOUTH SERVICES

Helena Youth Crisis Diversion Project—www.helenayouthcrisis.org/ Youth Dynamics, Inc.—24-hour crisis line—877-458-7022  
Youth Homes (crisis housing, 12 to 17-year-olds)—442-0674  
Intermountain Children’s Home - 442-7920 – www.intermountain..org  
Shodair Children’s Hospital – 444-7500 – www.shodair.org  
National Crisis Text Line— Text “MT” to 741741  
Child Abuse & Neglect Hotline – 866-820-8437

## **SENIOR SUPPORT SERVICES**

Rocky - Area IV Agency on Aging – 800-551-3191  
www.rmdc.net/what-we-do/senior-services/area-iv

## **TRANSPORTATION**

Capital Transit—447-8080  
Helena Taxi Courier Services—449-5525

## **ENERGY ASSISTANCE**

Rocky LIEAP / Energy Share—447-1680  
‡The Salvation Army—1905 Henderson St.—442-8244

## **TOILETRIES and HYGIENE PRODUCTS**

God's Love—533 N. Main St.—442-7000  
‡Placer Pantry - Good Samaritan Ministries - 3067 N. Montana Ave.- 442-0780

## **DIAPERS and FORMULA**

Catholic Social Services—1301 11th Avenue—442-4130  
Helena Alliance Church (diapers) every 2nd Tuesday (10 a.m.-2 p.m.) 442-1301

## **THRIFT STORES AND / OR MINISTRIES**

‡\*Good Samaritan Ministries—3067 N. Montana Ave.—442-0780

## **NATIVE AMERICAN SERVICES**

Helena Indian Alliance—442-9244

## **JOB TRAININGS AND CAREER ASSISTANCE**

Career Training Institute—443-0800  
Helena Job Service (incl. unemployment, veterans services)—447-3200

## **LEGAL ASSISTANCE**

First Judicial District Treatment Court—457-8810  
Montana Legal Services Association—800-666-6899

## **TAX ASSISTANCE**

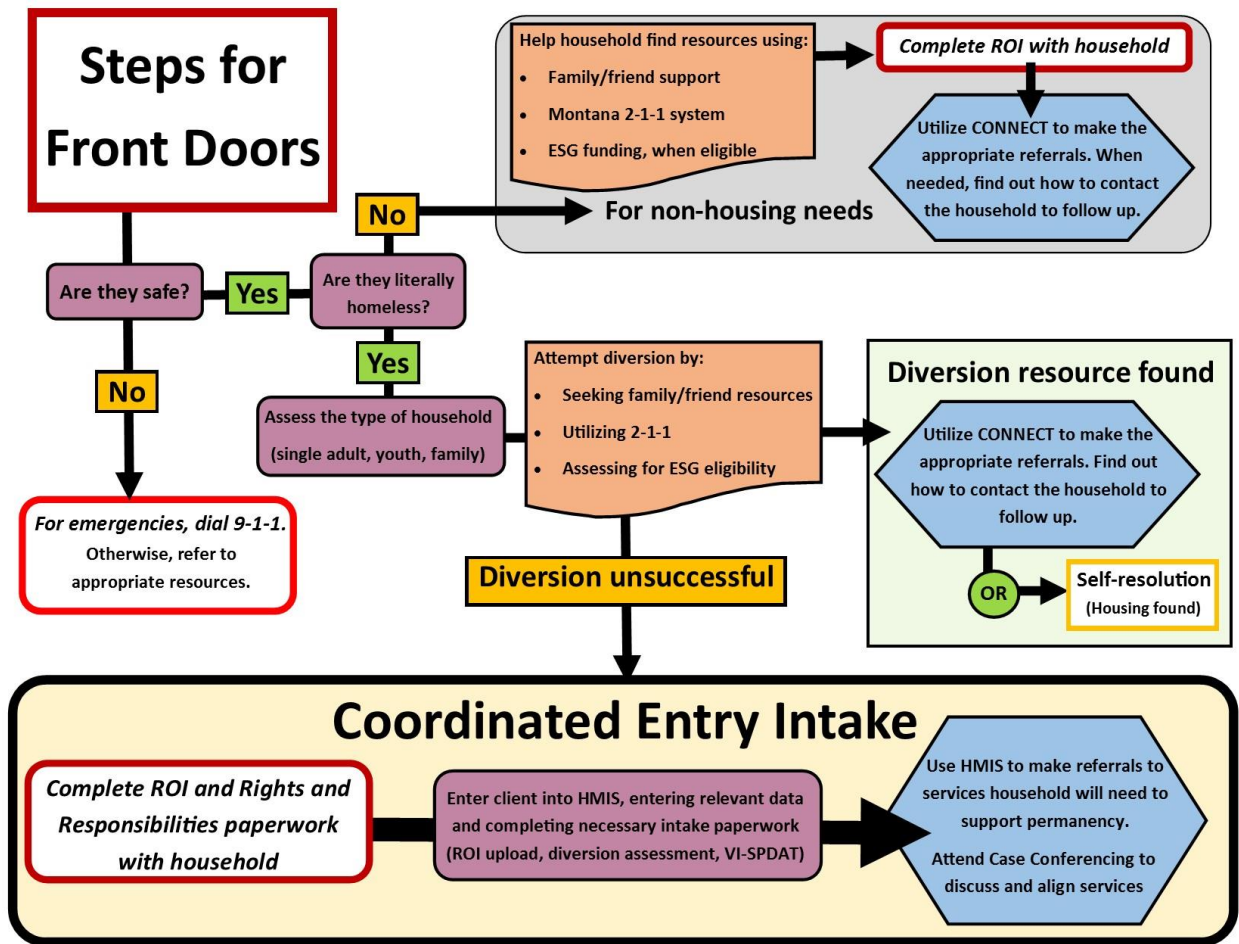
Montana Legal Services Association (State Taxes)—800-666-6899  
Taxpayer Advocate Service (IRS, Federal Taxes)— 406-444-8668  
\*A Greater Helena Area Housing First Front Door  
‡Please ask about other available services

## **For more resources and information**

www.montana211.org or Dial 2-1-1



## APPENDIX C: Flowchart of Workflow



## APPENDIX D: Participants Rights Packet

# Greater Helena Area Housing First Coordinated Entry System Participant Rights Packet

The Helena Coordinated Entry System strives to make homelessness rare, brief, and non-reoccurring.  
**Entry into this system is not a guarantee of services or housing/shelter.**

## Your Rights and Responsibilities

1. You have a right to services. Housing services are prioritized based upon severity of need and availability.
2. You have the right to confidentiality and privacy. You have the option to sign a Release of Information form if you would like to be discussed at Coordinated Entry System (CES) case conferences. **If you do not sign the Release of Information, your case will not be discussed by the CES team.**
3. You are responsible for maintaining contact with the CES, including informing your service providers about changes to your housing status, contact information, or other significant life occurrences that may impact your standing on the prioritization list.
4. You have the right to refuse any referral for services or housing.
5. If you are referred to a housing resource, it is your responsibility to respond when a member of the CES contacts you, which will occur within three business days. **If you are unable to be contacted during that time, the available housing resource will be offered to the next eligible person on the prioritization list.**
6. If the CES team is unable to contact you for **ninety days**, your name will be removed from the active prioritization list. Your name can be placed on the active prioritization list again **only** after completing a new intake at a Front Door agency.
7. You are responsible for providing whatever documentation, identification, or relevant paperwork is required by the agencies you are working with.
8. Participants have the right to file a grievance. The form for filing a grievance is included in this packet.

## Commitments of the Coordinated Entry System

1. If you are referred to a housing resource, a member of the CES will contact you within three business days. CES members will do everything in their power to contact you when resources become available.
2. The CES team will not share your personal information with external entities. Information shared within Case Conferencing will pertain only to coordinating services to support successfully matching you with housing resources.
3. The CES team is not responsible for loss of housing opportunities if they cannot reach you.
4. The Coordinated Entry System will not discriminate against any person based on race, color, religion, sex, ability, familial status, national origin, sexual orientation, gender identity, or marital status.

I have received a copy of the Participant Rights Packet and understand the content within the Participant Rights Packet.

_____	_____	____/____/____
Participant (Print Name)	Signature	Date
_____	_____	____/____/____
CES Team Member (Print Name)	Signature	Date

## Grievance Policy

In the event a participant does not agree with or believes discrimination occurred during any part of the Coordinated Entry System process, the participant has a right to file a grievance. It is the responsibility of the Front Door agency to inform the individual of the grievance procedure. Grievances will be processed so that complaints are addressed in the most objective and fair way possible.

The Grievance Form must be completed and submitted to a Front Door agency or electronically to [info@unitedwaylca.org](mailto:info@unitedwaylca.org). The Grievance Form is available on the United Way of the Lewis and Clark Area website under the Greater Helena Area Housing First section, and paper copies are available through each Front Door agency. Participants will be provided with a copy of this policy upon entry into the Coordinated Entry System. The form should be filled out in its entirety, and must include client name, contact information, any reasonable accommodation requests, and a brief summary of the grievance.

Grievances will be handled through a tiered approach. The agency that receives the completed Grievance Form will forward the grievance to the Helena Coordinated Entry System Governing Team (CES Governing Team), which will serve as the party handling the initial grievance. The CES Governing Team will contact the individual within five business days of the receipt of the grievance to schedule a mediation meeting. This meeting will be held within 30 calendar days of the CES Governing Team’s receipt of the grievance. Reasonable accommodations for scheduling, location, or accessibility will be available upon request. In circumstances for which there is a significant conflict of interest, the Governing Team will determine whether the agency involved in the grievance may participate in the decision-making regarding the outcome of the mediation meeting.

The CES Governing Team will record the grievance and the mediation meeting and will document the outcome on the Grievance Form. This documentation will be stored within the participant’s Homeless Management Information System (HMIS) profile. If a resolution does not arise from the mediation meeting, additional action will be planned between the participant and the Governing Team before the conclusion of the mediation meeting. Any participant with an unresolved grievance or who wishes to appeal the Helena Coordinated Entry Committee’s decision may contact the Helena Resource Advocates Leadership Team (HRA LT), which serves as the local Continuum of Care Coalition. The HRA LT can be contacted at [info@unitedwaylca.org](mailto:info@unitedwaylca.org). Any participant who wishes to appeal the HRA Leadership Team decision may contact the Montana Continuum of Care Coalition, care of Bob Buzzas, at [admin@montanacoc.org](mailto:admin@montanacoc.org). If these steps do not resolve the issue, participants may also consider filing a formal complaint with the Fair Housing division at HUD by calling 800-669-9777.



**Coordinated Entry Use Only**

Helena Coordinated Entry System Resolution

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
CE Representative Name      Signature      Date

United Way of the Lewis and Clark Area  
75 E. Lyndale Helena, MT 59601  
Phone: (406)-442-4360 | Email: [info@unitedwaylca.org](mailto:info@unitedwaylca.org)