**COORDINATED ENTRY SYSTEM**

**Policies and Procedures**

**Coordinated entry is an important process through which households experiencing or at risk of experiencing homelessness can access the crisis response system in a streamlined way. Using their strengths and assessing their needs quickly, the Coordinated Entry System connects them to the appropriate service. Standardized assessment tools and practices used within local coordinated assessment processes take into account the unique needs of children and their families as well as youth. When possible, the assessment provides the ability for households to gain access to the best options to address their needs, incorporating participants’ choice, rather than being evaluated for a single program within the system. The most intensive interventions are prioritized for those with the highest needs.**

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# **KEY TERMS**

Access Point

The engagement point for households experiencing a housing crisis.

Affirmative Marketing and Outreach

The Central Sierra Continuum of Care (CSCoC) Program interim rule at 24 CFR § 578.93(c) requires recipients of CSCoC Program funds to affirmatively market their projects to eligible households regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of outreach, and maintain records of those marketing activities. Housing assisted by Housing and Urban Development (HUD) and made available through the CSCoC shall also be made available to households without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR § 5.105(a)(2).

Assessment

In the context of the coordinated entry process, HUD uses the term “assessment” to refer to the use of one or more standardized assessment tool(s) to determine a household’s current housing situation, housing and service needs, risk of harm, risk of future or continued homelessness, and other adverse outcomes. HUD does not intend that the term be confused with assessments often used in clinical settings to determine psychological or physical health, or for other purposes not related to preventing and ending the homelessness of households who present to coordinated entry for housing-related assistance.

Upon initial access, providers associated with coordinated entry will begin assessing the household’s housing needs, preferences, and vulnerability. This phase is progressive, in that potentially multiple layers of sequential information gathering occurring at various phases in the coordinated entry process, for different purposes, by one or more service providers.

Coordinated Entry

The coordinated entry process is an approach to coordination and management of a crisis response system’s resources that allows for consistent decisions from available information, to efficiently and effectively connect households to interventions that will rapidly end their homelessness. The goal is to develop a fair, rapid, coordinated, evidence-based, and transparent homeless response system.

In the Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (CES), HUD indicated that although the regulatory term is “centralized and coordinated assessment system,” for policy reasons HUD and other federal partners refer to it as the “coordinated entry process”. This change emphasizes that the process is not just about assessment but also about facilitating entry into the crisis response system and exit into housing. This document uses the term “coordinated entry” throughout.

Coordinated Entry Committee

The CSCoC Coordinated Entry Committee shall develop timeliness targets for each of the referral, project enrollment, and move-in stages. A strong referral process is necessary to keep these stages as short as possible to facilitate rapidly rehousing households who are homeless, including diversion where possible.

Coordinated Entry Management Entity

The coordinated entry management entity is the Collaborative Applicant, as approved by the Governing Board of the CSCoC.

Coordinated Entry Service Provider

The Coordinated Entry Service Provider acts as a key member in supporting the CSCoC in the implementation and on-going administration, development, and continuous improvement of the CES. The Coordinated Entry Service Provider is responsible for supporting care coordination of CSCoC providers, acting as the role of ombudsman to the CSCoC Coordinated Entry Committee for coordinated entry-related complaints and grievances, meeting facilitation and general CES support.

Crisis Response System

The crisis response system encompasses all the services and housing available to households who are at imminent risk of experiencing literal homelessness and those who are homeless. The development of a comprehensive crisis response system in each community, including new and innovative types of system coordination, is central to the key objectives and strategies outlined in Opening Doors: Federal Strategic Plan to Prevent and End Homelessness; the approach used by HUD and its federal partners to address homelessness.

Continuum of Care (CoC)

Within the context of homelessness, a CoC is, first and foremost, a fellowship of care providers who assist community members along a wide spectrum of needs and services from preventing homelessness to providing immediate or long-term shelter and continuing to job placement. The sharing of information and resources across this spectrum makes it possible for these various businesses, providers, and services to work more efficiently and effectively together. This promotes communitywide commitment to the goal of ending homelessness; provides funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promotes access to and effect utilization of mainstream programs by homeless individuals and families; and optimizes self-sufficiency among individuals and families experiencing homelessness.

CSCoC

The Central Sierra Continuum of Care (CSCoC) is the organization that has been created to organize the continuum of care and services within the four counties of Amador, Calaveras, Mariposa, and Tuolumne. By pooling resources across the CSCoC, we can leverage existing resources to achieve care and services for each household and avoid duplication of services. This group is committed to a unified plan toward ending homelessness across these four counties.

CSCoC Review and Rank Committee

The CSCoC Review and Rank Committee is a formally established group responsible for reviewing and ranking projects for funding, compliance and other areas pertinent to the CSCoC.

Eligibility

In the context of the coordinated entry process, determining eligibility is a project-level process governed by written standards (See Exhibit E) as established in CFR § 576.400(e) and 24 CFR § 578.7(a)(9). Eligibility information is not used as part of prioritization and ranking. Projects may be legally permitted to limit eligibility through a federal statute which requires that assistance be utilized for a specific population via state or local permissions in instances where federal funding is not used, and federal civil rights laws are not violated.

Emergency Shelter

A facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless. Emergency shelter is a short-term intervention with ongoing assessment based on progress; ideally less than 30 days.

Entry Point or HUB

Entry points are the places – either virtual or physical – where a household in need of assistance accesses the coordinated entry process. To ensure accessibility to households in need, CSCoC provides access to projects from multiple, convenient physical locations. Households may initiate a request for services in person through any of the designated HUB Stations or through additional housing community service providers. (Amador Tuolumne Community Action Agency; Amador County Health & Human Services; Calaveras County Health & Human Services; Mariposa County Health & Human Services; and Tuolumne County Health & Human Services).

ESG

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) amended the McKinney-Vento Homeless Assistance Act, revising the Emergency Shelter Grants Program in significant ways and renaming it the Emergency Solutions Grants (ESG) program. The ESG Interim Rule took effect on January 4, 2012. The change in the program’s name, from Emergency Shelter Grants to Emergency Solutions Grants, reflects the change in the program’s focus from addressing the needs of homeless households in emergency or transitional shelters to assisting households to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness.

HMIS

A Homeless Management Information System (HMIS) is a local information technology system used to collect household-level data and data on the provision of housing and services to homeless households and households at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards. CSCoC utilizes BELLDATA for all HMIS software.

HMIS Coordinator

The HMIS Coordinator is responsible for implementation and maintenance a software-based HMIS across multiple service agencies, conduct training, assure database compliance and integrity, conduct report generation and provide onsite direct technical assistance.

Home Safe

The Home Safe Program, created by Assembly Bill (AB) 1811 (Chapter 35, Statutes of 2018), is intended to support the safety and housing stability of individuals involved in Adult Protective Services (APS) by providing housing-related assistance using evidence-based practices for homeless assistance and prevention. Counties operating Home Safe programs utilize a range of strategies to support housing stability for APS households, including short-term financial assistance, legal services, eviction prevention, heavy cleaning, and landlord mediation, among other services.

Household

The term “household” refers to and encompasses any configuration of a person or persons in need, whatever their age or number (adults, youth, or children; singles or couples, with or without children) and sometimes referred to as participants or households. At a minimum, a household can consist of one individual.

Housing First

Housing First is an approach in which housing is offered to households experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. The idea behind Housing First is to move those who need a home directly into one and then address the issues that led to the homelessness. These issues can range from poverty to mental illness to drug addiction to domestic violence. According to the  [National Alliance to End Homelessness](http://www.endhomelessness.org/), social services to enhance individual and family wellbeing can often be more effective when households are in their own homes.  According to the  [National Alliance to End Homelessness](http://www.endhomelessness.org/), social services to enhance individual and family wellbeing can often be more effective when households are in their own homes.

Housing Resources Coordinator or Navigator

The Housing Resources Coordinator/Navigator begins the process of housing search and placement. The Housing Resources Coordinator/Navigator may be the original referring service provider, a referring service provider, or a dedicated service provider with the title of Housing Resources Coordinator/Navigator.

Housing Stability Plan

Service providers must work collaboratively with each household to complete a Housing Stability Plan. Through filling out the Housing Stability Plan, each household participates in identifying realistic short-term and long-term goals that will ultimately result in independent, stable permanent housing. The Housing Stability Plan should be used to help guide which resources are made available to each household and at what intensity or on what timeline (e.g., someone with a short-term goal to achieve employment may receive intensive employment supports more quickly than someone with a short-term goal to enter into a transitional housing program). The Housing Stability Plan should be revisited frequently to enforce progress and Each service provider is responsible for developing a standard template and uniform timeline for completing the Housing Stability Plan with each household.

HUD

The Department of Housing and Urban Development (HUD) is the Federal agency responsible for national policy and programs that address America's housing needs, that improve and develop the Nation's communities, and enforce fair housing laws. HUD's business is helping create a decent home and suitable living environment for all Americans, and it has given America's communities a strong national voice at the Cabinet level.

Modified VI-SPDAT

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to create a standardized vulnerability score for households presenting for services. The CSCoC uses a modified form of the VI-SPDAT to assess the vulnerability of households in the Central Sierra geographic area.

PSH

Permanent supportive housing (PSH) is an intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless households. The services are designed to build independent living and tenancy skills and connect households with community-based health care, treatment and employment services. PSH is long-term housing with supportive services for homeless households with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting.

Prioritization

Prioritization is the process by which all households in need of assistance who use coordinated entry are ranked in order of priority, in accordance with written standards established under 24 CFR § 547.400(e). In addition, the coordinated entry process shall, to the maximum extent feasible, ensure that households with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. This phase helps the CSCoC manage its inventory of projects, ensuring that those households with the greatest need and vulnerability receive the supports they need to resolve their housing crisis.

Projects

All community housing resources and services intended to help a household rapidly exit homelessness are referred to as projects.

RRH

Rapid re-housing (RR) is an intervention designed to help individuals and families that don't need intensive and ongoing supports to quickly exit homelessness and return to permanent housing. Rapid re-housing assistance is offered without preconditions and the resources and services provided are tailored to the unique needs of the household.

Receiving Agency

All housing and supportive service providers participating in coordinated entry must fill vacancies with households referred through the coordinated entry referral process.

Referral

Households are referred to available CSCoC housing resources and services in accordance with the CSCoC’s documented prioritization guidelines.

Referring Agencies

This is the entity responsible for referring a household experiencing a housing crisis to available housing and supportive services, based on the household’s priority level or score and the CSCoC prioritization and assistance standards.

Scoring

HUD uses the term “scoring” to refer to the process of deriving an indicator of risk, vulnerability, or need based on responses to assessment questions. The output of most assessment tools is often an “Assessment Score” for potential project participants, which provides a standardized analysis of risk and other objective assessment factors. While assessment scores generally reflect the factors included in the prioritization process, the assessment score alone does not necessarily determine the relative order of households for resources. Additional consideration, including use of case conferencing, is often necessary to ensure that the outcomes of the assessment more closely align with the community’s prioritization process by accounting for unique population-based vulnerabilities and risk factors.

Service Providers

The term service provider is used to describe ESG or CoC-funded entities, agencies, organizations, or personnel that offer and maintain projects to help households rapidly exit homelessness and participate in the CSCoC.

Suitability

Suitability gauges the appropriateness of a match between a household and a project based on that match being right for a household given the case at hand and resource limitations. Suitability will be considered in the matching process, but may not conflict with any other system characteristics, including the system’s low barriers, Housing First orientation, or household choice.

TH

Transitional housing is a form of housing that facilitates the movement of homeless households to permanent housing. Households may live in transitional housing for up to 24 months and receive supportive services such as childcare, job training, and home furnishings that help them live more independently.

# **SYSTEM CHARACTERISTICS**

## Overview

Coordinated entry is a process designed to coordinate intake, assessment, provision of referrals, and housing placement for individuals and families seeking housing services. It covers a designated service area, is easily accessed by the target population, is well-advertised, and includes a comprehensive and standardized entry tool.

HUD requires CSCoC to establish and operate a “centralized or coordinated assessment system” with the goal of increasing the efficiency of local crisis response systems and improving fairness and ease of access to resources, including mainstream resources. Coordinated entry processes are intended to help communities prioritize households most in need of assistance. They also provide information to CSCoC and other stakeholders about service needs and gaps to help our communities strategically allocate their current resources and identify the need for additional resources.

Both the CoC and ESG Program interim rules, 24 CFR § 578 and 24 CFR §§91 and 576 respectively, require the use of CSCoC’s coordinated entry process, provided it meets HUD requirements. The CoC Program interim rule set the basic parameters for coordinated entry and left further requirements to be set by HUD notice. Under the authority of 24 CFR § 578.7(a)(8) and through Notice CPD-17-01, HUD established additional requirements that CSCoC, and recipients of CSCoC and ESG Program funding, must meet related to the development and use of a coordinated assessment system. Implementing coordinated entry is a requirement under the interim rule and an essential strategy for HUD, other federal partners, and CSCoC to use in achieving the strategic goals of the Opening Doors report.

Coordinated entry changes a continuum of care from a project-focused system to a household-focused system by asking that “communities prioritize households who are most in need of assistance” and “strategically allocate their current resources and identify the need for additional resources.” (Coordinated Entry Notice, p 2).

All CSCoC and ESG funded projects must participate in the CSCoC Coordinated Entry System (CES). Projects must use a Housing First Model approach and ensure all necessary documentation is finalized through the CSCoC. New projects must participate in CES training and sign all confidentiality documents before they may access the CSCoC CES.

The materials within these Coordinated Entry Policies and Procedures have been developed locally by the CSCoC and are not evidence-based. The CSCoC Housing Determination Committee is responsible for monitoring the CES with periodic evaluations and gathering stakeholder feedback. This document reflects the most recent policies and procedures as approved by the CSCoC Governing Board and is subject to change.

The service area for the CSCoC encompasses the entire counties of Amador, Calaveras, Mariposa, and Tuolumne. Coordinated entry provides a functional, streamlined approach in our effort to end homelessness, and can be reassessed each calendar year, engaging multiple community service providers to enhance system outcomes.

## Cultural and Linguistic Competency

All service providers administering assessment shall use culturally and linguistically competent practices. Assessments shall include trauma-informed culturally and linguistically competent questions for special subpopulations, including immigrants, refugees, and other first-generation subpopulations; youth; households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking; and LGBTQ households.

Marketing materials are written to be sensitive to minority racial and ethnic groups in the community. Where possible, materials shall be translated by someone who is local and fluent in the language, as culture and language can differ across communities within the same racial or ethnic group.

## Fair and Equal Access

Accessibility to Local Subpopulations

The following adaptations to the assessment process may be utilized to address negative impacts experienced by some subpopulations:

* Progressive and phased assessment – Some subpopulations might benefit from being assessed in phases, as engagement could be difficult because such households are reluctant to share information. Their reluctance could be a result of trauma and building their trust can take time.
* Trauma-informed assessment protocols – A trauma-informed assessment approach is a best practice that is used universally with all subpopulations regardless of the household’s history.
* Trauma-informed training for service providers – All service providers are trained in how to conduct assessments with victims of domestic violence or sexual assault to reduce the chance of re-traumatization.
* Safety planning – Service providers are trained on safety planning and other next-step procedures if the assessment uncovers safety issues in situations such as domestic violence, sexual assault, child abuse or neglect, stalking, and trafficking.
* Private space for assessments – The assessment space and experience is designed to allow households to safely reveal sensitive information or safety issues. The space allows for both visual and auditory privacy, and the CSCoC’s policies and procedures allow service providers to gather information from each adult in the household in separate interviews, where appropriate. Sensitive information might include the disclosure of mental illness, physical disabilities, gender identity, or abuse.
* Skip-logic for unnecessary or irrelevant assessment questions – Assessment questions may be adjusted to be appropriate for specific subpopulations; for example:
  + For unaccompanied youth aged 17 or younger, questions for veterans can be eliminated.
  + For men, questions regarding pregnancy and prenatal care can be eliminated.
* Accessible language – Assessment instructions and questions for children and youth shall reflect their level of development and be administered in a culturally competent manner.
* Translation services – Multiple language options are available.

Physical Accessibility

All households in the CSCoC’s geographic area have fair and equal access to the coordinated entry process, regardless of where or how they present for services. Fair and equal access means that households can easily access the coordinated entry process, whether in person, by phone, or some other method, and that the process for accessing help is well known.

To ensure accessibility to households in need, the CES provides access to projects from multiple, convenient physical locations. Households may initiate a request for services in person through any of the designated HUB Stations or through additional housing community service providers. All HUB Stations are ADA compliant, can assist with disabilities and language barriers that may be present, and have personnel trained in HMIS and the CES. Some HUB Stations are specifically designated for veterans, but households with veterans may utilize any HUB Station available. Households requiring additional communication services such as braille, hearing assistance, sign language interpretation, etc. may be assisted through:

* Amador County Health and Human Services Agency
* Calaveras County Health and Human Services Agency
* Mariposa County Health and Human Services Agency
* Tuolumne County Health and Human Services Agency

Understanding the Needs of Households Not Served

Access points gather information about households requesting homeless system services who do not enroll in a CSCoC project (e.g., households diverted from the crisis response system). The reasons for households not enrolling are tracked in HMIS. Over time, the CSCoC will analyze this information against any subsequent entries by these same households into the homeless system in order to determine whether the CSCoC needs to adjust its system or the CES.

Connection to Mainstream Resources

Access points also provide critical connections to mainstream and community-based emergency assistance services (e.g., supplemental food assistance programs). CES will facilitate these resource connections for households experiencing homelessness. It would be advantageous for mainstream resource providers to also serve as coordinated entry access points.

Affordable housing and mainstream services are crucial tools for ending homelessness and must be involved in the coordinated entry process. Mainstream providers can act as a source or receiver of referrals. Receiving agencies include public housing authorities, multifamily properties (like Section 8 PBRA, 811, and 202), mental health service providers, and substance abuse providers. Organizations acting as receiving agencies will determine the extent to which they will rely on referrals from the coordinated entry process. In some instances, certain services may be co-located with a physical access point, or a virtual access point, like a telephone service such as 2-1-1. The more mainstream programs and resources that are connected to the coordinated entry process through the coordination of referral, application, and eligibility determination processes, the more effectively our community can consistently connect homeless individuals with housing resources and the community-based supports that they need to maintain that housing.

## HMIS

Communities may use CSCoC or ESG program funding for HMIS to pay for costs associated with coordinated entry to the extent that coordinated entry is integrated into HMIS. CSCoC uses HMIS to collect and manage data associated with assessments and referrals.

## Inclusive

CES includes all subpopulations, including households experiencing chronic homelessness, Veterans, families, youth, and survivors of domestic violence. The CSCoC Board will continuously evaluate and improve the process ensuring that all subpopulations are well served.

## Informing Local Planning

The coordinated entry planning group charged with planning the prioritization process will make decisions about the following aspects of prioritization. However, not all pieces need to be in place for implementation to begin and may be done in stages.

The Prioritizing Entity

This entity will be responsible for determining the level of priority for a household requesting assistance through coordinated entry and for managing the priority list. If referrals will be made by an entity different from the prioritizing entity, the prioritizing entity will transmit information about the household to the referring entity, including the household’s level of priority, housing needs and barriers, preferences, and other information as appropriate.

Establishing the Prioritization Method

* What types of prioritization decisions are already being made? Are they based on level of need, time spent waiting for available resources, or provider agency preferences?
* Do variations in housing and supportive services availability and accessibility throughout the geography require varied prioritization strategies?
* Can prioritization be scored, quantified, or valued such that the priority list can be regularly reviewed and updated?
* How will prioritization determinations be documented and communicated among projects?
* How will a household’s priority level be updated when new information is revealed or becomes available after the initial assessment?
* Will households that frequently utilize projects and/or mainstream resources be prioritized differently; and if so, how?
* How will multiple existing and independently maintained waiting lists be consolidated into a centralized priority list?
* What are the potentially different prioritization requirements established by funders that must be accommodated during the referral process?

Information gathered through the coordinated entry process is used to guide homeless assistance planning and system change efforts across the CSCoC.

One of the main purposes of coordinated entry is to ensure that households with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance. HUD’s policy is that households experiencing chronic homelessness should be prioritized for permanent supportive housing (PSH). In some cases, PSH projects are required to serve households experiencing chronic homelessness and in other cases, HUD provides incentives for projects to do so. Therefore, the CSCoC will fully implement the prioritization process included in Notice CPD-014-12. In addition to prioritizing households experiencing chronic homelessness, the coordinated entry process prioritizes households who are more likely to need some form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness.

When considering how to prioritize households for housing and homelessness assistance, CSCoC uses the following:

* Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing;
* High utilization of crisis or emergency services, including emergency rooms, jails, and psychiatric facilities, to meet basic needs
* The extent to which households, especially youth and children, are unsheltered[[1]](#footnote-1)
* Vulnerability to illness or death
* Risk of continued homelessness
* Vulnerability to victimization, including physical assault or engaging in trafficking or sex work

Our community shall decide what factors are most important and, to the greatest extent possible, use all available data and research to inform the CSCoC prioritization decisions. The coordinated entry process is meant to orient our community to one or two central prioritizing principles by which the CSCoC can make decisions about how to utilize resources most effectively. This prioritization ensures that across subpopulations and households with different types of disabilities, those most vulnerable or with the most severe service needs are prioritized for assistance.

The prioritization may not target a category of households with a specific disability. However, individual programs, including CSCoC funded projects, may restrict access to households with a specific disability or characteristic. In these cases, the coordinated entry process shall ensure that households are only referred to projects for which they are eligible. At the same time, service providers must ensure that eligibility criteria are limited to those required by Federal or local statute or by funding sources.

## Leverage Local Attributes and Capacity

CSCoC’s physical and political geography, including local agency capacity, and the opportunities unique to the service area, shall inform local coordinated entry implementation.

## Low Barrier

The CSCoC’s CES is Housing First oriented, such that households are housed quickly without preconditions or project participation requirements. The CES does not screen households out for assistance due to perceived barriers to projects, including, but not limited to, 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 or history of not being a leaseholder, or criminal record (with exceptions for state or local restrictions that prevent projects from servicing households with certain convictions). To be consistent with HUD’s expectations, the coordinated entry process and participating projects shall continually strive to identify and lower barriers to project entry.

## Participant Autonomy

CSCoC’s coordinated entry process allows households autonomy to freely refuse to answer assessment questions and to refuse project options without retribution or limiting their access to assistance.

## Person-Centered Approach

The CSCoC incorporates a person-centered approach into referral policies and procedures, which include, but are not limited to, the following:

Person-Centered Assessments

The assessment process provides options and recommendations that guide and inform personal choices, as opposed to rigid decisions about what households need. Assessments are based in part on households’ strengths, goals, risks, and protective factors. At its core, the assessment process is not a one-time event to gather as much information about a household as possible. Instead, assessments are performed only when needed and only assess for information necessary to help a household at that moment. Initial assessments happen as quickly as possible regardless of where households are residing – streets or in shelter, and the assessment process uses tools as a guide to start the conversation, not as a final decision-maker.

School Enrollment and Connection To Appropriate Resources For All Children

Educational and supportive service needs of households with minor children will be fully assessed with expediency upon entry to CES. School-aged youth will be enrolled in school immediately, working collaboratively with the designated school homeless liaison in the Local Educational Agency (LEA) to ensure that all educational assessments are completed. To the extent feasible, students in homeless situations shall be kept in their school of origin (the school the student attended when permanently housed or the school in which the student was last enrolled), unless it is against the parent’s or guardian’s wishes. Students in homeless situations must have access to the educational and other services they need to ensure that they have an opportunity to meet the same challenging state student academic achievement standards to which all students are held. Appropriate referrals will be made in the community to address supportive service needs of all household members.

Accessible Tools and Processes

These Coordinated Entry Policies and Procedures strive to ensure that households being assessed and referred are using accessible formats for households with disabilities, meeting the requirements in II.B.(c) of CPD 17.01, and use tools and processes that the households being assessed and referred can easily understand.

Sensitivity to Lived Experience

Sensitivity to households’ lived experiences are incorporated into every aspect of the CES, including the ongoing review of assessment tools and delivery protocols that are trauma-informed, minimize risk and harm, and address potential psychological impacts.

Participant Choice

Participants’ choices in coordinated entry process decisions, such as location and type of housing, level and type of services, and other project characteristics, are fully accommodated where possible, given overriding health and safety concerns and compliance with outstanding legal requirements. The ongoing development of assessment processes that provide options and recommendations are also guided and informed by participant choice, as opposed to rigid decisions about what households need.

Clear Referral Expectations

These policies and procedures shall be modified to ensure that households will be able to easily understand to which project they are being referred, what the project expects of them, what they can expect of the project, and evidence of the project’s rate of success.

Commitment to Referral Success

The service providers in the CES commit to successfully completing the referral process once a referral decision has been made through coordinated entry, including supporting the safe transition of households from an access point or emergency shelter to housing, and supporting households in identifying and accessing an alternate suitable project in the rare instance of an eligible household being rejected by a participating project.

## Referral Protocols

All programs funded either by the CSCoC or ESG Programs shall use this coordinated entry process as the only referral source from which to consider filling vacancies in projects. Projects that participate in the coordinated entry process shall accept all eligible referrals unless the project utilizes the CSCoC documented protocol for rejecting referrals, ensuring that such rejections are justified and rare and that households are able to identify and access another suitable project.

Expectations

The referral process ensures that program participants receive clear information about the project to which they have been referred, what the project will expect of them, and what they can expect from the project. The coordinated entry management entity ensures that the referral agency is familiar with all the projects in the crisis response system; to that end, the management entity shall develop written material about each of the projects to ensure that consistent information is provided with each referral.

Warm Handoff Referrals

The CSCoC utilizes a best practice of assisted referral, also known as a “warm handoff” referral. The CSCoC approaches referral as more than just handing households off or providing them a list of places to go and projects to contact. It is required that referrals be made directly between the referring agency and the receiving agency, with the former providing the latter with the information the receiving agency needs to act on the referral. Often, this “warm handoff” model of referral is accompanied by the service provider’s housing navigator function, which identifies a service provider member to support households experiencing a housing crisis throughout the process, including ensuring their applications are completed and submitted and barriers to enrollment are reduced.

Provider Concerns

Some housing and supportive services providers may express concern about relinquishing control of referral to and enrollment in their projects, as coordinated entry shifts a project-centric focus to a person-centric one. Before coordinated entry, a service provider usually made decisions about which households to enroll in its projects based on its best judgement about who would succeed there. To screen out households it did not expect to be successful, the service provider usually unnecessarily added eligibility criteria other than those required by the project’s funders. Coordinated entry, with the requirement that all vacancies be filled with referrals from its process, means that projects must enroll program participants who often are more challenging to serve than before. The CSCoC shall support service providers in capacity-building to ensure that participating projects meet program participants’ needs and reinforces the benefits and requirements of coordinated entry.

Rejection Protocols

The referral process accounts for occasions when a referral is rejected by the potential participant or when the project service provider rejects a referral under the criteria established by the CSCoC.

Sometimes potential participants perceive the referral as representing a housing or services option that does not address their immediate housing goals and preferences. In those instances, every effort is made to identify other referral options. If none exists, the CSCoC documents such limitations of the currently available project options for system planning purposes. Meanwhile, coordinated entry service providers continue to work with the household to find alternative accommodations.

Sometimes the project receiving the referral through the coordinated entry process is the source of the referral rejection. For example, a project might be experiencing situational service provider constraints. Programmatic changes or funding issues might necessitate a temporary hold on accepting referrals. Or after considering the unique housing barriers and attributes of a referral, the project receiving the referral might decide the project does not have enough programmatic capacity or expertise to provide the housing and services necessary to resolve the household’s housing crisis.

Regardless of the specific circumstances of the project’s rejection, in all situations the project shall communicate the decision clearly and quickly to the entity making the referral. This communication must include the reason for the rejection, any factors or a change in circumstances that could allow the project to reconsider and accept the referral, and other pertinent information that came to light during the referral review that might affect the potential participant’s referral standing at other projects.

CSCoC utilizes a case conferencing approach to referral rejections. With case conferencing, the entity making the referral, the project rejecting the referral, and potentially the household, meet to share information and collectively consider alternative referral options. The goal of the referral process is to quickly and successfully connect households experiencing a housing crisis to available projects - a case conferencing meeting among all parties concerned is often the most effective way to achieve this goal when the standard referral process breaks down.

Referral Data Management and Efficiency Tracking

The amount and type of household data accompanying a referral from one service provider to another depends on specific data-sharing agreements between the referring agency and the receiving project. In general, referral of a household experiencing a crisis for housing and services requires the following:

* Referral date and time.
* Identity of the agency currently serving the household, including contact information.
* Identity of the receiving project, including follow-up contact information.
* Names of household member(s).
* List of projects for which the household is being referred.
* Household’s prioritization score, if applicable.
* Project eligibility or entry requirements.
* Household’s preferences.
* Special considerations, including housing-related information such as desired location, unit size needed, and restrictions on housing.
* Verification documentation, as appropriate and if applicable.
* Expectations for follow up.

Often the referral is transmitted electronically, with information provided both to the referring agency and to the receiving project that has the vacancy. HMIS provides resources that enable management of electronic referrals.

The CSCoC Coordinated Entry Committee shall develop timeliness targets for each of the referral, project enrollment, and move-in stages. A strong referral process is necessary to keep these stages as short as possible to facilitate rapidly rehousing households who are homeless, including diversion where possible.

Referral to Projects

The CSCoC implements a referral process that applies to all beds and services available at participating projects funded by the CSCoC or ESG Program. The process also applies to housing and supportive services projects operated by entities not funded by HUD, and those that do not actively participate in coordinated entry but receive and accept CSCoC referrals.

The CES makes referrals to all projects receiving ESG and CoC funds, including emergency shelter, RRH, PSH, and transitional housing, as well as other housing and homelessness projects. Projects that are dedicated to serving households experiencing homelessness must fill all vacancies through referrals, while other housing and services projects may determine the extent to which they rely on referrals from the coordinated entry process.

CSCoC maintains an inventory list, updated at least annually, of all housing and supportive services projects that can be accessed through referrals from the coordinated entry process.

After being referred to a housing service provider project, households shall be assigned a Housing Resources Coordinator. The Housing Resources Coordinator may be the original referring Case Manager, a referring Outreach Worker, or a dedicated service provider member with the title of Housing Resources Coordinator. The Housing Resources Coordinator begins the process of housing search and placement.

Roles and Responsibilities

* Referring agency – this is the entity responsible for referring a household experiencing a housing crisis to available housing and supportive services, based on the household’s priority level or score and the CSCoC prioritization and assistance standards.
* Receiving agency – all housing and supportive services providers participating in coordinated entry must fill vacancies with households referred through the coordinated entry referral process.
* Housing Navigator – CSCoC has implemented a Housing Navigator function to ensure efficient and effective enrollment and subsequent movement of program participants from crisis response to stable housing. Specific service provider duties might vary, but a Housing Navigator performs a variety of functions to reduce the time it takes households in crisis to obtain housing. Housing Navigator duties include, but are not limited to:
  + Working closely with referring agencies to determine a household’s likely eligibility.
  + Developing a housing stability plan.
  + Assisting the program participant with completing housing applications.
  + Performing housing searches and enrollment.
  + Performing outreach to and negotiate with landlords.
  + Assisting the program participant with submitting rental applications and understanding leases.
  + Addressing barriers to project entry.
  + Collecting documentation for housing eligibility determinations.
  + Assisting the program participant with obtaining utilities and making moving arrangements.
  + Coordinating resources such as federal, state, and local benefits.
  + Assisting with mediation between the program participant and owner/landlord.
  + Assisting the program participant with credit/budget counseling.
  + Providing renter education.

## Ongoing Planning and Stakeholder Consultation

CSCoC engages in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually. Feedback from individual and families experiencing homelessness or recently connected to housing through the coordinated entry process is regularly gathered and used to improve the process.

# **ACCESS**

## Full Coverage

The CSCoC ensures that the crisis response system is accessible throughout the geographic service area. The coordinated entry process uses multiple points of access to achieve the full coverage required. Our community specifically joined together as the CSCoC to share a regional coordinated entry process to achieve both efficiencies and full geographic coverage.

These written policies and procedures describe the relationship of the CSCoC to the coordinated entry process, and address how the core elements of ensuring access, standardizing assessments, and implementing uniform referral operate.

## Non-Discriminatory Access

No household shall be discriminated against in any program, service, or activity funded or administered by the CSCoC on the basis of age, race, color, religious creed, gender, sex, familial status, sexual orientation, national origin, ancestry, medical condition, disability, genetic information, citizenship status, political affiliation, veteran status, income, or any other class protected by law.

## Affirmative Marketing and Outreach

CSCoC and recipients of CSCoC and ESG Program funding are required to affirmatively market housing and supportive services projects to eligible households who are least likely to apply in the absence of special outreach. This is regardless of race, color, national origin, religion, sex, age, familial status, marital status, handicap, actual or perceived sexual orientation, or gender identity. To ensure the coordinated entry process assists CSCoC and ESG Program recipients in meeting this requirement, the CSCoC developed an affirmative marketing strategy for its coordinated entry process as evidenced by written policies and procedures.

Advertisements of CES include written flyers and documents, approved by the CSCoC, explaining the CES process, characteristics, and guidelines. Advertisements may be used in local newspapers, on local radio stations, or on local television stations in the service area.

Resources and information about CES are provided to local businesses, hospitals, places of worship, schools, law enforcement, and other places the targeted population receives assistance or services.

CSCoC and ESG funded street outreach efforts are linked to the coordinated entry process. The coordinated entry process is linked to street outreach efforts so that households sleeping on the streets are prioritized for assistance in the same manner as any other household assessed through the coordinated entry process.

CSCoC incorporates assessment in part or whole into street outreach. The CSCoC meets HUD’s requirement that coordinated entry reach the entire geographic service area by designating outreach as a defined access point, one that can flexibly navigate to reach homeless households wherever they reside.

## Emergency Services

Low Barrier

Emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short-term crisis residential programs, must operate with as few barriers to entry as possible.

Emergency shelters funded with ESG use streamlined assessment tools that reflect low barrier entry and diversion within the referral process.

Coordinated entry allows for households experiencing a housing crisis to access emergency services with as few barriers as possible. Coordinated entry access points provide “unqualified” emergency access, meaning access is not limited to certain populations. Emergency access point service providers include all types of emergency services such as homelessness prevention assistance, domestic violence and emergency services hotlines, drop-in services programs, emergency shelters, and other short-term crisis residential programs. Households are able to access emergency services independent of the operating hours of the CSCoC’s coordinated entry processes for intake and assessment.

The coordinated entry process does not delay access to emergency services such as shelter. The process includes a manner for households to access emergency services at all hours independent of the operating hours of the coordinated entry intake and assessment processes. For example, households who need emergency shelter at night can access shelter, to the extent shelter is available, and then receive an assessment in the days that follow, even if the shelter is the access point to the coordinated entry process.

Not Subject to Prioritization

Emergency shelters are not required to follow the established prioritization criteria to place households in emergency shelter beds. If the offered prevention and diversion resources do not resolve a household’s need for housing, access point service provider shall connect the household to local emergency shelter resources to solve their immediate housing crisis while longer term resources are explored. Shelter service provider will assist all households who initially present at that shelter to access CES within 48 hours.

Emergency shelters do not hold beds or prioritize. All shelters fill beds according to households that are in immediate need due to homeless crisis issues. Households admitted to shelters are connected by the Emergency Shelter Coordinator through CES as quickly as possible.

Access to emergency service, such as entry to emergency shelter, are not prioritized based on severity of service need or vulnerability. Emergency services funded through the ESG Program promulgate written standards required under 276.400(e)(3)(iv).

24-Hour Connection to Emergency System

Households needing immediate entry for emergency shelter will be contacted the next business day for prioritization. If the household is currently experiencing domestic violence, they will be referred to a local domestic violence shelter crisis hotline.

If no shelter has available space, the household will be sent to the closest available crisis housing (i.e., churches, hotels, motels).

If the household does not initially present at an emergency shelter, they are referred to the closest emergency shelter. Emergency shelters require a phone intake assessment before entry. If that shelter is full, the shelter will offer a referral to another shelter within the CSCoC that does have appropriate space for the household.

All households accepted into shelters are referred to CES as quickly as possible to ensure their placement in the appropriate programs available to them.

All physical access points/HUB Stations maintain after-hours answering services that provide information on accessing emergency shelters and the call-back time window.

The CES is tied to CSCoC’s emergency care system through a Memorandum of Understanding between the CSCoC and emergency service providers that includes the following duties:

* Emergency service providers shall notify a Coordinated Entry Specialist regarding new homeless households who have been served at night within 48 hours, so that those households can be integrated into the CES as soon as the access point opens for business.
* Emergency service providers, including all domestic violence hotlines, emergency service hotlines, drop-in service emergency shelters, domestic violence shelters, and other short-term crisis residential programs, shall receive and care for households including during hours when coordinated entry HUBs may be closed for business.
* The CSCoC Board shall host a meeting between homeless services providers and emergency services providers at least twice per year to discuss strategies for reducing barriers to communication and collaboration.

## Standardized Access and Assessment

The coordinated entry process uses the same assessment process at all access points. However, among the multiple access points, the CSCoC designates separate access points for all households within the given subpopulations identified below (the same assessment process is used at each access point). Only the following five (5) subpopulations have access points that are separate and distinct from the general access points:

* Adults without children
* Adults accompanied by children
* Unaccompanied youth
* Households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions   
  (including human trafficking)
* Households at imminent risk of literal homelessness, for purposes of administering homelessness prevention assistance.

HUD has partnered with the US Dept of Veterans Affairs to define designated access points for homeless veterans, where the access points are operated by VA or VA partners and the methods for providing access are documented in the coordinated entry policies and procedures.

## Considerations for Separate Access Points

Different access points for those HUD-designated subpopulations have designated service provider conducting assessments in a culturally sensitive and informed manner but make referrals according to the written standards established by the CSCoC.

CSCoC has pre-existing networks for subpopulation groups, and utilizes a partially separated coordinated entry process with a separate access point. CSCoC policies and standards still apply. Examples might be a youth drop-in center or a domestic violence hotline. Multiple access points or methods (e.g., crisis hotline) can be safer for domestic violence survivors, as a single, well-known location can put them at risk.

CSCoC offers mobile access to households in subpopulations who might resist going to a centralized access point. This mobile access is available through trained outreach service provider who are prepared to assess households in phases.

Although the CSCoC uses standardized assessment tools across access points, the actual tools may be locally developed or selected from among the many publicly available tools. Whatever tool is implemented, the language and questions in the assessment should be tailored accordingly (e.g., include questions about school enrollment for adults with children).

A community-specific assessment tool is valid and reliable, and the assessment process only gathers information necessary to determine the household’s severity of need and potential match for housing and supportive services. That is, the assessment can be conducted in phases, to capture information as needed and limit how frequently the household being assessed must repeat their personal story. To illustrate, once the household is referred to housing and supportive services, project service provider may conduct more sophisticated assessments to evaluate that participant’s specialized needs. This phased approach to assessment is intended not to replace more specialized assessments but rather to connect households to the appropriate housing solution as quickly as possible.

Assessment tools are customized to reflect an assessment approach and prioritization process specific to each subpopulation. For example, one assessment tool may be established for all youth, another for all families, and still another for single adults. Or a CoC might have a single tool that is used consistently across all subpopulations. Either approach is acceptable. The goal is to ensure common prioritization approaches across subpopulations.

Information from the assessment is used to determine which housing intervention is best suited to end the household’s homelessness:

Permanent Supportive Housing

Referrals to PSH only come through CES. When a vacancy occurs, households are prioritized as follows:

* Households meeting the HUD definition of chronic homeless receive priority, based on the length of time they have resided in a place not meant for human habitation, a safe haven, or an emergency shelter, and the severity of the household’s service needs as determined by the CES assessment tool.
* If no chronically homeless households are on the list, then the order of priority is as follows:
  + Homeless households with a disability with long periods of episodic homelessness and severe service needs.
  + Homeless households with a disability and severe service needs.
  + Homeless households with a disability coming from places not meant for human habitation, safe havens, or emergency shelter without severe service needs.
  + Homeless households with a disability coming from transitional housing.

Homeless Prevention

* Rapid Re-housing (RRH)

When PSH is not immediately available, households seeking these resources are connected with local HUB stations to be assisted in identifying more readily available housing options. All access points use the same process for CES, intake, assessment and referral. Households identified as chronically homeless, but served with RRH at the time, maintain their chronic status and must be identified in CES a second time for placement and prioritization.

* Shelter Referral

Service providers may also refer households to additional housing programs available in the service area that are not funded by, or do not currently participate in, the CES. The referral process may be shared electronically via fax for programs not participating in the CES.

PSH is almost always the most effective resource for highly vulnerable households with high service needs, including those experiencing chronic homelessness. But the lack of available PSH, for example, should not result in households languishing in shelters or on the streets without other assistance. If no PSH resources are available, the highest need or highest prioritized households shall be offered other appropriate resources available. The CSCoC applies this dynamic approach to inventory monitoring and referral management to all its component types, including TH and RRH.

## Privacy

All service providers working with household-level data shall abide by the privacy protocols prescribed by the CSCoC HMIS Policies and Procedures Manual.

## Entry Points – Operational and Programmatic Practices

The Coordinated Entry System Operator shall maintain and update binders for all entry points that detail all operational and programmatic practices every entry point should be following. The protocols and federal notices and forms included in these binders shall be incorporated by reference into these policies and procedures. They include:

* Fair Housing Amendments Act of 1988 Notice (Attachment B);
* Right to File Discriminations Complaints Notice and Form (Attachment C)
* Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Attachment D); and
* Emergency Transfer Request Form for Certain Victims of Domestic Violence, Sexual Assault, or Stalking (Attachment E).

As the initial point of contact for households in the CES, service providers serving as access points are likely to be questioned by households as to their status on the prioritization list and when they may be referred to housing. In these instances, all service providers should be able to check the CES to determine whether the household has a recent completed Housing Assessment. If so, the service provider may confirm that the household is current in the system and will be contacted when appropriate housing or services become available. If the Housing Assessment is not recent, the service provider may assist the household to update their assessment. If no assessment is found for the household in CES, the service provider may work with the household to complete a standard intake and Housing Assessment.

Service providers are NOT permitted to inform a household of their number or placement on the prioritization list; this placement may change frequently as new assessments are entered into the system and triaged.

## Pre-screening questions

Individual CSCoC projects have ultimate responsibility for determining the eligibility of prospective participants in their programs and for collecting and maintaining eligibility documentation. From a practical perspective, however, the coordinated entry process is well positioned to screen preliminarily for presumptive eligibility. Presumptive eligibility screening is often necessary to inform a referral process that adequately considers the likelihood of a prospective participant’s eligibility before making a referral. If funders institute their own prioritization standards and preferences, the CSCoC coordinated entry process must accommodate these potential differences at the point of referral.

Upon first contact, entry point service provider shall ask households the following four questions to determine homelessness status and identify any urgent safety concerns:

* Can you please tell me where you slept last night?
* Do you have a place to sleep tonight?
* Are you currently in danger?
* What is your biggest need today?

The CES ensures that potential program participants are referred to all available resources for which they are prioritized and eligible, and for which a vacancy exists. An effective and efficient referral process considers the written standards for prioritizing assistance developed by the CSCoC and the ESG Program recipients and individual project eligibility requirements, such as those established by funders other than HUD, or the requirements of nontraditional services providers that are participating in the coordinated entry process.

## Prevention & Diversion

There are many more households who qualify for homelessness prevention assistance than homeless assistance. ESG funded prevention assistance is incorporated into the coordinated entry process. Communities should decide to what extent they include additional non-prevention programs and how they are incorporated. If pre-screening questions determine that a household is not literally homeless, entry point service provider shall connect the household with prevention or diversion resources as detailed in an Entry Point Binder produced and maintained by CES service provider.

## Category 4 – Domestic Violence

If pre-screening questions determine that a household is fleeing or attempting to flee, domestic violence, entry point service provider shall connect the household with a victim service provider by the process outlined later in these policies and procedures.

When a household actively fleeing domestic violence presents at a non-victim service provider, the service provider will make every effort to connect the household with a victim’s services provider. The services provided may be shelter, but may also be advocacy, or safety planning and peer counseling. When an assessment is being conducted, if a household is determined to be at imminent risk of harm due to domestic violence, the CES service provider will immediately connect the household to Domestic Violence Services by calling the local domestic violence hotline. If the household agrees, the service provider may also contact the local Police Department.

Domestic violence service providers will not be entering data into HMIS. Category 4 households are served electronically through those systems only for safety and protection. If these households present at the CES intake process, they are provided the same opportunities to participate in CES as other households. If the referral comes back to the CES intake service provider from the Domestic Violence program, the household will be offered the same housing assessment as all other households. Nothing may disqualify a household fleeing domestic violence from seeking shelter or transfers to a safe, available unit at the point of entry. Households that need assistance will be referred to the local domestic violence crisis center of their choice for intake and assessment.

## Other Households Experiencing Homelessness

When a household is identified by the CES access system to include a veteran, they will immediately be referred to the nearest local Veteran Hub Station for services. The household may choose to go through the veteran-targeted HUB Station, or they may choose to continue completing the CES intake and assessment at the HUB of their choice.

While all households identified in CES as including veterans shall be offered a referral to service providers that specifically target veterans, the household is free to decline such referrals and remain eligible for placement with any other appropriate service provider within the CSCoC.

If a referral is made to a service provider that specifically targets veterans, and the service provider determines that the household does not qualify for their services, the household is returned to CES.

Any additional questions regarding veteran status, service area, and discharge information will be collected by the veteran program receiving the referral.

If pre-screening questions determine that a household is literally homeless, entry point service provider shall walk the household through the following process:

* Offer the household an overview of coordinated entry and the assessment, prioritization, and matching process.
* If the household agrees to proceed, entry point service provider shall have the household fill out an HMIS Release of Information Form. The completed form shall be scanned into HMIS and any original paper copies shall be destroyed.
* Entry point service provider shall then collect Universal Data Elements intake questions and enter the household’s answers into HMIS.
* Once the Universal Data Elements information is collected, entry point service provider shall begin a Modified VI-SPDAT interview as detailed below. The Modified VI-SPDAT shall be rendered in a private room/space whenever possible. All available contact information shall be collected from the household.
* At the end of the Modified VI-SPDAT, entry point service provider shall remind the household that completion of the Modified VI-SPDAT, is not a guarantee of housing.
* Upon the completion of the Modified VI-SPDAT, entry point service provider may begin to address any immediate wrap-around needs.
* All households shall be given CES contact information before they leave.

# **ASSESSMENT**

Assessment is the process of gathering information about a household presenting to the crisis response system. Assessment includes documenting information about the barriers the household faces to being rapidly housed and any characteristics that might make them more vulnerable while homeless.

All assessments are conducted using trauma-informed, household-centered methods. Assessment areas are continually assessed by CES service provider for their safety and privacy to allow households to identify sensitive information or safety issues in a private and secure setting.

Historically, assessment of households experiencing a housing crisis included inordinately long and intrusive interviews, even if they were only seeking temporary emergency assistance. Households might have to undergo the assessment process multiple times, at every place they accessed. With coordinated entry, assessment can collect information in phases – initially collecting only the information essential to ascertaining the household’s immediate needs and to connect that household to appropriate interventions.

As outlined in the 2016 Prioritization Notice and reinforced in the Coordinated Entry Notice, any tool used by CSCoC for the coordinated entry process is, to the greatest extent possible, the following:

* Tested, valid, and appropriate.
* Reliable (provide consistent results).
* Comprehensive (provide access to all housing and supportive services within the CSCoC).
* Household-centered (focused on resolving the household’s needs, instead of filling project vacancies).
* User-friendly for both the household being assessed and the assessor.
* Strengths-based (focused on the household’s barriers to and strengths for obtaining sustainable housing).
* Housing First-oriented (focused on rapidly housing participants without preconditions).
* Sensitive to lived experiences (culturally and situationally sensitive, focused on reducing trauma and harm).
* Transparent in the relationship between the questions being asked and the potential options for housing and supportive services.

## Collection of Information

The Modified VI-SPDAT separates households into two populations: Households with only Adults, and Households with Children.

All households in the coordinated entry process will be freely allowed to decide what information they provide during the assessment process and to refuse to answer assessment questions. Although participants may become ineligible for some programs based on a lack of information, a participant’s refusal to answer questions will not be used as a reason to terminate the participant’s assessment, nor will it be used as a reason to refuse to refer the participant to programs for which the participant appears to be eligible. Participants may refuse to answer assessment questions and to reject housing and service options offered without their suffering retribution or limiting their access to assistance.

Assessment service provider shall engage participants in an appropriate and respectful manner to collect only necessary assessment information. Assessment service provider shall make every effort to assess and resolve the household’s housing needs based on a participant’s responses to assessment questions no matter how limited those responses.

CSCoC utilizes Home Safe forms for all CSCoC or ESG funded programs throughout the service area, and maintains all required documents, including homeless status and chronic status. Home Safe forms are streamlined to reflect emergency shelter admissions, PSH admissions, RR intake, homeless prevention, and include all CSCoC or ESG funded programs. All CSCoC Home Safe forms are documented in the written standards, and all housing service providers are expected to use the approved checklist of documents in files.

Modified VI-SPDAT

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to create a standardized vulnerability score for households presenting for services. The CSCoC uses a modified form of the VI-SPDAT to assess the vulnerability of households in the Central Sierra geographic area.

## Assessment in Phases

The assessment component of the coordinated entry process may be implemented in phases in order to capture information on an as-needed basis as participants navigate the process, recognizing that trauma-informed approaches are necessary throughout these phases. The assessment process, including information gathered from assessment tools, service providers, and others working with households, shall provide enough information to make prioritization decisions. All households requesting shelter are screened for other safe and appropriate housing options (temporary or permanent) and resources to obtain/maintain their housing. Households that have other safe and appropriate housing options or resources are diverted away from emergency shelter and instead offered problem-solving assistance and immediate linkage to homeless prevention assistance, as needed, desired and available.

Assessment phases include:

* Screening for diversion or prevention;
* Assessing shelter and other emergency needs;
* Identifying housing resources and barriers; and
* Evaluating vulnerability to prioritize for assistance.

All households requesting shelter are also screened for critical health and safety needs to identify households with more severe service needs and provide an appropriate response.

Assessments conducted in different phases must build on each other and limit the frequency with which a participant must repeat a household story to reduce trauma and improve system efficiency. Information collection related to prioritization ranking and program eligibility may also occur concurrently with these different phases, even though assessment generally occurs before referral.

The phased assessment process used during coordinated entry is not intended to replace more specialized assessments, but rather to connect participants to the appropriate housing solution as quickly as possible. Similarly, the assessment process does not preclude the use of complementary assessments designed to support access to mainstream services that are made available during assessment or otherwise conveniently accessed.

## Prevention and Diversion

The goal of prevention and diversion programs is to minimize entries to the crisis response system. Households who are homeless or at risk of homelessness may access ESG and CSCoC funded prevention and diversion services through the coordinated entry process. Street outreach, access and assessment points prioritize referrals to prevention services based on need and availability of appropriate interventions.

If, during the pre-screening interview of a household by a service provider, it is determined that the household is not literally homeless, the service provider may refer the household to other service providers listed in a service provider directory, continually maintained by CES service provider.

All prevention and diversion conversations shall proceed with service provider using the following script:

Diversion Questions

* “Are you safe in your current living situation?”
  + If the response is no, but the household is otherwise eligible for diversion, service provider shall divert them to a location other than where they are currently staying and make sure that it is somewhere where the household feels safe.
* “Is there anyone else you and your family could stay with for at least the next three to seven days if you were able to receive limited services such as (list services available in community such as case management services/transportation assistance/food pantry/limited financial support/other referrals)?”
  + Help family think through potential places – with family, friends, co-workers. Have them identify what barriers they think exist to staying in a certain location and how they might be overcome.
  + If the answer to this question is yes, the household qualifies for diversion assistance. Skip to Concluding Questions
  + If the answer to this question is no, and shelter diversion has therefore been ruled out, go to Prevention Questions

Prevention Questions

* “Are you safe in your current living situation?”
  + If the answer is no, and the household is in immediate danger, refer them immediately to law enforcement and/or the appropriate local domestic violence service provider.
* “Do you believe you will become homeless within the next seven days?”
  + “If you are currently housed, what type of assistance would you need to stay there?”
    - Food assistance
    - Rental assistance
    - Utility assistance
    - Tenant/Landlord Mediation
* “Have you ever been to a shelter or another homeless assistance program before?”
  + If the household answers yes, request the name of the program.
    - “When were you last there?”
* “I would like to refer you to \_\_\_\_\_\_\_\_\_ service. May I ask you a few questions to facilitate the referral?”
  + If the answer is yes, service provider may continue to the HMIS Intake Form.

All service providers, CSCoC Hubs, emergency shelters, and Housing Resource Coordinators delivering rental assistance programs will assist households to prevent entry into homelessness whenever possible by connections with prevention and diversion resources available in the community. All shelters utilize the CSCoC-approved Diversion and Prevention tool during the initial contact with households seeking shelter. Shelters do not need to prioritize households and households may be referred outside of coordinated entry for immediate access to shelter.

If CSCoC or ESG funds include funding for homeless prevention, households with court-ordered eviction notices are prioritized for assistance. These funds may also be used to assist households in receipt of 3-day Pay or Quit Notices. Referrals may also be made from service providers to congregations with discretionary dollars for homeless prevention funding to be approved for rental assistance.

## Required Information During the Assessment Process

The assessment process will not require disclosure of any specific disabilities or diagnoses. The assessment may attempt to collect specific information about a household member’s diagnoses or disabilities, but only what is necessary to determine program eligibility to make appropriate referrals, or what is necessary to provide reasonable accommodations for the household members being served.

The CSCoC’s assessment practices collect information in several major categories:

* Identifiers, characteristics, and attributes
* Family members and dependents
* Housing and homeless history
* Employment history
* Legal history
* Physical and behavioral health considerations that can indicate vulnerability
* Goals and preferences

These categories focus on identifying and documenting the household’s housing crisis, as well as the household’s barriers to being rapidly housed and their level of vulnerability. Household assessment focuses on:

* Immediate health and safety needs relevant to providing accommodations; and
* Information relevant to securing housing, including: factors that would cause a landlord to reject the household’s application (past evictions, etc.); factors that directly led to housing instability or homelessness in the past (failure to pay rent, lease violations, etc.,); and other information necessary to link households to financial assistance and housing-related resources. Household assessment focuses on barriers to obtaining and/or maintaining housing (e.g., past rental/credit/criminal history, current income, legal issues, knowledge of tenant rights and responsibilities, etc.).

Coordinated entry implementation may be performed in stages to collect this information over a series of assessments, as the information is needed to make decisions about referrals.

All households have the right to refuse to share their information among CSCoC service providers. Some information, however, may be required by a project, by public or private funders to determine eligibility for housing or services, or to assess needed services, and must be collected. In cases where a household does not consent to having information shared, the information must still be collected by the service provider to determine whether the household is eligible for services, but it shall not be shared via HMIS if the household objects.

## Practical Use of the Assessment Tool

Survey forms are available for Households of Adults Only or Households with Children. The form for Adults Only hides the fields about children. The survey generates a “Short Score” which can be used to prioritize households for the long assessment survey. The survey can also be skipped in favor of the long survey, and this is required whenever feasible. The survey form incorporates the above and adds additional fields to generate the final score.

All responses to the assessment must be saved when navigating away from the coordinated entry survey screen for the scores to be saved within HMIS and attached to the household record. The CES will consistently assess all households using the Modified VI-SPDAT. This tool was selected based on CSCoC’s satisfaction that it met the following characteristics:

* Tested, valid, and appropriate.
* Reliable (provide consistent results).
* Comprehensive (provide access to all housing and supportive services within the CoC).
* Household-centered (focused on resolving the household’s needs, instead of filling project vacancies).
* User-friendly for both the household being assessed and the assessor.
* Strengths-based (focused on the household barriers to and strengths for obtaining sustainable housing).
* Housing First-oriented (focused on rapidly housing participants without preconditions).
* Sensitive to lived experiences (culturally and situationally sensitive, focused on reducing trauma and harm).
* Transparent in the relationship between the questions being asked and the potential options for housing and supportive services.

Application of the Modified VI-SPDAT may not produce the entire body of information necessary to determine a household’s prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions. Therefore, service providers who work with households may provide additional information, through case conferencing or otherwise, that appears relevant to the written prioritization policies.

## Contact Information

Service provider authorized to conduct assessments shall collect contact information from all interviewees and inform those households that it is their duty as a project participant to keep program service provider appraised of any updates to that contact information.

## Assessment in Phases

Assessment tools and activities can be incorporated at any of several stages throughout a household’s interaction with the coordinated entry process. The goal is to build an accurate and concise picture of that household’s needs and preferences in order to connect them to an appropriate intervention. Assessments completed in phases may be most efficient and effective in achieving this goal.

A phased approach does not presuppose that assessment must occur at every stage nor be completed in sequence before a household is able to resolve the housing crisis, although at each progressive stage, completion might be appropriate depending on the household’s specific circumstances. Collapsing or integrating stages in assessment may be appropriate depending on the access points and roles defined for service providers. At any stage among those listed below, the coordinated entry process might have enough assessment information to connect or refer a household to a permanent housing placement:

* Initial triage – likely focused on defining the nature of the current crisis and ensuring the household’s immediate safety.
* Diversion – can occur as part of initial triage or separately; is likely focused on assisting the household to examine their resources and options other than entering the homeless system.
* Intake – likely occurs when the household accepts crisis assistance, such as emergency shelter. Assessment is likely limited to collecting information necessary to enroll the household in a homeless assistance project (i.e.., the homeless assistance project could be coordinated entry itself or an emergency shelter, depending on how the CoC has structured and defined crisis response interventions).
* Initial Assessment – The initial assessment might incorporate a prioritization component that indicates the level of risk, vulnerability, and the household’s barriers, goals and preferences, or need based on the responses to the assessment questions. The household’s responses to initial assessment can be used to help define risk and prioritize the household for further CSCoC or ESG Program assistance such as street outreach, emergency shelter, rapid rehousing, and PSH. Some of the initial assessment questions might be asked multiple times throughout project enrollment, as the household’s barriers, goals, and preferences evolve as a result of the immediate crisis needs being addressed.

## Assessment Script

Before entering household data into HMIS, the household must be provided an explanation about the option of sharing their information with HMIS by reading the following statement:

“I need your authorization to share the information you give me with one or more service providers in order to match you with the services that best meet your needs. Do you authorize us to do so – to proceed with the intake and share your information with service providers?”

If the household answers “Yes” then the service provider should check “Yes” to indicate that the household has given consent and may then proceed with the intake. If the household answers “No” then the service provider shall not complete the intake. The household must then be informed that they may still be eligible to receive housing services, but they may not be matched to services offered by other agencies or programs, since their information cannot be shared.

## Participant Autonomy

The coordinated entry process must allow households presenting to the crisis response system to refuse to answer assessment questions and to reject housing and service options offered without suffering retribution or limiting their access to assistance. Assessment service provider should always engage households in an appropriate and respectful manner to collect only necessary assessment information, but some households might choose not to answer some questions or could be unable to provide complete answers in some circumstances. The lack of a response to some questions can potentially limit the variety of referral options. When this is the case, coordinated entry service provider should communicate to those participants the impact of incomplete assessment responses. Assessment service provider should still make every effort to assess and resolve the household’s housing needs based on a household’s responses to assessment questions no matter how limited those responses. A household’s unresponsiveness must not affect future assessments or referral options.

All assessments shall begin with service provider using the following script:

* “My name is \_\_\_\_\_\_\_\_\_ and I work for an agency called \_\_\_\_\_\_\_\_. I have a 10-minute interview that I would like to complete with you. Your answers tell us how we can start supporting you.”
* “Most questions only require a Yes or No. Some questions require a one-word answer. Some questions also are personal in nature. You can skip or refuse any questions you don’t want to answer for any reason. We can also stop whenever you want. We’ll do our best to help you with whatever amount of information you are willing to share with us now or any time in the future. But the more information we have about your situation, the better we may be able to help you. If you do not understand a question for any reason, let me know. I would be happy to clarify. I would be happy to get an interpreter in a different language or do my best to make other adjustments that might make you more comfortable with understanding and answering any questions.”
* “The information you share with me will go into a Homeless Management Information System, which is a shared database that only shelters and housing service providers in Amador, Calaveras, Mariposa, and Tuolumne Counties can access. Once your information is in there, you should not have to complete this survey again in these counties.”
* “Completing this interview is not a guarantee that we will be able to find housing for you. We’ll do our best, but there are some challenges that we’ll have to address first. This is a marathon, not a sprint. This is just the first of many steps we’ll have to take.”
* “One last thing – what’s nice about this interview is that you get to tell me whatever you think is right. Don’t tell me what you think I want to hear. This survey is meant to find resources for you, in your exact, unique situation. It’s up to you, but the more open you are, the more likely it will be that we can figure out how best to support you.”
* “Would you like to proceed with a verbal conversation in English, here, right now?”
* “Thank you for your time. Let’s get started.”

## Assessment Training

Coordinated entry (HMIS) training is mandated and shall be provided as requested. Each service provider has an identified service provider member to coordinate with the designated coordinated entry trainer who will be responsible for scheduling training for new service provider. Service providers helping to re-house households are aware of and know how to access a wide array of housing options (public/private, subsidized/unsubsidized, all local permanent supportive housing, etc.) directly or through the CSCoC’s coordinated entry system to help households achieve their Housing Plan goals. Service providers are aware of and know how to access other community resources (e.g., legal services) that can help households achieve their housing placement and stabilization goals.

The CSCoC provides training protocols and at least one annual training opportunity to service providers that serve as access points or otherwise conduct assessments. The training may be in person, live or recorded online sessions, or be self-administered. Training provides all service providers with materials that clearly describe how assessments are to be administered with fidelity to the written policies and procedures of the coordinated entry process. The training protocols include the requirements for prioritization and the criteria for uniform decision-making and referrals. Each phase of assessment might entail unique training protocols, such as mediation training for service provider conducting diversion assessments. Skilled service providers are able to identify signs of trauma and stress among households entering the crisis response system and then work to mitigate those conditions by conducting assessments in the most sensitive and respectful manner possible.

All service provider tasked with administering assessments use culturally and linguistically competent practices. CSCoC incorporates cultural and linguistic competency training into the required annual assessor training. Assessments include trauma-informed culturally and linguistically competent questions for special subpopulations, including immigrants, refugees, and other first-generation subpopulations; youth; households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking; and LGBTQ households.

Training opportunities for all service providers authorized by the CSCoC to serve as coordinated entry HUBs or to administer Modified VI-SPDAT is available at least once annually. Training curricula and protocols are updated and distributed annually, and include the following topics:

* Review of Coordinated Entry Policies and Procedures, including any adopted variations for specific subpopulations;
* Requirements for use of assessment information to determine prioritization;
* Criteria for uniform decision-making and referrals;
* Cultural and linguistic competency;
* How to conduct trauma-informed assessments, including for special populations;
* Safety planning and how to identify safety issues during the assessment process; and
* Personal and data privacy considerations, and procedures to protect confidential information.

## HMIS Data Entry

After assessment, coordinated entry scores are transmitted to coordinated entry service provider within 24 hours. Coordinated entry service provider then enters those scores into HMIS within 48 hours of receiving such scores.

The coordinated entry system Home Screen is used to search for or add new households and displays the surveys that are active. Households marked “in process” are still searching for an available housing unit but have completed both the short and long form assessment tools for placement.

The Project Information screen is where the household’s information is first entered into the coordinated entry system. Households have the right to refuse to provide any requested information in the coordinated entry process. However, the service provider conducting the intake ensures that the household understands that incomplete information could result in an inaccurate assessment of the household’s housing needs and vulnerability, potentially lowering their placement on the prioritization list.

The modified short or long form Modified VI-SPDAT should not be administered more than once every six months for the purposes of placement on the housing prioritization list. If a household experiences a change in circumstances that may significantly impact their vulnerability score, these changes are noted in the Household Notes section of HMIS by the most current service provider. Households will remain on the HMIS main screen and will be flagged if contact is lost or the household does not call in after the six-month mark.

Households with multiple scores over a six-month period will be assessed for housing using the earliest score within that timeframe.

# **PRIORITIZATION**

Households are prioritized for a full continuum of housing and service interventions according to CSCoC and ESG Written Standards, which prioritize those who are most vulnerable and with the most immediate needs for referral and placement into appropriate housing interventions. Those with the highest Modified VI-SPDAT scores are prioritized highest for longer term housing solutions. Program admission is prioritized for people with the most severe needs. All CSCoC service providers use the coordinated entry process to prioritize homeless households within the CSCoC geographic service area for access to housing and supportive services.

The coordinated entry prioritization process combines each household’s assessment results with the CSCoC’s prioritization policies and procedures to determine that household’s level of vulnerability. The household’s assessed vulnerability establishes their level of priority for resources in the homeless system and lead to identification of vacancies at housing and supportive services projects to which the household can be referred.

## Requirements

CSCoC adopts the requirements for the prioritization process, as outlined in the HUD Coordinated Entry Notice. Prioritization is therefore based on a specific and definable set of criteria that are made publicly available through the CSCoC’s written prioritization standards and are applied consistently throughout the CSCoC. The CSCoC’s prioritization criteria include the following factors:

* Significant health or behavioral health challengers or functional impairments that require a significant level of support for the household to maintain permanent housing.
* High use of crisis or emergency services to meet basic needs, including emergency rooms, jails, and psychiatric facilities.
* Extent to which households, especially youth and children, are unsheltered.
* Vulnerability to illness or death.
* Risk of continued homelessness.
* Vulnerability to victimization, including physical assault, trafficking, or sex work.
* Other actors determined by the community and based on severity of needs.

## Prioritization Scheme

For the purposes of coordinated entry, one prioritization list is maintained for the entire CSCoC. Referrals may be made across county lines based on availability of services within an area, as well as household preferences and needs. The CSCoC has adopted the final rule on Chronically Homeless; as such it is acceptable to move down the vulnerability order in the event no chronically homeless households are identified at the time of a vacancy.

Determining Priority Level

CSCoC has also adopted the prioritization approach for permanent supportive housing in the HUD 2016 Prioritization Notice. This approach ensures that PSH resources are made available to the households of highest need.

## Managing the Priority List

Housing Determination Committee

A Housing Determination Committee (HDC), composed of representatives from the four main county-wide HUB stations, is responsible for managing the CSCoC prioritization list. The CSCoC designates at least one member from each county to the HDC, for a minimum total membership of 4 representatives and a maximum membership of 8 representatives. This group coordinates across the CSCoC to match households on the prioritization list to available housing opportunities, regardless of geographic location within the service area.

Households are discussed on phone calls (at least once every week) and any additional information about housing barriers to ensure proper timely assistance in the county each household will be receiving services. Internal transfers within an agency or program DO NOT require HDC approval; however, intake service provider does have discretion to switch between RR, TH, and PSH during placement so long as the HDC is notified and households meet the definition and criteria. This will ensure faster placement in available programs.

To manage prioritization for referral and placement into CSCoC resources, CES service provider uses HMIS to prepare and maintain a single priority list. The priority list includes household members by name and/or identification code, their assigned Modified VI-SPDAT scores, and their placement ranking level according to the prioritization scheme.

Permanent Supportive Housing

Households are assessed for prioritization in accordance with the HUD prioritization notice for chronic homelessness, consisting of four main criteria:

* Vulnerability
* Severity of service needs
* Chronic homeless status
* Length of time homeless

Households seeking Permanent Supportive Housing (PHS) are prioritized on their Modified VI-SPDAT score in HMIS, and chronic status and score.In the event a household scores for PSH, but no such resource is available, the HDC may offer Rapid Rehousing, Transitional Housing, or Emergency Shelter. During weekly case conferencing meetings, the HDC will match each household to available, appropriate services. Where necessary, the HDC may decide to use Rapid Rehousing as a bridge to Permanent Supportive Housing. In such cases, the household would remain active for prioritization for Permanent Supportive Housing. Where a household scores for Permanent Supportive Housing, but is not deemed chronically homeless, HDC may choose to offer Rapid Rehousing or, where appropriate, Transitional Housing.

Households are prioritized for Permanent Supportive Housing according to HUD Notice CPD 16-11 and the CSCoC’s written standards.

Rapid Rehousing

Households seeking or utilizing RRH are prioritized by household type (adults only and those with children), followed by total score. All households that are literally homeless who cannot quickly secure housing on their own or with another form of assistance are screened for and offered rapid re-housing assistance, to the extent they are eligible and assistance is available. Households are prioritized for RRH according to the CSCoC’s Written Standards. Written Standards for RRH reflect prioritization and placement using the Modified VI-SPDAT.

Households are prioritized for available housing openings and rapid placement into housing. Households are referred to a PSH placement if a unit is available. If the household accepts RRH, they may still maintain their chronic homeless status for Permanent Supportive Housing and remain on the PSH waitlist.

Managing the Priority List

The prioritization approach must be balanced with HUD’S recommendation to avoid creating long waiting lists of potential program participants for resources that do not exist or are not available.

The following chart is a guide for prioritization. Determination will be agreed upon and authorized during the weekly CES call - based on vulnerability level:

|  |  |  |
| --- | --- | --- |
|  | **Permanent Supportive Housing** | **Rapid Rehousing** |
| *Priority 1* | Modified VI-SPDAT Score: 8+ | Modified VI-SPDAT Score: 4-7 |
| Chronic Homelessness | Chronic Homelessness |
| Tri-Morbidity   * + - Physical Health     - Mental Health     - Substance Use |
| *Priority 2* | Modified VI-SPDAT Score: 8+ | Modified VI-SPDAT Score: 4-7 |
| Chronic Homelessness | 1+ HUD Disabling Conditions:   * + - Physical Health     - Mental Health     - Substance Use     - Developmental Disability |
| 2+ HUD Disabling Conditions:   * + - Physical Health     - Mental Health     - Substance Use     - Developmental Disability |
| *Priority 3* | Modified VI-SPDAT Score: 8+ | Modified VI-SPDAT Score: 4-7 |
| Chronic Homelessness |
| 1 HUD Disabling Conditions:   * + - Physical Health     - Mental Health     - Substance Use     - Developmental Disability |
| Priority 4 | Modified VI-SPDAT Score: 8+ | Modified VI-SPDAT Score: 4-7 |
| Chronic Homelessness | Households scoring 8+ on the Modified VI-SPDAT may be considered for RRH if:   * + - The household meets other RRH criteria;     - The household is referred to case conferencing due to objective, community-wide criteria; and     - Through case conferencing, the community determines that there is a substantial likelihood that RRH will meet the household’s housing and service needs |
| 1 HUD Disabling Conditions:   * + - Physical Health     - Mental Health     - Substance Use     - Developmental Disability |
| Priority 5 | Modified VI-SPDAT Score 8+ | Modified VI-SPDAT Score: 4-7 |
| Households scoring 8+ on the Modified VI-SPDAT may be considered for RRH if:   * + - The household meets other RRH criteria;     - The household is referred to case conferencing due to objective, community-wide criteria; and     - Through case conferencing, the community determines that there is a substantial likelihood that RRH will meet the household’s housing and service needs |

Using the Priority List to Fill All Vacancies

The coordinated entry prioritization process combines the household’s assessment results with the prioritization policies and procedures to determine that household’s level of vulnerability. Applying the prioritization standards and managing the priority list often require a management approach that considers multiple factors, reconciles competing interests, and makes difficult choices about who should receive referrals first. The CSCoC’s strategy for managing this complex and dynamic process is often “case conferencing” – a meeting of relevant service provider from multiple projects and agencies to discuss cases; resolve barriers to housing; and make decisions about priority, eligibility, enrollment, termination, and appeals. As the priority list grows and households wait longer for referrals, the case conferencing approach is best equipped to adjust prioritization so that households are offered other, potentially less-intensive interventions rather than waiting for inordinate periods of time for more intensive interventions that might now exist or be available.

## Document Ready

Coordinated entry service provider shall assist in getting the top ten households on the priority list document ready for enrollment into a housing program. Coordinated entry service provider maintains any such collected records until participant enrollment.

# **MATCHING & REFERRAL**

## General Information

Once a household experiencing a housing crisis has been assessed, the coordinated entry process moves on to determining their priority for housing and supportive services. In referral, the households with the highest priority is offered housing and supportive services projects first. As required by the Coordinated Entry Notice, that referral process is guided by an intentional protocol that follows the CSCoC’s prioritization standards as documented in these written policies and procedures.

Referral can occur at various points in the coordinated entry process. Depending on the type of project, referrals can occur at initial triage, after initial assessment, while enrolled in emergency shelter, or even after enrollment in a project. Referral can occur throughout the household’s involvement with the homeless system. How and when referrals occur depend on many factors, such as the household’s needs and preferences, local priorities, and available resources.

Based on the household’s priority level, referrals to available housing and supportive services projects are suggested, with the prospective participant making the final decision of which intervention to enroll in. For enrollment to be final, however, the project must establish that the referred household meets its entry requirements; if not, the household retains their priority placement on the priority list while other housing and service options are explored.

All CSCoC and ESG-program recipients use the coordinated entry process as the only referral source from which to consider filling vacancies in CSCoC or ESG funded housing and/or services. Coordinated entry service provider maintain, and annually update, a list of all resources that may be accessed through referrals from the coordinated entry process.

## Determining Program Eligibility

The CSCoC’s referral process should take into account how a household’s enrollment in certain projects might affect that household’s eligibility status for future assistance. For example, enrollment into a transitional housing project generally results in the loss of “chronically homeless” status, which can limit a household’s future eligibility for PSH that is dedicated to households experiencing chronic homelessness. Therefore, the coordinated entry process will identify potential eligibility considerations of each referral project and assist the potential participant in making an informed and careful decision about where to enroll.

Each CSCoC-funded project must establish specific eligibility criteria that the project will use to make enrollment determinations, and these criteria shall be made available to the public.

Coordinated entry service providers may not use the coordinated entry process to screen households out due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or past substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability, the services or supports that are needed because of a disability, a history of evictions or of poor credit, a history of lease violations, an history of not being a leaseholder, a criminal record, as well as sexual orientation or gender identity and expression. Exceptions are state or local restrictions that prohibit projects from serving households with certain criminal convictions or other specified attributes.

## Case Conferencing

The HDC has a standing weekly meeting via conference call regarding referral and placement. All current active households seeking housing are discussed, approved, and shared over these calls (names are withheld for privacy, but situations, scores, and barriers to housing are shared and discussed). The HDC then reviews the priority list and determine the next prioritized and potentially eligible household to be referred to any vacancy. Agencies and programs with housing vacancies should notify the HDC by forwarding the CES vacancy information to the appropriate HUB station.

HDC also reviews any instances where a referral to available housing is made but does not occur. There are no consequences to households who choose not to accept a referral. If a referral is in process and households are searching for housing placement, a note is made in CES stating “Pending”.

Service providers for households may attend the weekly phone conferences to provide additional information to the HDC, but do not have a vote in the final decisions for housing interventions and placements. Households may provide updates on their housing status or changes in circumstances to their service provider, but do not need to check in about their status on the prioritization list or housing availability – each household will be notified when an appropriate placement becomes available.

CES service provider shall convene a monthly case conferencing meeting with coordinated entry service providers to discuss potential matching options for participants at the top of the CSCoC’s priority list. Case conferences shall be held even when there are no housing vacancies.

CES service provider shall strive to include at each case conference the participation of at least one representative from each CSCoC and ESG-funded housing project, as well as representative involved in street outreach, the veterans’ Grant Per Diem program, emergency shelters, and hospitals. A Memorandum of Agreement (MOA) between agencies shall be continuously disseminated so that only agencies that participate in case conferencing are able to recommend and accept referrals through the CES.

For such case conferencing meetings, the priority list shall be used for referencing households. No other household data shall be transmitted for these meetings.

Participation in case conferences may be done in person, over the phone, or other participatory technology, or some combination thereof.

CES service provider shall create and maintain minutes for each case conference for a period of five years.

## When Appropriate Beds are Not Available

When a household is recommended for Permanent Supportive Housing but no PSH beds are currently available, the household may be referred to “bridge housing” in other program types, and/or for any other available CSCoC resource that would be of use to the household. In referring households to bridge housing, case conference participants shall attempt to balance the need to provide immediate care for the community’s most vulnerable households against the need to match tenants with safe, adequately supported housing situations that will promote the community’s long-term ability to increase its supply of available and affordable housing.

There may be instances where a household is referred to an agency or program for housing placement, but the agency or program must deny placement. Agencies or programs receiving housing placement referrals may only decline households found eligible for, and referred, under limited circumstances, including:

* No unit is available.
* The household missed an intake appointment twice in a row.
* The agency or program was unable to contact the household after making no less than three attempts when a phone number has been provided.
* The household was denied by a property owner/landlord due to certain criminal behaviors; the agency or program has determined the household cannot safely be accommodated; or the household cannot meet tenancy obligations with the supports provided by the agency or program.

Households in a housing crisis who are not likely to be rapidly housed by a project should not be put on a waiting list and told that it is the resources they are waiting for that will end their homelessness. Instead, service providers at shelters and in the CSCoC work with households on alternative housing plans, including applying for affordable housing in the community, increasing income from employment and benefits, and exploring other housing opportunities available through the household’s personal support network. Alternatively, if a household is prioritized for PSH but only RRH resources are available, coordinated entry shall have that household access RRH as a bridge or temporary placement, without it negatively affecting their PSH eligibility.

Sometimes potential program participants might feel strongly that they want to be referred to one type of project, but their assessment results suggest a different type. Similarly, assessment protocols might send a service provider a referral it does not feel able or well suited to accommodate. The CES referral system includes a mechanism for addressing such incompatibility concerns.

* Case counseling and reconciliation – In certain circumstances, program participant or provider differences may be mediated through an inclusive counseling session organized by the referring agency. Such a counseling session proceeds like mediation and aims to specify the best service outcome to which both the program household and service provider are amenable.
* Program participant’s right to reject – Coordinated entry permits potential program participants the right to reject housing and services for which they are eligible. In these cases, the referring agency shall explore alternative service strategies and identify new referrals.
* Service provider’s right to refuse – As an interim solution to circumstance-based compatibility concerns, CSCoC allows receiving agencies the right to refuse housing or services to a household referred to them. Per HUD requirements, CSCoC has written policies and procedures for determining whether the agency’s rejection of the referral is appropriate and how the referring agency will integrate the household’s choice for service into the referral process to ensure that they are afforded the next-best referral. The CSCoC documents evidence of the conditions to support the rejection. Allowing service providers the right to reject referral should allay their concerns about relinquishing control and expedite their early adoption of the coordinated entry process. As implementation proceeds and the referral process is refined, and service providers are comfortable with its use, CSCoC Coordinated Entry Committee may discuss either replacing the rejection procedure with case counseling or eliminating it.

## When Households are Difficult to Locate or Refuse Housing

The agency or program receiving the placement referral is responsible for contacting the household when a placement decision has been made by the HDC. If the agency or program is unable to contact the household for one week, the agency or program may move on to the next household on the prioritization list.

If a household declines a placement offer, the next household on the prioritization list must be contacted for placement.

When a household is referred for housing, CES service provider shall see to it that a diligent attempt is made to locate that household and persuade the household to enter the housing program. However, some homeless households may require significant engagement and contacts prior to entering housing. Accordingly, programs are not required to allow units to remain vacant indefinitely while waiting for an identified homeless household to accept an offer of housing. Instead, if a referral remains unfilled after five business days of attempts to engage the intended tenant(s), the housing placement may be considered open again, and returned to the CES for additional referral attempts with new household(s). CES service provider complete a standardized form with case notes recording when and how attempts were made to contact the household during the five-business day period. Such records are kept for five years following the end of the five-business day contact attempt period.

The mere fact that a household could not be located or persuaded to enter housing is not used to remove or cancel the household’s priority for receiving housing or services. However, if a household cannot be found for, or refuses a housing opportunity matched for them by case conference participants, three times, then CES service provider shall convene a case conference during which that household’s appropriateness for housing placement is reevaluated to determine next steps on a case by case basis, including referral to alternate project types and reclassification in the CES as “inactive”. Case conference participants also shall determine which agency is best suited to reach out to the household to engage them in the discussion and report back to the group at the next case conference convening.

Some prospective tenants may explicitly reject a housing placement. When this happens, service providers shall attempt to determine the reason for the household’s refusal to accept the offered housing and to communicate this reason to the CES.

Whenever possible, case conferencing participants will take households’ known preferences into account when generating referrals. Participants who reject referral options still maintain their place in the coordinated entry prioritization list.

## When Programs Reject a Household

Service providers should rarely reject a referral from coordinated entry. CSCoC or ESG programs may reject a household referred by the CES only if:

* That household is ineligible to participate in the program because of restrictions imposed by government regulations or outside funding sources; or
* The program lacks the capacity to safely accommodate that household.

Whenever a program rejects a referral, the program documents the time of the rejection and the reason for the rejection and communicates that information to both the household and to CES service provider within three (3) days of refusal.

All CSCoC and ESG service providers adopt a Housing First approach that continually lowers the barriers to entry for prospective households and avoids screening out households based on real or perceived barriers to success. A service provider that repeatedly rejects referrals of high-needs households based on an inability to safely accommodate those households must attempt to improve its capacity to serve high-needs households. The CSCoC provides training and technical assistance on this topic upon request. The CSCoC’s Rank and Review Committee may reallocate the funding of low-capacity service providers that cannot or will not make diligent efforts to improve their capacity to serve high-needs households.

When a household has been rejected from a program, CES service provider shall investigate the reasons provided (if any), attempt to determine whether the household can be safely and lawfully placed in that program, and, if not, raise the household’s case again at the next case conference to locate alternative housing for the household.

A household shall not lose its priority or be returned to a general waiting list simply because it was rejected by a service provider.

## Incorporating Mainstream Services

The CSCoC includes relevant mainstream service providers in the following activities:

* Identifying households experiencing or at risk of experiencing homelessness;
* Facilitating referrals to and from the coordinated entry process;
* Aligning prioritization criteria where applicable;
* Coordinating services and assistance; and
* Conducting activities related to continual process improvement

Written policies and procedures describe how each participating mainstream housing and service provider will participate, including the processes by which referrals are made and received.

Examples of mainstream housing and service providers include:

* Public Housing Agencies
* Affordable housing operators
* VA Medical Centers
* Public child welfare agencies
* Service providers of mental, physical, or behavioral health services
* Schools
* Early childhood care and education service providers
* Out of school time service providers
* Hospitals
* Correctional facilities
* Workforce investment programs.

# **SAFETY PLANNING**

CSCoC’s CES ensures that households fleeing domestic violence have safe and confidential access to the coordinated entry process and domestic violence services, and that the coordinated entry process addresses the physical and emotional safety and privacy and confidentiality needs of participants.

The CSCoC continues to work with victim service providers within the geographic service area to establish household-driven, trauma-informed and culturally relevant assessment and screening tools, as well as referral policies and procedures.

## Category 4

In these policies and procedures, the shorthand term “victim of domestic violence” includes all individuals and families who qualify under paragraph (4) of HUD’s definition of homeless. That definition includes any household who:

* 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 against the individual or a family member, including a child, that has either taken place within the individual’s or family’s primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence (including victims of human trafficking); and
* Has no other residence; and
* Lacks the resources or support networks to obtain other permanent housing.

The HUD CoC Program Interim Rule clarifies that the imminent threat of harm must be from further domestic violence, dating violence, sexual assault, or staking, which would include threats from a third party, such as a friend or family member of the perpetrator of the violence.

The CSCoC access process ensures the safety of households who are fleeing, or attempting to flee, domestic violence (as well as dating violence, sexual assault, trafficking, or stalking). The CSCoC and ESG Program rules provide several safeguards and exceptions to using coordinated entry for victims of domestic violence, dating violence, sexual assault, and stalking. The ESG Program rule does not require ESG-funded victim service providers to use HMIS but allows them to do so. The CSCoC Program does not require CSCoC-funded victim service providers to use HMIS, as they may use an alternative coordinated entry process for victim service providers (that meets all HUD requirements for coordinated entry).

## Privacy and Data Security Protections

The coordinated entry process ensures adequate privacy protections are extended to and enforced for all participants from the first point of access, through assessment and prioritization, and after participants have been offered permanent housing and even exited CSCoC projects. Collecting and sharing household’s personal protected information is often a necessary aspect of helping households to resolve their housing crisis. However, the collection and disclosure of participant data among CSCoC service providers affiliated with the coordinated entry process is always managed in a manner that ensures privacy, provides participants choice about what and how to share their information, and does not result in repercussions when participants decide not to disclose or share data.

Maintaining the confidentiality of participants’ sensitive information is an important way of gaining trust from project participants and ensuring vulnerable populations are protected from potential harm resulting from the collection and disclosure of sensitive information about their lives.

## Documentation

CSCoC program households in Category 4, not wanting to participate in the domestic violence process, are required to provide appropriate documentation of the original incident of domestic violence, dating violence, sexual assault, or stalking, and any evidence of the current imminent threat of harm. See 24 CFR § 578.103(a)(5).

Personally Identifiable Information

CSCoC member agency and program must obtain household consent to share and store personal information on HMIS. No households are ever denied services if they refuse to sign the HMIS Consent Form or if they refuse consent during the CES initial intake. PSH households must provide personally identifiable information as a condition of that specific placement option. All HMIS users assisting with CES are informed of and understand the privacy rules associated with collection, management, and reporting of household data (see HMIS Policies and Procedures).

The CSCoC requires that records containing personally identifiable information be kept secure and confidential and the address of any family violence project not be made public. The CSCoC records are kept secure and confidential.

## System Entry

Separate Access Point

At the time of the publishing of these policies and procedures, the CSCoC chooses not to create a separate access point for victims of domestic violence.

Pre-Screening Determination

When a household presents at a System Entry Point, the head of the household shall be asked several pre-screen questions to determine, among other aspects of the household’s status, whether the household is fleeing domestic violence. If the household answers in a way that suggests that the household is fleeing domestic violence, then Entry Point service provider shall call a local domestic violence hotline with the victim household so that the hotline service provider can proceed with coordinated entry assessment and data entry according to the practices kept by the receiving victim service provider.

Eligibility determination is incorporated into the coordinated entry process in various ways:

* The assessment process might presumptively determine eligibility for housing and supportive services. In such cases, receiving projects can be required to accept the referral regardless of the household’s past history or other factors.
* Eligibility might be presumed during assessment as highly likely, but actual eligibility is not documented until the household is being enrolled in the receiving project. Eligibility then is verified through project-specific verification requirements and processes.
* Collection of documents to determine eligibility might be ongoing, starting at initial triage and building over time as more in-depth assessments are completed as needed. In these instances, documentation and eligibility might be initially determined, but would need to be re-established at the point of project entry, especially if a long period of time has passed between assessment and project entry.

Immediate Access to Emergency Services

If pre-screen questions suggest that the household wishes to be connected to emergency services, the Entry Point provides the household immediate access to the contact information for an appropriate emergency services provider, as well as arrange transportation for the household to the emergency services provider, as quickly as possible. The Entry Point shall, without transmitting any personally identifiable information, notify the local domestic violence hotline of the pre-screening interview and transfer to the emergency services provider within 24 hours of the exchange with the household.

## Assessment

At the time of the publishing of these policies and procedures, there are no victim services providers in the CSCoC service area who receive CSCoC funds. As such, should a victim of domestic violence choose to access the CES for access to housing and supportive services, a victim service provider shall use the Modified VI-SPDAT to assess that victim household.

HMIS Data Entry

Sharing of data after the initial assessment or phone consent will consist of a referral to the appropriate agency or program for assistance. If the appropriate agency or program does not utilize HMIS, the referral must be sent via fax.

Under the Violence Against Women Act, victim service providers are prohibited from entering household-level data into HMIS.

Consent to HMIS Data Entry

Households are requested to provide their verbal consent at CES intake. The Housing Service Provider entering the household’s information into the CES must check the box that verifies the household’s right to consent to their information being entered into HMIS.

If a victim household chooses to be enrolled in a CSCoC or ESG-funded non-victim services provider program, that victim must be asked to sign a Release of Information form to consent to having personally identifiable information entered into HMIS.

Refusal to Have Information Entered Into HMIS

If the household refuses consent, the Housing Service Provider must explain how this may affect the household’s placement on the prioritization list and their waiting time for housing.

All households, regardless of their domestic violence status, have the right to refuse to share their information among service providers within the CSCoC. However, some information may be required by the project, or by public or private funders to determine eligibility for housing or services, or to assess needed services, so it must be collected. In cases where a household does not consent to having their information shared, the information must still be collected by the service providers to determine whether the household is eligible, but it must not be shared via the HMIS if the program participant objects.

Entry of Anonymous Modified VI-SPDAT Score for Prioritization

Regardless of the extent to which a victim of domestic violence consents to having their information entered into HMIS, CES Operator service provider shall ensure that a victim of domestic violence’s Modified VI-SPDAT score is entered into HMIS under an anonymous record so that the victim can be placed.

## Prioritization

Victim households fleeing domestic violence shall be prioritized according to the prioritization protocols described for all other subpopulations. Service providers who conducted the assessment of a victim shall be informed by CES service provider when one of these anonymous victim’s records rises to the top ten spots in a prioritization queue.

## Matching

Because victim information cannot be entered into HMIS, service providers who conducted the assessment of a victim household shall be called by CES service provider to participate in case conferencing meetings regarding the matching and referral of a victim in those discussions.

## Referral and Placement

At the time of the publishing of these policies and procedures, there are no victim services providers in the CSCoC who receive CSCoC funds.

Should a victim household be matched with a housing opportunity through the above process, the victim service provider who conducted the assessment of the victim household shall safely refer the household to the identified victim service provider, preferably with a warm hand-off including a phone call, transportation, or other transition determined to be a best practice by the victim service provider.

Emergency Transfer Requests

All participants in CES shall be informed of their right to file for an Emergency Transfer, per the HUD Final Rule 2016-2888, Violence Against Women Act Reauthorization of 2013; Implementation in HUD Housing Programs. The CSCoC’s policies and procedures contain the Emergency Transfer Plan. Please see the Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking; and Emergency Transfer Request Form for Certain Victims of Domestic Violence, Sexual Assault, or Stalking – included in these Coordinated Entry Policies and Procedures as Attachments \_\_\_\_ and \_\_\_\_\_.

Placement Outside the CSCoC: Tenant-Based Rental Assistance

A victim household of domestic violence may be moved to a different continuum of care geographic area to protect their health and safety and retain their Housing First funded rental assistance if the victim household reasonably believes they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking. 24 CFR 578.103(a)(5).

## Training

HUD’s 2015 Coordinated Entry and Victim Services Providers shares the following recommendations, which this CSCoC fully adopts:

* All CES service provider shall be trained on the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations at an access point(s), whether a physical or virtual location.
* CSCoC shall partner with local victim service provider agencies to ensure that trainings for relevant service provider are provided by informed experts in the field of domestic violence, dating violence, sexual assault, stalking, and human trafficking.
* Finally, CES service provider shall have up-to-date information on domestic violence shelters and general homeless shelters and housing options that are best equipped to serve households experiencing domestic violence based on location, program model, and linkages to other supportive services.

# **EVALUATION**

The HDC will reach out and attempt to include all project households and project partners to review intake, assessment, and referral process. Feedback will be captured for both participating projects and households.

Quarterly meetings with the HDC will take place to review and evaluate the following:

* Measure of follow-through with referring agencies and housing placement
* Quality and effectiveness of entire CES experience (HMIS user and household)

Annually, households are randomly selected to participate via a survey site to share experiences regarding housing services and placement. This information shall be considered and reviewed by the HDC to create new policies and procedures regarding outcomes for a more positive experience.

Participating projects and participants are consulted at least annually to evaluate intake, assessment, and referral processes. Information collected will solicit feedback on the quality and effectiveness of the entire coordinated entry experience for participating projects and households.

The HDC meets quarterly to discuss the evaluation of the performance of CES, including how project participants will be selected to provide feedback; and to make a recommendation to the CSCoC Governing Board as to how any feedback collected should be used to implement updates to these coordinated entry policies and procedures.

All participant information collected in the course of the annual coordinated entry evaluation shall be protected by the privacy protections described herein.

# **ATTACHMENTS**

## **A** Memorandum of Understanding

## **B** Fair Housing Amendments Act of 1988 Notice

## **C** Right to File Discriminations Complaints Notice and Form

## **D** Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking

## **E** Coordinated Entry Written Standards

1. Family separation policy: The CSCoC believes that households experiencing homelessness with minors should not be separated unless the health and well-being of the minors are at immediate risk. In addition, a broad definition of household or family shall be used that allows for female headed, male headed, two parent, same sex parent, LGBTQ parent, and extended families to be served together with their children as one household.

   Education and family stabilization: The CSCoC requires all projects to assure that school-age children are linked to the local school liaison to ensure rapid enrollment (within three days) and access to other services. [↑](#footnote-ref-1)