



Siouxland Coalition to End Homelessness (SCEH) Coordinated Entry

WOODBURY AND DAKOTA COUNTIES

Siouxland Coalition to End Homelessness (SCEH) Continuum of Care (CoC)
Coordinated Entry System (CES) Policies and Procedures

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Version of Document

Version	Date Released	Key Changes
1.0		Centralized Intake

Coordinated Entry System

Coordinated Entry System Centralized Intake Manual Outline

INTRODUCTION AND OVERVIEW

Coordinated Entry System Participation

Policy: All Continuum of Care (CoC) and Emergency Solution Grant (ESG) Program funded projects are required to participate in the local Coordinated Entry System (CES). The CoC also aims to have all homeless assistance projects participating in its CES and will work with all local projects and funders in its geographic area to facilitate their participation in the CES.

Procedure: Annually, a report will be run that identifies the number of participants served from the CES.

CoC and ESG Coordination

Policy: The CoC is committed to aligning and coordinating CES policies and procedures governing eligibility determinations, prioritization, and assessment, with its written standards for administering CoC and ESG Programs.

Procedure: The CoC's Project Monitoring and Development Committee will include: the CES Project Manager and Intake Specialist, the Homeless Management Information System (HMIS) System Admin, representatives from CoC and ESG funded projects, and representatives from non-funded agencies/projects with an interest in the CES. Additionally, at least annually, CoC and the ESG funded agencies will share changes to their written standards with the CoC's Project Monitoring and Development Committee so that the changes may be reflected in the CES policies and procedures.

CES Guiding Principles

Policy: The CoC establishes the following guiding principles for its CES:

1. The CES will operate with a person-centered approach, and with person-centered outcomes.
2. The CES will ensure that participants quickly receive access to the most appropriate services and housing resources available.
3. The CES will reduce the stress of experiencing homelessness by limiting assessments and interviews to only the most pertinent information necessary to resolve the participant's immediate housing crisis.
4. The CES will incorporate cultural and linguistic competencies in all engagement, assessment and referral activities.

5. The CES will implement standard assessment tools and practices to capture the information necessary to determine the severity of the participant's needs, the best referral strategy for him or her, and to capture the required HMIS data elements.
6. The CES will integrate mainstream service providers into the system, including, but not limited to local Public Housing Authorities and VA medical centers.
7. The CES will utilize HMIS for the purposes of managing participant information and facilitating quick access to available CoC resources.
8. The CES will work with participants to minimize the amount of time spent on the prioritization list.

CES Roles

CES Lead Agency

Institute for Community Alliances (ICA) (Coordinated Entry Project Manager, Intake Specialist & HMIS System Specialist)

As the designated CES lead agency, ICA is responsible for the day-to-day administration of the CES, which includes the following:

- Acting as the centralized intake access point for participants entering the CES.
- Providing case management and service coordination to access housing.
- Creating and widely disseminating materials regarding services available through the CES and how to access those services.
- Ensuring pertinent information is entered into HMIS for monitoring and tracking the process, including completing assessments, making referrals, and reporting vacancies.
- Arranging case reviews to resolve referral rejections by housing providers and/or refusal by participants to engage in housing plans in compliance with the housing program guidelines.
- Managing the appeals process using the protocol described in this manual (see attached).
- Organizing ongoing quality control activities to ensure function and performance remain accountable to participants, referral sources and homeless services providers throughout the coordinated entry process.
- Evaluating efforts to ensure the CES is functioning as intended.
- Reviewing the CES manual and process at least annually and updating the CES manual and/or process as needed.
- Managing all public relation requests related to the CES.
- Acting as the point person and leader of the CES workgroup.
- Providing HMIS database administration
- Generating reports
- Managing the CES prioritization list (by-name list)
- Providing open and transparent communication to referral sources, homeless and housing provider and community members

- Managing individual or family HMIS records
- Monitoring system performance (database, providers, referral sources, etc.)
- Providing integrated services to all households seeking housing assistance.
- Providing participants with equal access to information and advice about the housing assistance for which they are eligible to assist them in making informed choices about available services that best meet their needs.
- Responding to the range of individual needs pertaining to homelessness and housing and acting as the primary contact for CES participants until the participant self resolves, can no longer be contacted, or another provider assumes that role.
- Guiding the individual in applying for assistance or accessing services from various mainstream resources.

Housing Providers

- Participating providers will work collaboratively to achieve responsive and streamlined access to services and cooperate to use available resources to achieve the best possible housing outcomes for individuals, particularly for those with high, complex, or urgent needs.
- Participating providers are expected to:
 - Attend care coordination team meetings as scheduled
 - Fill open beds with referrals from the prioritization list, which are provided during the care coordination meetings.
 - Redirect participants to the CES lead agency if they have a program exit destination of literal homelessness.
 - Contact the referrals given at care coordination meetings within the set time frame, with a minimum of three attempts.
 - Once a determination has been made regarding the referral, the referral is closed out in HMIS with any relevant notes.

Full Geographic Coverage (1.1.1)

Policy: The CoC's CES covers the CoC's entire geographic area including, Sioux City, Iowa; South Sioux City, Nebraska; Woodbury County Iowa, and Dakota County Nebraska.

Procedure: The CES covers this full geography by identifying access, standard assessments, and uniform referral processes that are unique to each of these regional areas.

Affirmative Marketing and Outreach (1.1.2)

Policy: All persons participating in any aspect of the CES such as access, assessment, prioritization, or referral shall be afforded equal access to CES services and resources without regard to a person's actual or perceived membership in a federally protected class such as race, color, national origin, religion, sex, age, familial status, or disability. Additionally, all people in the various populations and subpopulations within the CoC's geographic area including people

experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, shall have fair and equal access to the CES.

Procedure: Each project participating in the CES is required to post or otherwise make publicly available a notice (provided by the CES) that describes the CES. This notice shall be posted in the agency waiting area, as well as any areas where participants may congregate or receive services. All staff at each agency are required to know which personnel within their agency can discuss and explain the CES to a participant who seeks more information.

Safety Planning and Risk Assessment (1.1.6)

Policy: The CES shall incorporate a safety risk assessment as part of initial CE triage and intake procedures, which shall include evaluating and ensuring, to the greatest extent possible, the physical safety and well-being of participants and prospective participants.

Procedure: CES shall conduct an initial screening of risk or potential harm perpetrated on participants as a result of domestic violence, sexual assault, stalking, or dating violence. In the event defined risk is deemed to be present, the participant shall be referred to available specialized service and housing assistance, using a trauma-informed approach designed to address the particular service needs of survivors of abuse, neglect, and violence.

Nondiscrimination (1.1.4)

Policy: The CES must adhere to all jurisdictionally relevant civil rights and fair housing laws and regulations.

Procedure: CoC and ESG projects must operate in compliance with federal nondiscrimination and equal opportunity requirements, including:

- Fair Housing Act – prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status
- Section 504 of the Rehabilitation Act – prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance.
- Title VI of the Civil Rights Act – prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving federal financial assistance.
- Title II of the Americans with Disabilities Act – prohibits public entities, which include state and local governments and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing and housing related services such as housing search and referral assistance.
- Title III of the Americans with Disabilities Act – prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of a disability.
- The Age Discrimination Act of 1975
- The Equal Access in Accordance with an Individual's Gender Identity regulation

- Executive Orders regarding Equal Employment Opportunities and opportunities for minority and female-owned businesses

Access

Model

Policy: The CoC's CES utilizes a centralized CES with a centralized access point within Woodbury and Dakota Counties where individuals and families present to receive homeless housing and services. These same system entry options shall be available to persons engaged by additional partnering outreach teams by the respective team making a referral to the CES location. The CES intake will be uniform regardless of where the participant seeks services.

Procedure: CES will receive calls and take walk-ins from 8:00 am until 4:00 pm, Monday through Friday at the centralized access point. In instances where CE staff are unavailable, the caller will be transferred to CES staff voicemail to leave a message. Walk-in participants will be asked to leave their name and contact information for staff to follow-up with them at a later time. Individuals in need of emergency shelter who contact the CES after 4:00 pm will be referred to The Gospel Mission or The Warming Shelter. Participants who cannot be seen immediately will be scheduled to complete the CES intake assessment within **5 business days**.

If individuals or families require transportation to the CES access point, CES staff will work collaboratively to arrange for transportation. If necessary, CES staff will complete the CES intake over the phone or go to the household and complete the CES intake assessment at the household's location.

Coverage

Policy: The CoC's entire geographic area is accessible to those in need of the CES through the centralized access point or via phone. This access point includes all populations and subpopulations.

Procedure: The phone number 712.301.7427 allows for 24-hour access to CES staff and CES intake assessments, and can be contacted from the larger portion of the CoC.

Accessibility

Policy: The CES Lead Agency will ensure that CES is physically accessible to persons with mobility barriers. All CES communications and documentation will be accessible to persons with limited ability to read and understand English.

Procedure: The CES Lead Agency will serve as the primary point of contact for ensuring that all CES materials are accessible. In addition, CES participating agencies will, to the greatest extent possible, provide communication accommodation through translation services to effectively and clearly communicate with persons who have disabilities, as well as with any person with limited English proficiency. The CES Lead Agency will provide visually and audibly accessible CE materials when requested by CES participants.

Emergency Services (1.1.3)

Policy: CES intake assessments may only be available during business hours (8:00 am to 4:00 pm, Monday – Friday). When prospective CES participants present for services during non-business hours, they will still be able to access emergency services. Participants may call 712.301.7427 and scheduling a CES intake assessment. Participants in need of emergency shelter will be referred to all available shelters. The CES does not delay access to emergency services, including all domestic violence programs.

Procedure: Prospective participants attempting to access the CES during non-business hours, will be referred to available emergency shelters (during November – April) without first completing a CES intake. A CES intake will be completed on all persons in ES and those who called the on-call phone who wish to complete the CES intake within **5 business days** after staff become aware of the individual seeking assistance through the CES.

Prevention Services

Policy: If homeless prevention (HP) funds become available, the CES will ensure that all eligible participants will be screened for homelessness prevention assistance.

Procedure: HP and general homeless assistance programs will coordinate information and referrals back and forth to ensure persons at imminent risk of literal homelessness are provided coordinated access to CoC homelessness prevention services regardless of where the participant first contact the CoC.

Street Outreach

Policy: CE is linked to street outreach efforts so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the CES.

Procedure: All participating outreach staff, regardless of funding source, ensure that literally homeless persons encountered by street outreach workers have access to the standardized process is used with everyone seeking services.

Assessment (2.1.1)

Standardized Assessment Approach

Policy: The CoC's CES will provide a standardized assessment process for all CE participants, ensuring uniform prioritization and coordination of care for persons experiencing a housing crisis. The CES intake assessment will allow for autonomy and household choice, be person-centered, culturally competent, user friendly, and protect the household's privacy.

Procedure: The CES staff will assess all persons using the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT). This tool ensures that all persons served are assessed in a consistent manner, using the same process. The VI-SPDAT documents a set of participant conditions, attributes, need level, and vulnerability allowing the assessment staff to place the participant on the prioritization list and identify a service strategy.

All service strategies will provide meaningful recommendations, transparency, and concrete action steps. The household should leave the assessment feeling informed and knowing exactly what is expected from them, the process and the program. The CES should avoid placing households on long waiting lists.

The CES will be sensitive to lived experiences, minimize risk associated with assessments and be strength-based. For families who enter shelter outside of regular business hours, CES staff will complete the intake within 5 business days. CES staff will always be mindful of protecting the household’s personal information and complete all CES intake assessments, and discussions regarding personal information in a private setting.

TAY-VI-SPDAT	Youth ages 18-24.6
VI-SPDAT	Single individuals and adults without children
F-VI-SPDAT	A household of 2 or more people with at least one being under 18 years of age

Phases of Assessment

Policy: All projects participating in the CES will follow the assessment and triage protocols of the CES. The CES intake assessment will progressively collect only enough participant information to prioritize and refer participants to available housing and support. To ensure effective CES assessment processes, the CES intake assessment tool will reflect the following principles:

1. The CES assessment process will seek to only gather the necessary information to determine need, eligibility, and best resource match.
2. Successive assessments will build on each other so a person does not have to repeat their story.

Procedure: The CES will follow a phased approach to engage and appropriately serve persons seeking assistance through the CES. Live data entry is strongly encouraged. If the CES intake assessment is completed on paper, the intake will be entered into HMIS within **3 business days**. Prior to completing the CES intake assessment, the household will be asked to sign a Release of Information (ROI) and be informed that they may choose not to answer any questions asked during the CES intake assessment.

The purpose of the initial CES intake assessment process is to a.) gather pertinent information necessary to identify the presenting household’s housing crisis and need; b.) match appropriate levels of housing and services to the household’s needs; c.) prioritize the referral to housing and services to insure those households with the greatest need are served first.

The initial CES intake assessment will be completed with households who call or walk into the CES access point. If CES staff is not available and the household is unable to wait, the CES intake assessment will be scheduled within the next **5 business days**. If the CES intake assessment is scheduled beyond the 5 business days, it must be client choice.

The initial CES intake is comprised of four phases

1. *Initial Triage (Shelter Screening) (Immediately)*: This first phase will focus on identifying the immediate housing crisis and clarifying that the CoC crisis response system is the appropriate system to address the potential participant's immediate needs. [i.e. get the person's story as to why they are presenting and any unique housing barriers]
 - a. During the initial triage, the household's safety and wellness will be evaluated. Each household member's basic demographic information will be entered into HMIS.
 - b. If the household is not literally or at risk of becoming literally homeless, the household will be referred to other mainstream resources.
2. *Diversion or Prevention Screening (Immediately)*: The second phase of assessment can also happen immediately upon engaging with a participant. During this phase, CES staff will examine existing CoC and community resources, and options that could be used to avoid the participant entering the homeless system of care.
 - a. If there are no prevention programs within the CoC, the household will be referred to agencies, including Iowa Legal Aid, Women Aware, Community Action Agency of Siouxland/Northeast Nebraska Community Action Program, and Consumer Credit Counseling at Center For Siouxland.
 - b. Diversion screening will assess if the household can stay with the person/family where they are currently living or work through strength-based tools (i.e., ecomaps) to identify another place the household could stay, and what is required for the household to stay in that location.
 - c. Households that are eligible for diversion will be offered dispute resolution, resources to contribute to the operation of the household, such as groceries and referrals to other mainstream resources the household has not accessed.
3. *Crisis Services Intake (Immediately)*: The third phase should also happen immediately, as it is intended to collect all information necessary to enroll the participant in a crisis response project, such as emergency shelter or other homeless assistance programs.
4. *Initial CES Assessment (Within 0-5 business days)*: During the fourth phase, CES staff will collect information to identify a participant's housing and service needs with the intent to resolve that participant's immediate housing crisis. This includes completing the appropriate VI-SPDAT based on age and household composition. The household will be placed on the CES prioritization list.
 - a. Once all the information is gathered, the household is compared against a list of programs for which they may be eligible for. Each program is explained, and the household's preference is noted.
 - b. If the household is not interested in or eligible for any of the programs offered within the CoC, the household will be referred to resources outside of the CoC.
5. *Comprehensive CE Assessment*: In the fifth phase, the CES staff will seek information necessary to refine, clarify, and verify a participant's housing and homeless history,

barriers, goals, and preferences. Assessment information supports the evaluation of the participant's vulnerability and prioritization for assistance.

- a. During this phase, an ROI will be established to share and receive information regarding disability diagnoses and to more efficiently connect households to resources outside of the CoC.
 - b. Tasks to be completed during this phase if needed include documenting chronicity of homelessness and disability.
6. *Next Step Assessment (Ongoing)*: The final phase collects further information about the participant's existing barriers to housing, strategies to overcome barriers and when a revised referral strategy is necessary.

Assessment Screening

The CES intake assessment may collect and document a participant's membership in Civil Rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to particular referral options.

CES Staff Training

Policy: The CES Lead Agency is committed to ensuring that all CES Staff receive sufficient training to implement the CES in a manner consistent with the vision and framework of a CES, as well as in accordance with the policies and procedures of the CES.

Procedure: All CES Lead Agency Staff will complete CES training at least annually. Additionally, CoC and ESG funded agency staff and non-funded agency staff will be encouraged to attend CES training at least annually. To the greatest extent possible, training will be offered at no cost to the agency or staff. Training will be delivered by an experienced, professional trainer who is identified by the CES. Topics for training will include the following;

- Review of CoC's written CES policies and procedures, including variations adopted for specific subpopulations;
- Requirements for use of CES intake assessment information to determine prioritization;
- Intensive training on the use of the CES intake assessment tool; and
- Criteria for uniform decision-making and referrals.

Participant Autonomy

It is crucial that persons served by the CoC's CES have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the CES intake assessment process, or to refuse a referral that has been made to them. In both instances, the refusal of the participant to respond to assessment questions or to accept a referral shall not adversely affect his or her position on the CE's prioritization list.

Note that some funders require collection and documentation of a participant's disability or other characteristics or attributes as a condition for determining eligibility. Participants who

choose not to provide information in these instances could be limiting potential referral options.

Disclosure of Disability or Diagnostic Information

Policy: Throughout the assessment process, participants must not be pressured or forced to provide CES staff with information they do not wish to disclose, including specific disability or medical diagnosis information.

Nondiscrimination Complain and Appeal Processes

Policy: The CoC is committed to ensuring that no information is used to discriminate against or prioritize households for housing and services on a protected basis such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status.

Procedure: The CES participant information packet must include a form that details who the point of contact is for filing and addressing nondiscrimination complaints, which can be filed by participants if they believe the nondiscrimination policy had been violated in their case during the CE process.

Additionally, this form will describe and provide contact information on how to access the appeal process if they are not satisfied with or have any questions regarding how their complaints are handled. This form must be reviewed at the access point by CE staff and must be signed by each participant.

Privacy Protections (1.4.1)

Policy: All participant information collected, stored, or shared in the operation of CES, regardless of whether or not those data are stored in HMIS, shall be considered personal and sensitive information worthy of the full force of protection and security associated with data collected, stored, or shared in HMIS.

Procedure: The CES must protect all participants' personally identifiable information (PII), as required by HUD's HMIS Data and Technical Standards, regardless of whether or not PII is stored in HMIS. All agencies, whether funded or non-funded, participating in CES will ensure participants' PII will only be collected, managed, reported, and potentially shared if those data are able to be secured in compliance with the HUD established HMIS privacy and security requirements.

Updating the Assessment

Policy: Participant assessment information should be updated at least once a year, for any participant who is served by CES for more than 12 months. Additionally, staff may update participant records with new information as it becomes available or known by staff.

Procedure: Participant data in HMIS can be updated after an initial CES data collection period and throughout project enrollment to reflect emergence of new information, corrections to

previously collected information, or additions of previously unanswered questions. CES staff will continuously work to improve participant engagement strategies and to achieve data quality and timeliness rates of required HMIS data elements that are as high as possible.

Prioritization (3.1.1)

Standardized Prioritization

Policy: The CoC will use data collected through the CES process to prioritize individuals experiencing homelessness within the CoC's geography.

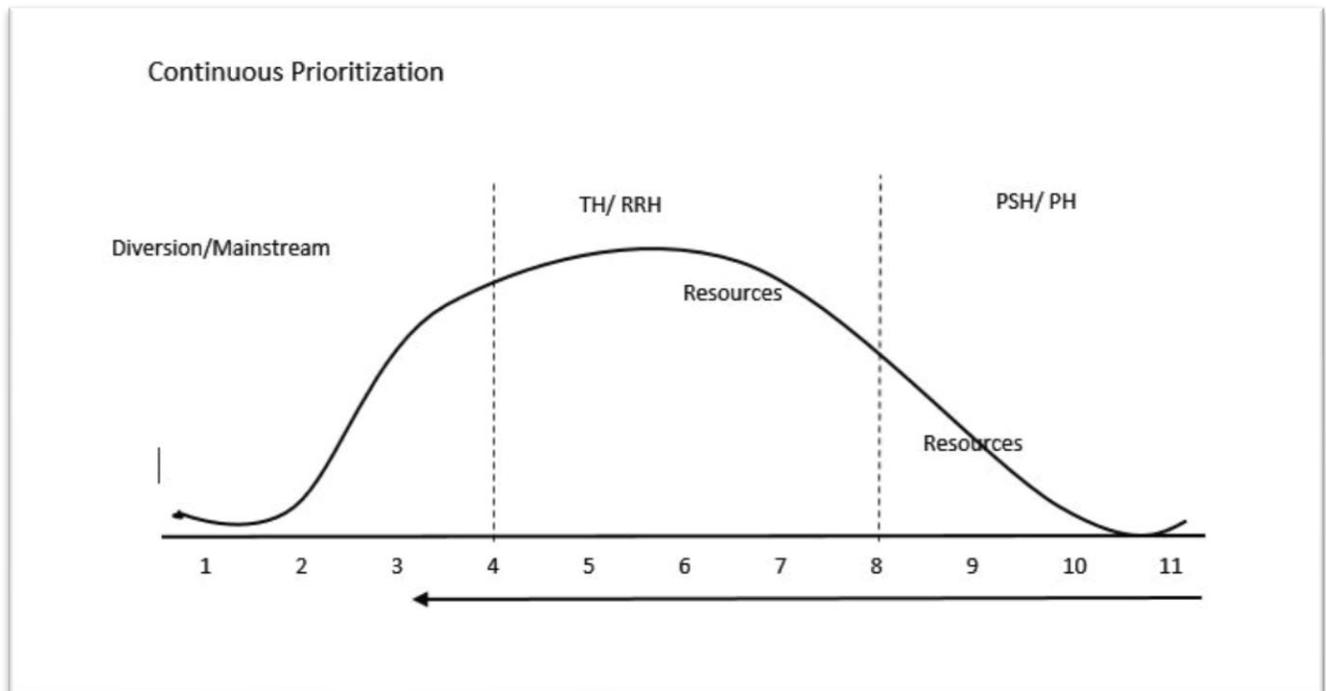
Procedure:

- 1) . Scoring based on the VI-SPDAT and the next steps are:
 - a. Score of 0-3 on the VI-SPDAT or the VI-F-SPDAT, it is recommended the individual or family be diverted and not entered into a program.
 - b. Score of 4-7 on the VI-SPDAT or 4-8 on the VI-F-SPDAT, the individual or family should be housed in a Rapid Re-Housing Program or Transitional Housing. This includes SSVF programs for eligible Veterans.
 - c. Score of 8+ on the VI-SPDAT or 9+ on the VI-F-SPDAT, the individual or family should be housed in Permanent Supportive Housing (PSH). When no PSH is available, continuous prioritization will be exercised and TH may be used if appropriate. This includes HUD VASH programs for eligible Veterans.
 - d. If PSH programs are not available, agencies should consider placing people scoring 8-12 on the VI-SPDAT or 9-13 on the VI-F-SPADAT in a Transitional Housing Program, if available.
 - e. Tie breakers are used for identical scores and are as follows: Chronic Status, Length of Time Homeless or on the Streets, Domestic Violence, Veterans, Youth. When all is equal, those on the list longest will take priority.
 - f. Programs using the TAY-SPDAT are encouraged to follow the above listed scores as closely as possible when looking at housing placements.
 - g. Programs using the JD-VI-SPDAT should enter the score as the single VI-SPDAT in HMIS as the scoring results are the same.
 - h. For Prevention Screening a score of 0-10: no assistance provided; may, however, provide referral to mainstream resources. Score 11-15: as resources allow, consider financial and/or case management supports. Score 16-21: recommendation for financial and/or case management supports. Score: 22+: strong recommendation for financial and case management supports.
- 2) DVSSP will bring their own agency prioritization lists for comparison and placement in conjunction with the official Prioritization List from HMIS, only divulging VI-SPDAT scores and tie-breaker information as needed.
- 3) If the programming options that best meet the client's needs are not available in the Continuum, the next best housing option should still be offered to the client. Reminder,

it is client's choice as to which program they go into, despite what they may qualify for. Also, not all permanent supportive housing programs can accept clients currently in a transitional housing program. Be sure each DLA is aware of the guidelines of local housing programs.

- 4) Those families or individuals that refuse to provide any VI-SPDAT information can still be placed on the Prioritization List, but with a score of zero (0) as they cannot be ranked above clients with a valid VI-SPDAT score. Clients that refused certain questions in the VI-SPDAT may amend their answers at a later time and their score can be updated to reflect the more complete assessment.

The continuous prioritization of individuals/families allows for housing crises to be provided an intervention quickly. Evidence indicates that one of the most crucial factors to successfully ending an episode of homelessness is the speed with which the intervention is made available to the person.



Permanent Supportive Housing (PSH)

The prioritization for PSH is consistent will be consistent with the CES' scoring range for need and vulnerability associated with PSH projects. This is consistent with [HUD's Prioritization/PSH Notice](#). Persons eligible for PSH will be prioritized for available units based on the definition of chronically homeless set by HUD in its December 2018 [Final Rule](#) and the following criteria:

1st Priority – Chronically homeless individuals and families with the longest history of homelessness **and** with the most severe service needs.

2nd Priority – Chronically homeless individuals and families with the longest history of homelessness but **without** severe service needs.

3rd Priority – Chronically homeless individuals and families **with** the most severe service needs.

4th Priority – All other chronically homeless individuals and families not already included in priorities 1 through 3.

5th Priority – Literally homeless individuals and families who are not chronically homeless but do have a disability and severe service needs and/or a long period of continuous or episodic homelessness.

6th Priority – Homeless individuals and families who are not chronically homeless but have a disability and are coming from transitional housing.

Tie Breaker – When two households in the same priority are scored equally on the Prioritization List, the following tiebreakers will be used in this order:

- Households consisting of youth (accompanied or unaccompanied).
- Participants who have been on the prioritization list the longest.

Transitional Housing (TH):

The prioritization for persons who are determined to be eligible for TH will be consistent with the CES' scoring range for need and vulnerability associated with PSH/RRH projects. The CES will prioritize the following persons for TH:

1st Priority – Households with the most severe service needs who are not eligible for PSH.

2nd Priority - Households with a previous episode of homelessness within the most recent 12 months.

3rd Priority - Households who lack formal and informal supports.

Rapid Re-Housing (RRH):

The prioritization for persons who are determined to be eligible for RRH will be consistent with the CES' scoring range for need and vulnerability associated with RRH projects. Additionally, the CES has opted to prioritize the following persons for RRH:

1. Those households who have barriers to applying for Section 8 or other subsidized housing.

[Emergency Housing/Services](#)

Policy: Emergency housing/services are a critical crisis response resource, and access to such housing/services will not be prioritized.

Prioritization List

Policy: The CoC has established a community-wide list of all known people experiencing homelessness who are seeking or may need housing assistance and services to resolve their housing crisis. The *prioritization list* will be organized according to participant VI-SPDAT score. The *prioritization list* provides an effective way to manage an accountable and transparent prioritization process.

Procedure: The CoC's *prioritization list* will be managed by the CES Lead Agency. New participants will be added to the prioritization list and existing participants' rank order on the prioritization list will be managed according to the prioritization principles as established by the CES. Prioritization principles include: chronic status, length of time homeless or on the streets, domestic violence, and youth. When all is equal, those on the list longest will take priority. Each consumer will be assessed in the same way, gathering the assessment score, preferences for housing type and location, and any additional special housing needs such as physically accessible units or other accommodation needs.

Communities should take care to ensure the prioritization process does not allow people who are more vulnerable or who have more serve service needs to languish in shelters or on the streets because more intensive types of assistance are not available.

Households which are highly vulnerable may be prioritized for PSH, but if PSH is not available or the PSH has a long waiting list, that person should be prioritized for other types of assistance, such as RRH or TH. One should not assume that because a household is prioritized for one type of assistance, they could not be served well by another type of assistance.

Referral

Notification of Vacancies

Policy: All CES providers will enroll new participants only from the CoC's CES referral process. To facilitate prompt referrals and to reduce vacancy rates, participating providers must notify the CE coordinating entity of any known and anticipated upcoming vacancies.

Procedure: When a TH, RRH, or PSH vacancy occurs or is expected to occur in the immediate future, the provider agency may alert the CES Project Manager via email ahead of the regularly scheduled CES Case Conferencing meeting. The notification must include specific details of the vacancy, including the project name, unit size, location, and any funder-defined eligibility requirements.

Making the Referral

The CES Project Manager will use the vacancy information to identify a prioritized household to fill the vacancy. Referrals may be made during the next regularly scheduled CES Case Conferencing meeting, or via email, if the next CES Case Conferencing meeting is more than a week out. Once the referral is made, the CES Project Manager will enter the referral into HMIS.

The CES staff will also ensure:

- a. The household has the name, address, directions, and contact information to the program they are being referred to and have transportation to the program site.
- b. The initial intake has been completed in HMIS for all household members
- c. The VI-SPDAT has been completed in HMIS
- d. A homeless verification letter has been uploaded into the client's HMIS file.

The referred-to program will contact the CES staff if the household fails to arrive within one hour of the scheduled meeting time. The CES staff will attempt to contact the household. If the household does not respond within 12 hours, the referral will be closed and the next household on the prioritization list will be referred for that housing intervention.

Households who do not maintain contact or respond to CE staff, do not arrive for prearranged appointments for referrals, or otherwise do not have contact with any agency in the CoC will remain on the priority list for 60 days.

- a. All attempts at contact during the 60-day period will be documented in HMIS.
- b. If, at a later date, the household re-engages with the CES, a new CES entry will be completed, and the household will be added back to the prioritization list. If it has been more than a year, or a significant life event has occurred, a new VI-SPDAT will be completed.

Households who re-engage within 12 months and are requesting program re-entry will be required to participate in staffing, which will include CES staff, staff from past shelter placement, and any other support that household has.

Participant-Declined Referrals

Policy: One of the guiding principles of the CES is participant choice. This principle must be evident throughout the CES, including the referral phase. Participants in CE are allowed to reject service strategies and housing options offered to them, without repercussion.

Procedure: Individuals and families will be given information about the programs available to them and provided choices whenever feasible based on assessment information, vulnerability and need scores, preliminary eligibility pre-determinations, and available resources. Of the options available, participants will be afforded their choice of which project to be referred to. If an individual or family declines a referral to a housing program, they remain on the *prioritization list* until the next housing opportunity is available, their housing crisis is resolved or they fail to maintain contact for more than 60 days.

Provider-Declined Referrals

Policy: There may be instances when agencies decide not to accept a referral from the CES system. When a provider agency declines to accept a referral, the agency must notify the CES staff and provide the reason for the denial.

Procedure: Provider-declined referrals are acceptable only in certain situations, including these:

- The person does not meet the project’s eligibility criteria.
- The person would be a danger to self or others if allowed to stay at this particular project.
- The services available through the project are not sufficient to address the intensity and scope of participant need.
- Other justifications as specified by the Project/Provider.

The agency must communicate the denial to CES staff in writing, within 5 business days of making the denial. The written notice must include: why the referral was rejected, how the referred participant was informed, what alternative resources were made available to the participant and whether the project staff foresee additional, similar denials occurring in the future. This information will then be shared with the CoC Project Monitoring and Development Committee, which will discuss and decide on the most appropriate next steps for both the project and the participant.

In instances where the household has been denied all available housing, shelter and/or services to which they’ve been referred due to failure to previously comply with program requirements, the household, CES staff, and other supports will meet to develop a housing plan.

Household and Provider Grievances

Household grievances will be addressed by CES staff. If the grievance is not easily resolved, the household will be given the opportunity to present their grievance in writing. CES staff will assist the household with documenting their grievance and facilitating a resolution.

Provider grievances will be addressed by the CES Project Manager. If the provider’s representative does not think the concern has been resolved, they should forward, via email, a summary of their concerns to the CoC Chair.

Data Systems

Policy: CE process partners and all participating agencies contributing data to CE must ensure participants’ data are secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically. Additionally, participants must be informed how their data are being collected, stored, managed and potentially shared, with whom and for what purpose.

Procedure: Participants must receive and acknowledge a “Participant Consent” form prior to the collection of data for CE. The form identifies what data will be collected, where those data will be stored/managed, how those data will be used for the purposes of helping the participant obtain housing and assistance and other administrative purposes, and what data will be shared with others if the participant consents to such data sharing.

The CES staff are responsible for reviewing with the household the ROI and sharing agreement. If the household does not want to share, or give consent to participate, housing services will still be pursued for the household. The household will be informed that the process may be slower to access services since their information is not shared.

Households who want domestic violence- specific services should never be entered into HMIS. Instead, a referral should be made to the local domestic violence program.

Data Collection Stages and Standards

Policy: Participating agencies must collect all data required for CE as defined by the CoC, including the “universal data elements” listed in HUD’s [HMIS Standards Data Manual](#).

Participant Consent Process

Policy: Data must not be collected without the consent of participants, according to the defined privacy policies adopted by the CoC.

Procedure: As part of the assessment process, participants will be provided with a written copy of the CoC’s “Participant Consent” form, which identifies that data to be collected, the data to be shared and with whom, and the purpose of sharing data. Participants will have the option to decline sharing data; doing so does not make them ineligible for the CES.

Evaluation of CES

Policy: Regular and ongoing evaluation of the CES will be conducted to ensure that improvement opportunities are identified, results are shared and understood, and the CES is held accountable.

Procedure: The CES will be evaluated using HMIS data on a quarterly basis. The system will use the following key outcomes for measurement:

1. An unduplicated number of households who accessed the CES during the operating year.
2. An unduplicated number of households who were screened/assessed during the operating year.
3. The number of households who were provided one or more referrals during the operating year.
4. The number of households who were referred to the following places:
 - a. Emergency Shelter
 - b. Transitional Housing
 - c. Rapid Re-Housing
 - d. Permanent Supportive Housing
 - e. Homelessness Prevention
 - f. Other continuum project type
 - g. A homelessness diversion program
 - h. Unable to refer/accept within the CoC; ineligible for CoC projects

- i. Unable to refer/accept within CoC; CoC services unavailable
- j. Referred to other community project (non-CoC)
- k. Applicant declined referral/acceptance
- l. Applicant terminated assessment prior to completion
- m. Other referral provided
- n. Data not collected

The CoC will evaluate the effectiveness of its CES using participant feedback gathered via a survey. Participants are encouraged to complete the survey at the time of entry and exit from the CES. Indicators measured via the participant feedback survey will include:

1. Appropriateness of questions asked on assessment;
2. Effectiveness of process to find and secure referrals; and
3. Satisfaction with placement.

Role of Participating Agencies in CES Evaluation

Policy: Participating agencies play a crucial role in the evaluation of the CES. Participating agencies will collect accurate and meaningful data on persons served by the CES. In addition, participating agencies will review evaluation results and offer insights about potential improvements to the CES processes and operations.

Procedure: The CoC Project Monitoring and Development Committee will be sent the draft results of the CES evaluation. While reviewing the data, the Project and Monitoring and Development Committee are encouraged to communicate directly with the CES Project Manager about any concerns or questions that they have, and to be detailed in their suggestions to the CES Project Manager about how best to interpret and use the evaluation results. The community will be provided the evaluation information when it is distributed to SCEH members and reviewed at SCEH CoC meetings.

Terms & Definitions

Access Point- A location, either physical or virtual where an individual or family can enter the crisis response system

At-risk of Homelessness- An individual or family who has income below 30% of area median family income for the area, as defined by HUD, and who does not have sufficient resources or support networks immediately available to prevent them from moving into an emergency shelter or other place described in the homeless definition.

Coordinated Entry System (CES) - A coordinated process designed to manage program participant or family intake, assessment, and provision of referrals. A coordinated entry system covers the entire geographic area covered by the Continuum of Care, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. This definition establishes basic minimum requirements for the Continuum's coordinated entry system (*CoC Interim Rule*).

Chronically Homeless (CH)-

An individual who:

Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; **AND**

Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years where those occasions also cumulatively total at least 12 months; **AND**

Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress

disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all the criteria in paragraph 1 of this definition [as described in Section 1. D.1. (a) of this notice] prior to entering that facility;

A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all the criteria of paragraph 1 of this definition [as described in Section 1. D.1. (a) of this notice], including a family whose composition has fluctuated while the head of household has been homeless. (24 CFR 578.3)

CES Staff- Agency staff responsible for conducting assessments for those accessing the Coordinated Entry System

Continuum of Care (CoC) – A group composed of representatives of relevant organizations, which generally includes nonprofit homeless providers; victim service providers; faith-based organizations; governments; businesses; advocates; public housing agencies; school districts; social services providers; mental health agencies; hospitals; universities; affordable housing developers; law enforcement; organizations that serve homeless and formerly homeless veterans, and homeless or formerly homeless persons that are organized to plan for and provide a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies to address the various needs of homeless persons and persons at risk of homelessness for a specific geographic area.

Developmental Disability – Defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000, and means a severe, chronic disability that is attributable to a mental or physical impairment or combination, and is manifested before age 22, and is likely to continue indefinitely. It must result in substantial limitations in 3 or more major life activities (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency) AND reflects need for special services or individualized support, or other form of assistance this is lifelong or extended duration.

Disabling Condition – A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury, which is expected to be of long-continued and indefinite duration, substantially impedes the person's ability to live independently, and is of such a nature that such ability could be improved with more suitable housing conditions; a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000; or Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired

Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV).

Diversion - A strategy to help potential program participants to explore all safe and appropriate alternative housing options and only enroll in crisis housing projects after all other alternatives have been exhausted.

Emergency Shelter (ES) – Any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

Fair Market Rent (FMR) – Means the rents published in the Federal Register annually by HUD

Families – Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the followings: (1) A group of persons residing together, and such group includes, but is not limited to (a) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (b) An elderly family; (c) A near-elderly family; (d) A disabled family; (e) A displaced family; and (f) The remaining member of a tenant family.

Homeless - There are 3 categories within the definition of homelessness, as defined under the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) that are actively used within the SCEH:

Literally Homeless (HUD Homeless Definition Category 1) – An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground (aka “unsheltered”);

An individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); **OR**

An individual who is exiting an institution where he/she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (24 CFR 578.3)

Imminently at Risk of Homelessness (HUD Homeless Definition Category 2) – An individual or family who will imminently lose their primary nighttime residence, provided that:

The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

No subsequent residence has been identified; **AND**

The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing (*24CFR 578.3*)

Fleeing domestic abuse or violence (HUD Homeless Definition Category 4) – Any individual or family 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 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;

Has no other residence; **AND**

Lacks the resources or support networks, e.g., family, faith-based or other social networks, to obtain other permanent housing (*24 CFR 578.3*)

Homeless Management Information System (HMIS) – The information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD. The HMIS used in Siouxland Coalition to End Homelessness is Wellsky.

HMIS Lead – The entity designated by the Continuum of Care to operate the Continuum's HMIS on its behalf. The Institute from Community Alliances (ICA) is the HMIS Lead for the SCEH.

Homeless Prevention – A program targeted to individuals and families at risk of homelessness. Specifically, this includes those that meet the criteria under the "at risk of homelessness" definition at 576.2, as well as those who meet the criteria in Category 2, 3, and 4 of the "homeless definition and have an annual income below 30% of family median income for the area.

Housing Interventions – Housing programs and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g. Housing Choice Vouchers).

Housing First – An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Permanent Housing (PH) – Community-based housing without a designated length of stay and includes both Permanent Supportive Housing and Rapid Re-housing.

Permanent Supportive Housing (PSH) – Permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

Physical, Mental or Emotional Impairment – Expected to be long-continuing or of indefinite duration; substantially impedes the person’s ability to live independently and could be improved by more suitable housing.

Prevention- Financial assistance, counseling and other service to prevent families and individuals from being evicted, losing their homes, and becoming homeless.

Provider – Organization that provides services or housing to people experiencing or at-risk of homelessness.

Example: The Emergency Residence Project (Provider) has Emergency Shelter (Program) and Transitional Housing (Program).

Rapid Re-housing (RRH) – Housing relocation and stabilization services and short- or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing. Assistance may be provided for up to 24 months during any 3-year period and may include rental arrears for up to six months, to eligible persons who qualify as homeless under Category 1 and 4 of the “homeless” definition.

Rent Reasonableness – A process conducted by the recipient or sub-recipient to determine if the rent charge for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, considering the location, size, type, quality, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charge by for comparable unassisted units.

Street Outreach – The act of reaching out to unsheltered homeless people; connecting them with emergency shelter, housing or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

Transitional Housing (TH) – Facilitates the movement of homeless individuals and families to permanent housing within 24 months

Victim Service Provider – A private nonprofit organization whose primary mission is to provide services to victims and survivors of domestic violence, survivors of human trafficking, dating violence, sexual assault, or stalking. This term includes rape crisis centers, emergency safe shelters, domestic violence transitional housing programs, and other programs.

VI-SPDAT; VI-F-SPDAT; and TAY-VI-SPDAT– *Vulnerability Index-Service Prioritization Decision Assistance Tool; Vulnerability Index-Service Prioritization Decision Assistance Tool for Families; and Transition Age Youth- Vulnerability Index-Service Prioritization Decision Assistance Tool* are the standardized triage tools used in the Coordinated Entry System. The tools are pre-screening, or triage tools that are designed to be used by all providers within the Coordinated Entry System to quickly assess the health and social needs of people experiencing homelessness and match them with the most appropriate support and housing interventions that are available.

APPENDIX A

Emergency Solutions Grants (ESG) Program Interim Rule

(d) Centralized or coordinated assessment. Once the Continuum of Care has developed a centralized assessment system or a coordinated assessment system in accordance with requirements to be established by HUD, each ESG-funded program or project within the Continuum of Care’s area must use that assessment system. The recipient and subrecipient must work with the Continuum of Care to ensure the screening, assessment, and referral of program participants are consistent with the written standards required by paragraph (e) of this section. A victim service provider may choose not to use the Continuum of Care’s centralized or coordinated assessment system.

(e) Written standards for providing ESG assistance.

APPENDIX B

HUD Sources

Coordinated Entry (CE) Notice:

Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. Notice CPD-17-01. January 23, 2017.

<https://www.hudexchange.info/resource/5208/notice-establishing-additionalrequirements-for-a-continuum-of-care-centralized-or-coordinated-assessmentsystem/>

COC Program Interim Rule:

Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program Interim Final Rule, 24 CFR Part 578. July 31, 2012.

https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_Fo rmattedVersion.pdf

Emergency Solutions Grants (ESG) Program Interim Rule:

Homeless Emergency Assistance and Rapid Transition to Housing: Emergency Solutions Grants Program and Consolidated Plan Conforming Amendments, 24 CFR Parts 91 and 576. December 5, 2011.

[https://www.hudexchange.info/resources/documents/HEARTH ESGInterimRule &ConPlanConformingAmendments.pdf](https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule &ConPlanConformingAmendments.pdf)

Final Rule defining chronically homeless:

Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically Homeless,” 24 CFR Parts 91 and 578. December 4, 2015.

<https://www.hudexchange.info/resources/documents/Defining-ChronicallyHomeless-Final-Rule.pdf>

HMIS Data and Technical Standards: HUD Exchange [website], “HMIS Data and Technical Standards,” 2017. <https://www.hudexchange.info/programs/hmis/hmis-data-and-technical-standards/>

Prioritization Notice (addressing Permanent Supportive Housing): Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing (CPD-16-11). July 25, 2016. <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizingpersons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-personsin-psh.pdf>