**Alaska Balance of State CoC Coordinated Entry Planning Guide**

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| **Planning Area** | **Planning Consideration** | **Responsible Entity** | **Due Date** | **Documented Decision** |
| **System Design** | Access relevant HMIS data to inform current system flow, project utilization, lengths of stay, and other data related to system use (consider system mapping) |  |  |  |
| Develop assessment phases and structure, including questionnaires and work flows for:* Initial triage
* Diversion
* Prevention screening
* Non-prioritized emergency services
* Assessment for prioritization
* Assessment for eligibility
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| Identify or develop access models and resources |  |  |  |
| Develop prioritization list structure |  |  |  |
| Develop referral process work flow |  |  |  |
| **Policy Development** | Determine what policies must be standardized across the CoC, and what policies may vary on a regional level |  |  |  |
| Determine what components of CES require Board approval (separately from approval of full Policies and Procedures/Written Standards) |  |  |  |
| Develop written standards for project types, including eligibility and prioritization determinations |  |  |  |
| Develop any requirements of access points (hours of operation, data entry timeliness standards, training requirements, etc.) |  |  |  |
| Develop and/or adopt prioritization policies (ex. HUD Notice CPD-16-11 on Prioritizing PSH Dedicated and Non-Dedicated Units) |  |  |  |
| Develop referral policies, including referrals made within regions and referral policies across regions |  |  |  |
| Develop Housing First requirements for adoption by participating providers |  |  |  |
| Develop client grievance policy |  |  |  |
| Develop provider referral acceptance/denial policy |  |  |  |
| Develop or assess provider termination policies |  |  |  |
| Develop performance requirements for participating providers (number of accepted referrals, timeliness of referral acceptance, number of terminations, etc.) |  |  |  |
| **Process and Procedure Development** | Develop assessment process, including data collection and entry procedures |  |  |  |
| Develop referral process, including denial of household referrals by participating providers |  |  |  |
| Develop referral process and linkages with mainstream providers |  |  |  |
| Determine how, when, and under what circumstances a recommended assessment, referral, or prioritization output can be overridden, and by whom |  |  |  |
| Determine use of case conferences, including stakeholders, roles and responsibilities |  |  |  |
| Establish out-flow/move-up strategies to support client exit from homeless projects |  |  |  |
| Determine the training support that is needed for both access points and participating providers, and identify an entity to provide the trainings (either regionally or across the CoC) |  |  |  |
| Determine if an oversight entity/coordinated entry system manager is needed to manage daily operations of the system, and if this is needed across the CoC or regionally |  |  |  |
| **HMIS Work Flow Development** | Identify what components of coordinated entry will be supported by or managed in HMIS |  |  |  |
| Work with ICA to customize HMIS work flows based on designed CES work flow and phases |  |  |  |
| Identify what client-level data will be collected at each phase of the assessment and referral phases |  |  |  |
| Determine if additional data elements need to be collected and entered in HMIS to support CES operation and/or evaluation |  |  |  |
| Develop user guides and training material to support HMIS work flows |  |  |  |
| Assess privacy policies and data sharing opportunities/constraints with mainstream providers (VA, health care providers, affordable housing providers, etc.) |  |  |  |
| Assess HMIS licensing and privacy/data sharing agreements with mainstream providers |  |  |  |

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| Notes:* If there is turnover within the CE Planning Team, will new members from the region be identified to replace that member?
* Are regions appropriately defined in the BoS CoC’s Governance Charter to develop policies and procedures locally, as determined by the CoC?
* What existing policies and procedures, plans, forms, and other documents from the Anchorage CoC can be adopted and/or adapted to the Balance of State CoC?
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