Arizona Balance of State Continuum of Care

Pinal County Coalition to End Homelessness

Coordinated Entry, By-Name-List, and Case Conferencing Procedures

This document provides guidance to the Pinal County Coalition to End Homelessness (PCCEH) members, partners, agencies, and clients within Pinal County to ensure:

- Equitable access to the Coordinated Entry System,
- Confidentiality of the information maintained on the By-Name-List,
- The effective operation of Case Conferencing.

PCCEH adopts by reference the Arizona Balance of State Continuum of Care (AZBOSCOC) Coordinated Entry Policy approved by the Governance Advisory Board on June 14, 2024, as revised.

Definitions

Coordinated Entry (CE) is the process in which persons experiencing homelessness may gain access to information, be evaluated for services, and be added the the Homeless Management Information System (HMIS) in order to receive housing services. CE is a process that ensures people with the greatest needs, receive priority for any type of housing and homeless assistance available in Pinal County.

The By-Name-List (BNL) is the confidential list of persons who have been evaluated at Coordinated Entry and who now await housing services.

Case Conferencing (CC) is the process where housing service providers prioritize and review the By-Name-List to identify the next person(s) who may be served by a housing provider.

Goals

It is the goal of the PCCEH and the AZBOSCOC to meet the following:

- Coordinated Entry is accessible no matter where or how people present.
- By-Name-List - Households wait no longer than 60 days for a referral to housing or services. This may include diversion. (This goal ensures that contact/communication takes place with households interested in engaging. It is focused on contact and communication including referrals and does not assume that a household will have a housing placement within 60 days.
- Case Conferencing - Assistance is allocated as effectively and equitably as possible.

Guiding Principles and Policies

PCCEH adopts the AZBOSCOC guiding principles and policies for the CE system including:

1. Non-discrimination – The PCCEH CE system ensures the individuals who participate in the CE process receive support in compliance with applicable civil rights and fair housing laws and requirements. PCCEH member organizations must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws, including the following:

    - Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
    - Section 504 of the Rehabilitation Acts prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance.
    - Title VI of the Civil Rights Act prohibits discrimination on the on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance.
    - Title II of the Americans with Disabilities Act prohibits public entities, which includes State and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing related services such as housing search and referral assistance.
    - Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.
2. Individuals Fleeing Domestic Violence - All of the requirements of the Violence Against Women Act (VAWA-reauthorized in 2022) must be considered as part of the CE process.
3. Youth - If unaccompanied youth are encountered, efforts should focus on finding a housing option and contacting the appropriate agencies to ensure that youth do not remain on the street.

4. Households with Children – The CE process takes risk and vulnerability into consideration in prioritizing households that include children.
5. LGBTQIA - That identification is respected throughout coordinated entry, the service planning process, and accesses to resources.

Justice, Equity, Diversity, and Inclusion (JEDI)

PCCEH adopts the AZBOSCOC JEDI statements dated September 2023 to ensure equitable access to Coordinated Entry and further commits to making the process is responsive to all people and their needs. This includes but is not limited to:

1. Practicing cultural humility,
2. Including awareness and resources needed to ensure the CE process is equitable for underserved communities (i.e. ethnic minorities, individuals with disabilities, LGBTQ+, etc.),
3. Ensuring processes do not inadvertently screen out individuals from underserved communities.

Process

1. Collaboration –
   The foundation of the coordinated entry process is collaboration among organizations that provide services and resources that can contribute to ending homelessness for households in Pinal County.

2. Outreach –
   Organizations within Pinal County who provide outreach are encouraged to participate in the PCCEH Outreach Committee and the Point-In-Time Count. Pinal County has received a Capacity grant from the AZBOSCOC and has contracted services for an Outreach and Service Coordinator. Through outreach, clients are engaged where they are at and are often more amenable to completing the CE assessment.

3. Access Points -
   Entry into the CE system may be initiated in person at a CE access point or other outreach location determined by the PCCEH. All access point providers will enter into Agency Agreements with Arizona Department of Housing and complete all HMIS requirements including but not limited to submission of signed Code of Ethics affirming the principles of ethical data use and client confidentiality.

   Local organizations are encouraged to be a public access point and attend the CC meetings. PCCEH collaborates with agencies the provide services to survivors of domestic violence to ensure that CE throughout the geographic area is accessible for survivors of domestic violence with the caveat of heightened awareness related to safety, confidentiality and privacy.

PCCEH CE Access Point	Location	Assessment Hours	Phone #
COMMUNITY ACTION HUMAN RESOURCES AGENCY (CAHRA)	109 N. Sunshine Blvd. Eloy, Arizona	Monday - Friday 8:00 a.m. – 5:00 p.m.	(520) 466-1112
CAHRA-outreach locations	Genesis Project 564 N. Idaho Road, Apache Junction	3rd Wednesday of the month from 11 a.m. – 2 p.m.	(520) 466-1112
CAHRA-outreach location	CG Helps 350 E. 6TH Street, Casa Grande	Monday – Friday 8:00 a.m. – 5:00 p.m.	(520) 466-1112
National Community Health Partners-Pinal Veterans	501 N. Florence Street, Casa Grande	9:00 a.m. – 5:00 p.m. M-F	(520) 876-0699
Pinal County Housing Authority	970 N. Eleven Mile Corner Rd. Casa Grande 85194	Monday – Friday 8:00 a.m. – 5:00 p.m.	(520) 866-7221
Horizon Health and Wellness		By appointment only	(833) 431-4449
Begin Again Homes		By appointment only	(480) 492-5309

4. Assessment –
   All CE access points offer the same assessment approach and all access points are usable by all people who may be experiencing homelessness.

   The following populations may, but are not required to, have separate access points and variations in assessment processes:

   - Adults without children
   - Adults accompanied by children
   - Unaccompanied youth
   - Households fleeing domestic violence, dating violence, sexual violence, stalking, or other dangerous or life-threatening conditions (including human trafficking)

   When a household contacts a PCCEH CE access point, staff will conduct an initial screening over the phone or in person. A few easy questions will be asked to help identify the most pertinent needs of the household.

   These questions are:

   - Are you currently experiencing, or at risk of, violence in your relationship?
   - Are you over 18 years old?

- Do you have an urgent medical or mental health need?
- Are you in imminent danger?
- Do you have a safe place to stay tonight?
- Are you interested in long-term housing?

If the client is an unaccompanied youth (age 12-17) they shall be referred immediately to Safe Place 24/7 at (520) 320-5122.

If a client is fleeing from domestic violence they should be referred immediately to Against Abuse Crisis Hotline (520) 836-0858 or Community Alliance Against Family Abuse Crisis Hotline (480) 890-3039.

If the client is in need of non-housing services such as mainstream resources, they will be referred to the appropriate non-housing provider.

If the client is need of emergency shelter, refer as follows:

Veterans: National Community Health Partners (520) 876-0699
Honoring, Hiring, Helping our Heroes (520) 338-2568
US Veterans Affairs 5-9 (480) 498-8700

Families: A New Leaf (602) 595-8700

Currently or formerly experienced DV, SV, or stalking:

Against Abuse Crisis Hotline (520) 836-0858
Community Alliance Against Family Abuse Hotline (480) 890-3039

Unaccompanied youth (12-17 years old): Safe Place 24/7 at (520) 320-5122

All Others: Community Action Human Resources Agency (520) 466-1112
211 Arizona (Dial 211 on your phone)

5. Diversion –
When applicable, diversion may be provided to reduce a clients time without housing and to examine current resources that might be used to avoid the client entering the homeless system of care. Arizona211 is a resource to find non-housing related services.

6. Coordinated Entry –
No household shall be screened out of the coordinated entry process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

Disclosure of specific disabilities or diagnosis is not required during the assessment process. Specific disability or diagnosis information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

After the initial set of questions and housing is determined to be the need, housing services are accessed through a single assessment or a VI-SPDAT which is completed at any local CE access point or victim services provider. PCCEH adopts the open door policy and a VI-SPDAT may be completed at any access point regardless of their client status at the organization.

If the individual is homeless and seeking housing assistance, and they are not victims of DV, enroll the individual in the CE system as follows:

- Have the client read and sign the HMIS Release of Information.
- Complete the HMIS Intake Form with the client and enroll client in the Coordinated Entry project in HMIS within one business day of intake, or the intake can be completed directly in HMIS with the client.
- Access Event is "Referral to Scheduled Coordinated Entry Housing Needs Assessment".
- Complete the Coordinated Entry Sub Assessment.
- Complete the appropriate VI-SPDAT for the household type. The VI-SPDAT is included in the Coordinated Entry Sub Assessment.

Upon completing the assessment, homeless individuals and families in need of assistance are placed on the community wide list for housing assistance, from which local housing programs accept referrals. To protect confidentiality, victims of Domestic Violence (DV) are placed on a separate list.

7. Survivors of Domestic Violence CE Policy -
Households fleeing from or have a history of having experienced domestic violence, dating violence, sexual violence, stalking, or other dangerous or life-threatening conditions (including human trafficking), that is currently impacting their homelessness, may use a CE access point or a victim service provider as an access point for CE.

If the household fleeing domestic violence seeks services at a non-victim service provider, the non-victim service provider will educate the household on their options for accessing domestic violence and emergency services.

Once connected with a domestic violence service provider, if the household is in need of housing, the following process is followed:

- Staff at the victim service provider will complete the VI-SPDAT on paper with the client and email the completed assessment to the Coordinated

Entry Committee Lead (CE Lead). The assessment will include only the initials and date of birth of the client.

- The CE Lead will maintain a DV CE List with client initials, date of birth, and VI-SPDAT score, which is separate from the CE By Name List.
- Clients on the DV CE List are case conferenced and referred to DV housing program openings at least monthly at a separate case conferencing meeting which includes only DV service providers and the CE Lead.

8. Safety Planning and Risk Assessment –
   For individuals who are fleeing domestic violence, dating violence, sexual assault--CE ensures individuals have access to crisis services, including access to the domestic violence hotline. Safety is paramount for all individuals served. Safety risk assessment is a part of the overall assessment process.

   Individuals and families who are fleeing, attempting to flee, or have experienced domestic violence, dating violence, sexual violence, or stalking who are seeking shelter or services from non-victim service providers shall be provided immediate access to emergency services as follows:

   Non-victim service providers shall provide individuals or families with the following crisis hotline phone numbers:

   - Against Abuse Crisis Hotline (520) 836-0858
   - Community Alliance Against Family Abuse Crisis Hotline (480) 890-3039

   Safety risk assessment is a part of the overall assessment process. PCCEH CE processes and procedures ensure individuals and families experiencing DV, SV, or trafficking or stalking:

   - Will have safe access to CE.
   - Confidentiality will be protected.
   - Data will not be entered into HMIS, unless the individual chooses to have their information entered into HMIS, as indicated by a signed ROI.
   - Interventions will comply with VAWA.
   - Staff are trained, and safety plans will be discussed prior to exit from CE.
   - Staff who participate in CE will work to link individuals and families to DV resources.

9. Emergency Transfer Plan –
   Emergency transfer plan is a part of all service planning for survivors of domestic violence. The purpose of this plan is that there are strategies in place that can be implemented immediately if a household needs to move from a unit because they are at risk. The safety of individuals/households that are experiencing homelessness and request housing and support through the PCCEH is a paramount consideration related to housing placement and services provided.

   Safety/Emergency Transfer Planning is a consideration for placement regardless of the type of sheltering/housing including emergency shelter, transitional housing, rapid rehousing, supportive housing and other permanent housing.

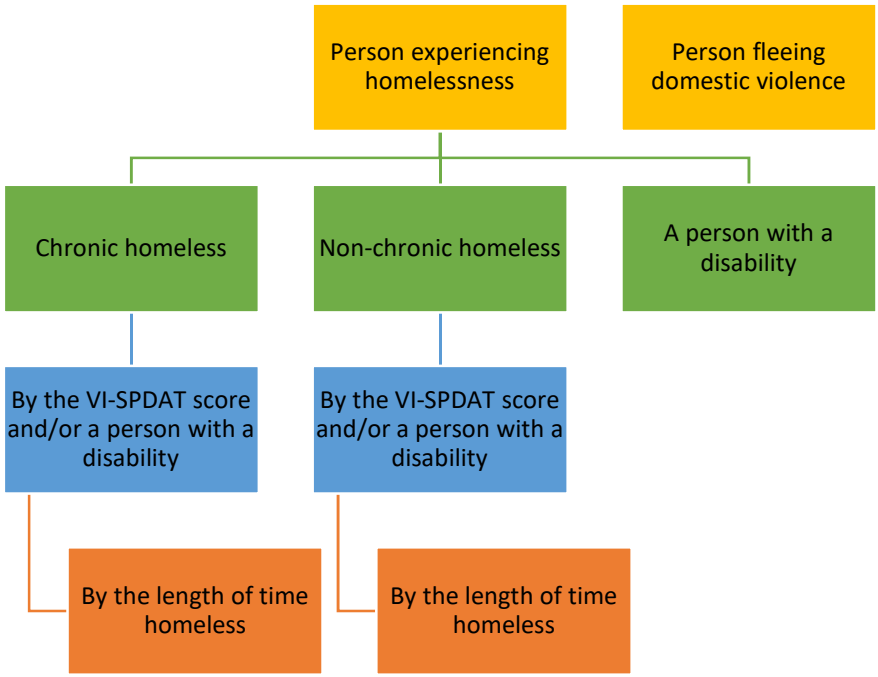
   Safety/Emergency Transfer planning is incorporated into the PCCEH coordinated entry and case conferencing process. Key considerations include:

   - Safety/Emergency Transfer planning is completed routinely and as needed.
   - A copy of the written plans is provided to the participant.
   - Plans are noted in the alternative database required of DV service providers.
   - Plans evolve as needed and include the following components:
     - Access to other services through referrals including a list of resources.
     - Providing participants information about orders of protection.
     - Reviewing safety precautions with participants – such as changing schedules; change routes to regular appointments, work, school; avoid going places alone, ensuring cell phone is equipped for emergency contact.
     - Limiting access to keys for housing unit, car and other locations.
     - Having contacts for case manager/housing navigator.
     - Having contact information for emergency shelters in the community.
     - Having a relocation plan from a current housing situation if needed.
     - Having local law enforcement contact information.
   - Planning is communicated using languages and methods that are most comfortable for the participant.
   - All housing provided through the PCCEH is compliant with VAWA, fair housing regulations, civil rights regulations, American with Disabilities regulations, and other applicable laws and regulations.

10. By-Name-List and Prioritization –
    Once entered into the CE system, a household is placed on a community wide list of persons who are seeking housing or housing services to resolve their housing crisis. The community wide list is called the By Name List (BNL). To protect confidentiality, a separate list is maintained for victims of DV.

    PCCEH will use the AZBOSCOC BNL generated and distributed weekly from the Prioritization and management of the BNL will take place by the CC meeting.

In preparation for the CC meeting, the Committee Lead shall sort the most current BNL in the following order:



Households on the BNL will be case conferenced in the above order during the Committee meeting. Case conferencing involves the review and discussion of households on the BNL to determine the most appropriate service and housing resources for the household.

Households on the BNL may be referred to rapid rehousing, transitional housing, permanent supportive housing, Veteran's housing, and other housing and homelessness programs.

VI-SPDAT score categories will not be used to determine referrals to specific housing types, i.e. RRH vs Permanent Supportive Housing.

The prioritization factors and process described in this section is used to prioritize referrals to all PCCEH participating supportive housing projects serving individuals and families. Supportive housing projects include transitional housing, rapid rehousing, and permanent supportive housing using the following prioritization factors:

- Domestic Violence
- Chronic homeless status
- Length of time homeless
- Severity of service needs as indicated by a VI-SPDAT score

- Significant challenges or functional impairments, including physical, mental, developmental, or behavioral health challenges, which require a significant level of support in order to maintain permanent housing
- Vulnerability to illness or death
- Additional information provided by case workers and others working with the household

Households who are chronically homeless, have the longest length of stay homeless, and/or have the highest VI-SPDAT scores will be considered first for referrals to housing openings. Other factors such as vulnerability to illness or death, or significant challenges or functional impairments will also be considered when prioritizing households for housing openings. Additional information provided by case workers and others working with the household during case conferencing will also be considered when prioritizing households for referrals to housing openings.

Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs will be prioritized for housing openings in permanent supportive housing (PSH) projects.

If a household is prioritized for PSH, but no PSH resources are available, the household shall be offered any other supportive housing resource available.

Additional information may also inform prioritization for persons unable or unwilling to complete the standard VI-SPDAT assessment, especially those with limited capacity, mental health issues or other high needs/high risk populations.

The incorporation of additional non-HMIS data for prioritization must be written documentation of the above mentioned conditions and must be approved unanimously by those in attendance during the case conferencing.

The PCCEH CE Committee will manage the process of determining and updating participant prioritization for available housing and supportive services.

Emergency services, such as entry to emergency shelters, will not be prioritized based on severity of service need or vulnerability.

11. Case Conferencing –
CC meetings shall convene at least monthly and are held during the CE Committee meeting.

Representatives in case conferencing meetings shall be from agencies who: provide housing resources; have had contact with the household; have resources for the household being discussed; have other resources that can contribute to ending a household's homelessness.

CC is facilitated by the HMIS Lead Agency, or an individual designated by the HMIS Lead Agency, and is used to review cases of households on the By Name List.

It is the expectation that if a provider agency staff member completes an assessment and enrolls a household in CE, or requests the household be placed on the DV CE list, that staff member will be present at all case conferencing meetings which are held while the household is on the BNL or DV CE list.

PCCEH will use:

- The AZBOSCOC BNL generated and distributed weekly from the AZBOSCOC HMIS Contractor. The BNL contains the names of all households seeking housing assistance within Pinal County.
- The DV CE list that contains a deidentified list of households seeking housing assistance in Pinal County and are fleeing or have experienced DV.

The following policy is adopted regarding the BNL:

- The BNL generated from the HMIS system will only be shared at an official CC meeting and only with those in attendance at those meetings.
- The BNL will only be shared via screen within the CC meeting, and no paper copies will be distributed.
- The Referral report generated from HMIS will be reviewed at each CC meeting.

During case conferencing, staff and others with client knowledge review the household's current housing situation to determine the most appropriate housing resources. Households are referred to housing openings in accordance with the prioritization and referral procedures in the CE Procedures.

Conferencing provides individual attention and conversation but still maintains a uniform, transparent process. Confidentiality is maintained for all households discussed during case conferencing.

All HMIS users sign an AZBOSCOC HMIS Code of Ethics Form affirming the principles of ethical data use and client confidentiality.

Non-HMIS agencies (such as victim services providers) participating in case conferencing sign an MOU to ensure that all protocols are followed including ethics, privacy, and confidentiality.

12. Referrals –
All households participating in CE shall be provided referrals to services and resources even if housing resources are not currently available. PCCEH member

organizations that participate in HMIS may now track and receive referrals via HMIS, with a goal of improving care coordination.

In general, the following process will take place:

- Clients are discussed during case conferencing and referrals are identified.
- Pinal County enters the referrals in HMIS by the end of the following day.
- The provider determines the referral status within 14 days.
    - Administrators may update the referral and change the need status for the client.
    - Those without administrative privileges must report on the client status at the next case conferencing meeting. Pinal County will update HMIS.
- Referrals are reviewed at the next case conferencing meeting.

Referral status options:

- Accepted: The client is accepted into the program and will have a corresponding HMIS entry within 7 days – e.g. they will meet with a case manager and begin the intake process.
- Accepted on waitlist: The client is accepted by the agency while the agency makes contact. Once contact is made and they agree to be in the program, they can be moved to Accepted.
- Declined: The provider declined the referral for any reason
- Canceled: The referral was inappropriate (client did not qualify, referral sent in error) OR the client denied services from the provider.

The provider agency accepting the referral will look up the household in HMIS by case number, review the assessment, get contact information for the household from HMIS, and make contact with the client. The provider agency accepting the referral can also contact the staff who completed the assessment and see if they have any updates on the household.

If the provider agency accepting the referral is unable to make contact with the household after two weeks, the referral may be returned to the BNL at the next CE meeting and a new referral will be given to the agency.

If the household rejects the referral for housing, or it is determined by the provider agency that the household does not meet the requirements for the housing program, the household will maintain their housing priority on the BNL and will be offered future housing opportunities consistent with their prioritization.

Households shall not be screened out for assistance based on perceived barriers related to housing or services.

Households shall not be directed toward any particular housing because of race, color, national origin, religion, sex, disability, or the presence of children.

See Attachment A for the referral procedure.

13. Entry Into Housing -
    When a household is accepted into a housing assistance project, the provider agency will exit the household from the CE system and enroll them in the provider agency's HMIS project. Exit from the CE system will remove the household from the BNL.

14. Grievance procedure –
    Clients have the right to file a grievance regarding the PCCEH. A client may file a complaint if they disagree with an action or inaction of the PCCEH. Complaints should be submitted in writing to grants@pinal.gov within (7) business days of the date of occurrence.

BALANCE OF STATE REFERRALS
LCEH WORKFLOW

Purpose: This workflow is intended for the LCEH lead in the community. This workflow covers the steps needed to document a Coordinated Entry referral in ServicePoint. The LCEH will record a referral under the "Service Transactions" tab. All referrals should be sent on the Head of Household's profile only. It is up to the local community on whether the LCEH or housing providers will document the referral outcome.

SECTION ONE OF PROCEDURE: REFERRAL TO HOUSING PROVIDER

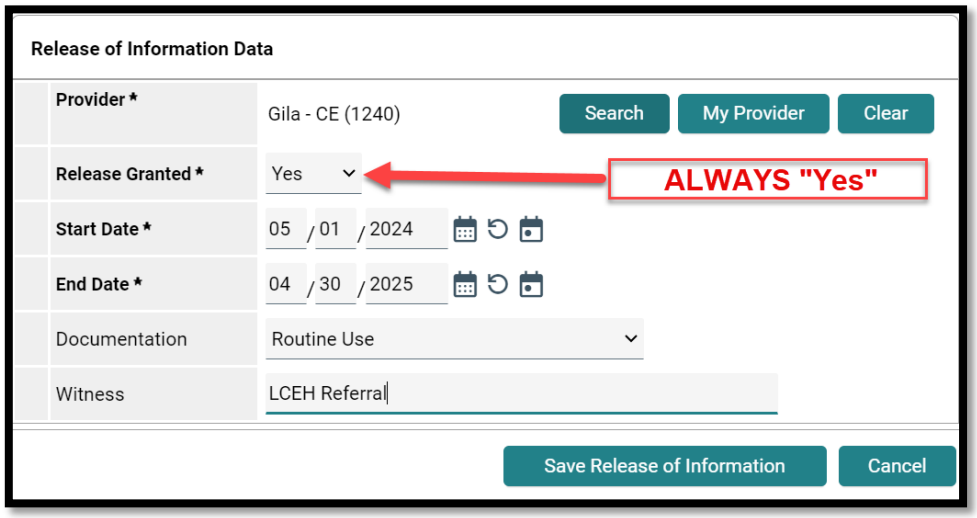
Select the Correct EDA Provider (**Refer to the HMIS Introductory Training document**)

1. Users will have a Coordinated Entry project named by the County to provide referrals. Refer to the appropriate project below.
    a. Apache/Navajo: TBD
    b. Cochise: "Cochise – CE(1238)"
    c. Coconino: "Coconino – CE(1239)"
    d. Gila: "Gile – CE(1240)"
    e. Graham/Greenlee: "Graham/Greenlee – CE(1241)"
    f. Mohave: "Mohave – CE(1244)"
    g. Pinal: "Pinal – CE(1247)"
    h. Santa Cruz: "Santa Cruz – CE(1249)"
    i. Yavapai: "Yavapai – CE(1250)"
    j. Yuma: "Yuma – CE(1251)"

Record an ROI for Purposes of Data Visibility (**Refer to the ROI Tab Instructions document**)

1. Search for and select the appropriate client. Navigate to the ROI tab.

2. Complete the ROI Tab for **all clients** in the household. The ROI provider should be identical to the EDA provider. This step is purely functional to ensure the referral is visible to other agencies. The LCEH does not need to have the client(s) sign an ROI for this process. Use the following values for the ROI.
    a. Provider: Identical to the EDA provider
    b. Release Granted: This will **always** be "Yes" in this workflow
    c. Start Date: The same as the referral date.
    d. End Date: 1 year (365 days) from the "Start Date"
    e. Documentation: "Routine Use"
    f. Witness: "LCEH Referral"



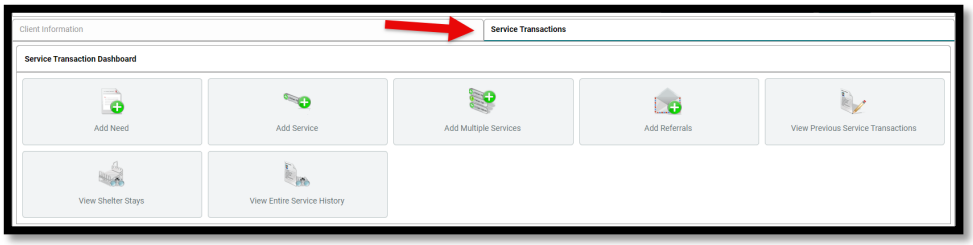
3. Click "Save Release of Information"

Create the Referral

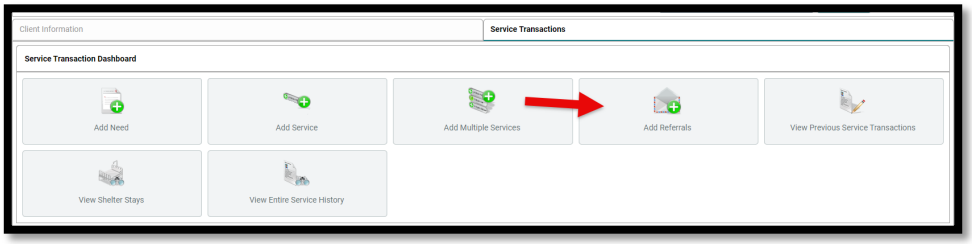
This process explains how to add a referral ("approval"/ "match") to an agency within HMIS. **Only make the referral for the Head of Household.** (**Refer to the Case Management Referrals document**)

1. Navigate to the **Head of Household**'s profile. The referral is **only** made for the **Head of Household**.

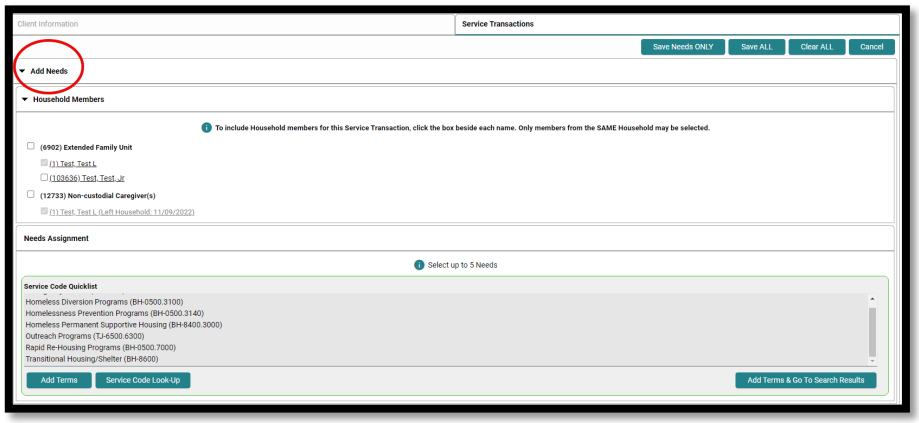
2. Go to the Service Transactions tab.



3. Select "Add Referrals"



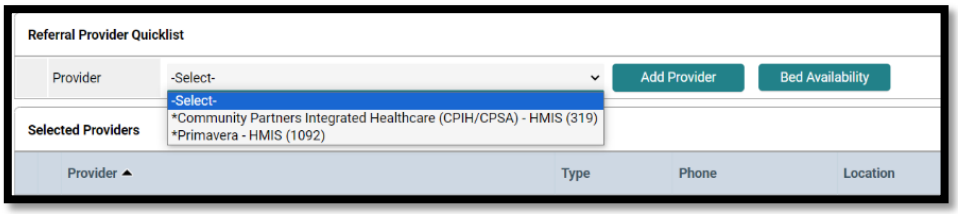
4. Under the "**Add Needs**" section are several subsections to create a client "Need" before creating a "Referral":
    a. At the "Household Members" sub-section, **ONLY** select the Head of Household



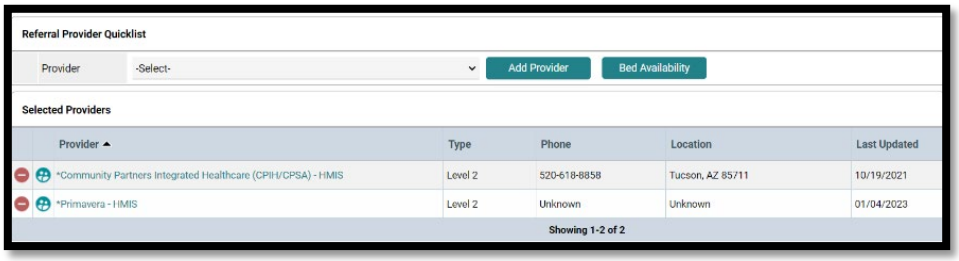
b. At the sub-section, "**Service Code Quicklist**", select the Service Code for the referral. "Rapid Re-Housing (BH-0500.7000)" and "Homeless Permanent Supportive Housing (BH-8400.3000)" are used to check workflow compliance. Your local community may choose to record other referral types, as well.

i. Only select 1 Service Code
ii. Click "Add Terms"

c. The project administrator and HMIS pre-set the Referral Provider Quicklist sub-section. (Contact your administrator to add Providers to the list or remove Providers from the list.)
   i. Choose at least 1 Provider from the list.



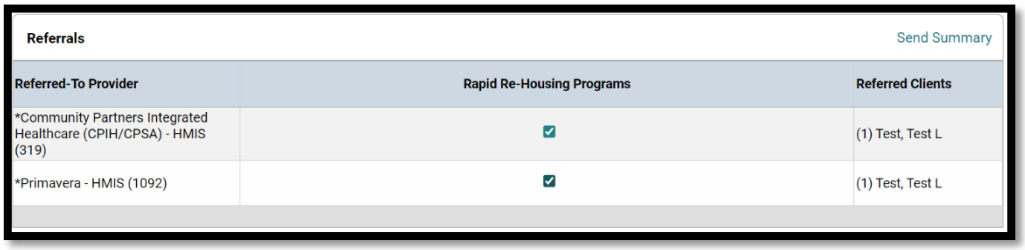
   ii. Click "Add Provider" for each Provider selected. Note that the **Selected Providers** are shown below the Search Results.



5. Under the "**Referral Data**" section, complete the rest of the referral

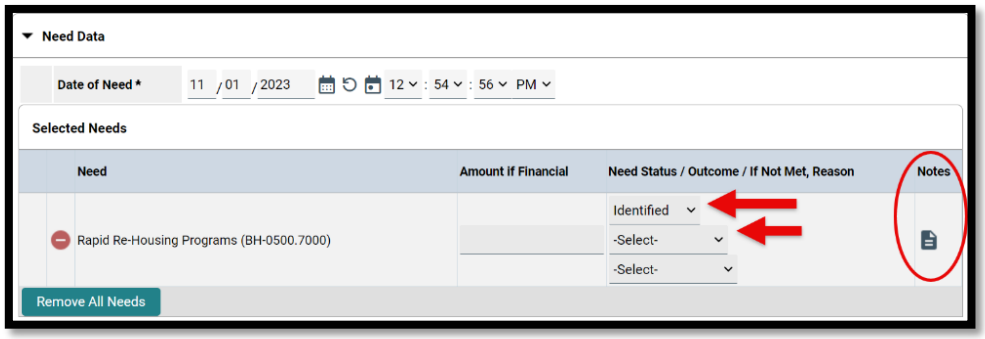
a. The date will auto-populate to Current Date
b. (Leave the other items in this section as their default/blank/unselected)

6. In the "**Referrals"** section, check the box next to each "Referred to Provider".



7. Under "**Need Data"** leave the "Date of Need" as default.

8. Under the "Selected Needs" sub-section select the following
   a. **Needs Status**: Identified
   b. **Outcome**: Service Pending



   c. **Note**: There is a "**Notes**" button available to create and save Needs-related notes for follow-up users.
   d. Click **Save ALL**.

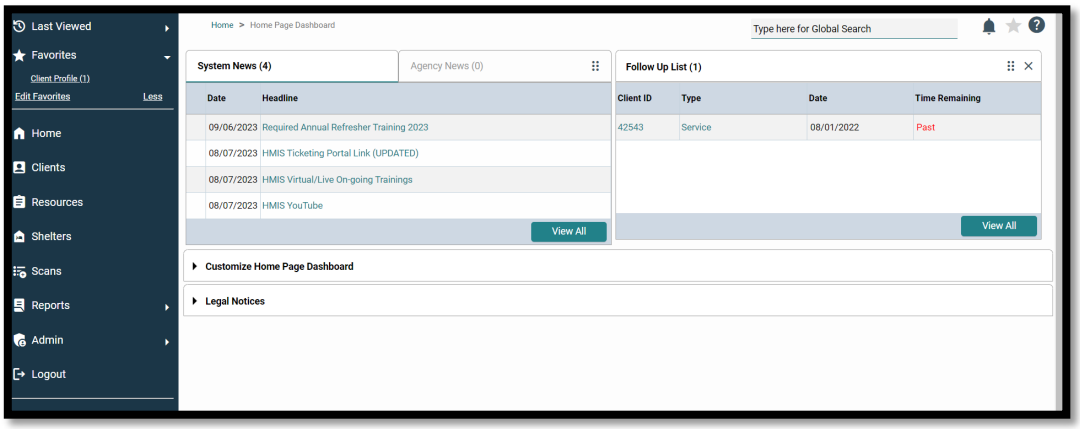
SECTION TWO OF PROCEDURE: REVIEWING "OUTGOING" REFERRALS WITH THE REFERRALS REPORT

It is helpful to check on the status of Outgoing referrals ("Approvals"/ "Matches"). You can do this using the Referrals Report. You can either search for "outstanding" referrals (ones that have not been replied to) or "All" (which includes those that have been accepted or declined).

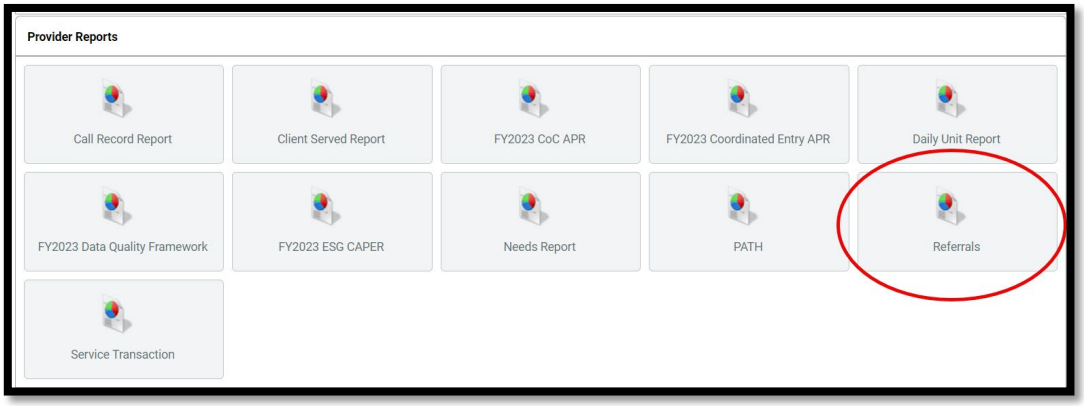
Run the Referrals Report

1. Enter the correct EDA provider.
    a. For an LCEH responding to referrals, refer to "Section One of Procedure" for the appropriate county-level project.
    b. For a housing provider, select the top-level project at the agency if you are not already defaulted there.

2. Select the tab "Reports"



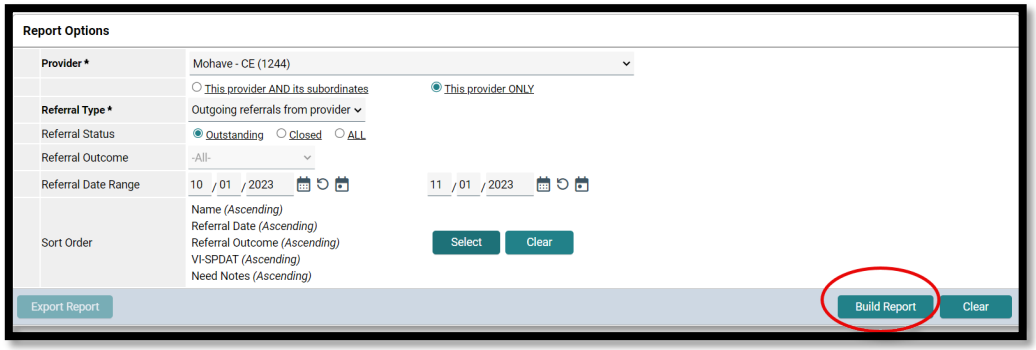
3. Select the Referrals report.



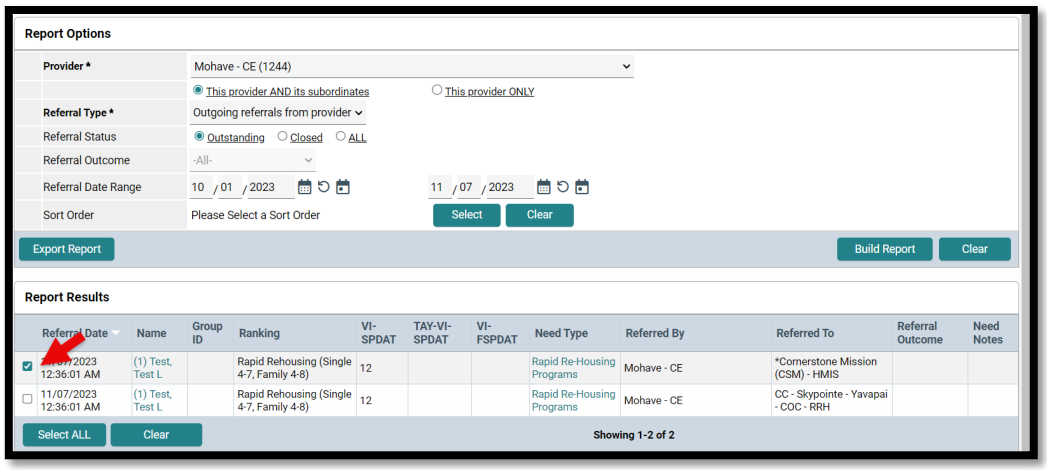
4. Fill out the Referral Report prompts as follows:
    a. Provider: This will default to the EDA provider
        i. For LCEHs, choose "This provider ONLY"
        ii. For housing providers, choose "This provider AND its subordinates"
    b. Referral Type: This will vary based on your agency

i. For LCEHs, choose "Outgoing referrals from the provider"
ii. For housing providers, choose "Incoming referrals to provider"

c. Referral Status": As "Outstanding" or "ALL", depending on what you want to look for.
d. Referral Date Range: Select the appropriate dates (even one day)
e. Click "Build Report"



5. The Report Results will show all clients referred during the selected date period.



SECTION THREE OF PROCEDURE: ACCEPTING OR DECLINING REFERRALS

In some LCEHs, the housing provider receiving the referral is responsible for this portion of the workflow. In other LCEHs, the LCEH is responsible for recording referral outcomes. In some communities, both the LCEH and housing providers may respond to referrals.

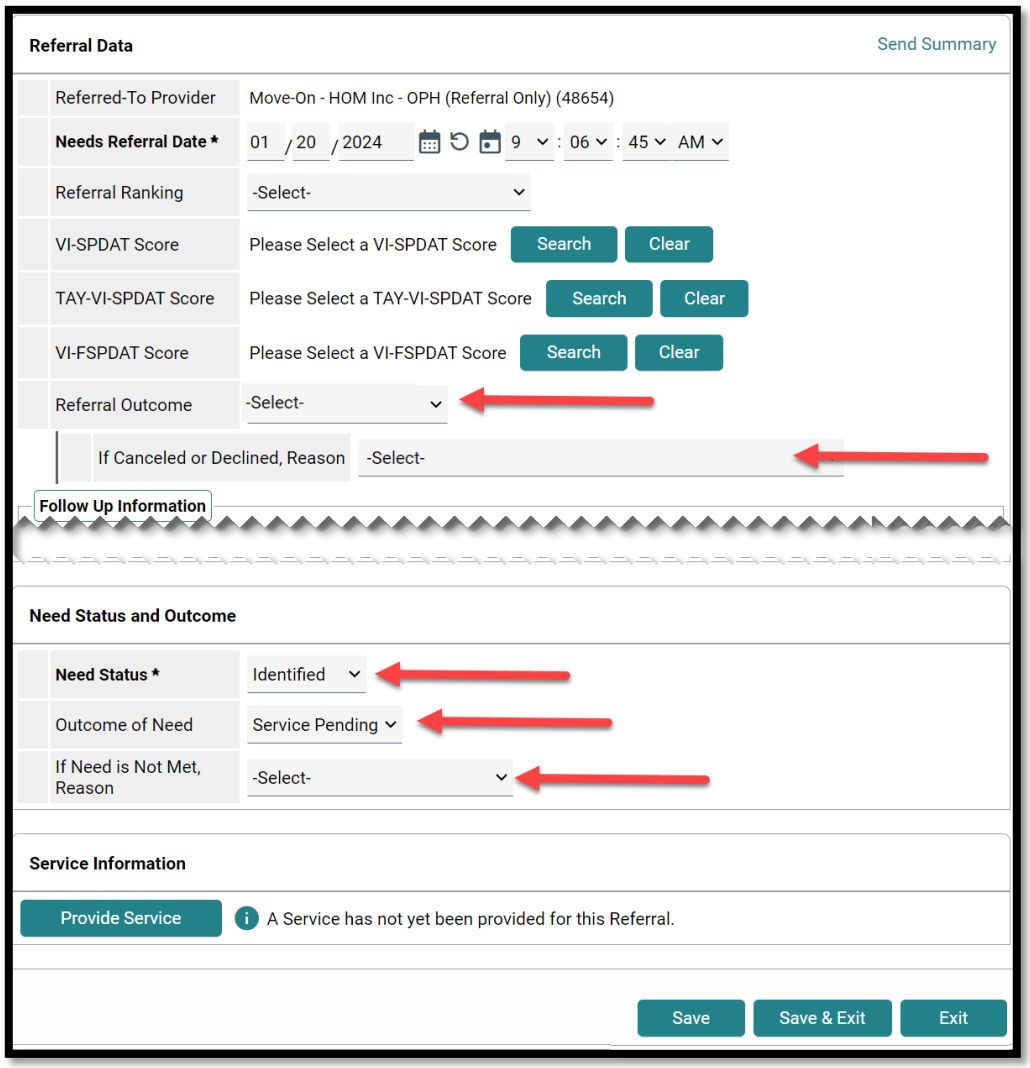
Respond to the Referral

1. First, run the referrals report as outlined in the "Section Two of Procedure" above.

2. Identify the referrals which need a response. If you are not seeing an expected referral, you may need to use a different data range or select a new Referral Status option. Complete the following steps to respond to the referral.

   a. **Select "Need Type"**: Click directly on the "Need Type" for the referral you are responding to. This will take you to the "Edit Referral" page.

b. Scroll to the bottom of the page to find the "Referral Outcome", "Needs Status", "Outcome of Need", and "If Need is Not Met, Reason?" fields.



c. Complete the fields according to the following table.

Referral Outcome:	Need Status:	Outcome of Need:	If Need is Not Met, Reason?
Accepted: *The referral was accepted and the referral recipient is now actively working with this individual.*	Closed	Fully Met	(Leave blank)
Accepted on Waitlist: *The referral was initially accepted and the referral recipient has not been able to establish contact with referred person, but will within 30 days.*	Closed	Service Pending	(Leave Blank)
Declined: *The referral recipient is unable to work with the referred individual.*	Closed	Not Met	(Pick from dropdown)
Canceled: *The referral was sent in error, the referred person does not qualify for the referred program, or the referred person declined services.*	Closed	Not Met	(Pick from dropdown)

d. After these steps are complete, click "Save & Exit" at the bottom of the referral screen.

4. If a referral outcome is documented in HMIS, an ROI may be required. Use the following steps to ensure the referral outcome can be shared for reporting purposes.

   a. Check to see if an ROI is required.
      i. If you are the LCEH documenting a referral outcome, verify a valid ROI is still in place. If the ROI has expired, record a new ROI.
      ii. If you are a housing provider documenting a referral outcome, you will need to complete an ROI. Complete the ROI Tab for **all clients in the household**. The ROI provider should be identical to the EDA provider. This step is purely functional to ensure the referral outcome is visible to other agencies. The housing provider does not need to have the client(s) sign an ROI for this process.
   b. If required, record the ROI. Use the following values for the ROI.
      i. Provider: Identical to the EDA provider
      ii. Release Granted: This will **always** be "Yes" in this workflow
      iii. Start Date: The same date as the referral outcome was documented.
      iv. End Date: 1 year (365 days) from the "Start Date"
      v. Documentation: "Routine Use"
      vi. Witness: "Referral Outcome"

   c. Click "Save Release of Information"