



Siouxland Coalition to End Homelessness (SCEH) Coordinated Entry System (CES)

SIOUX CITY, 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	May of 2019	Centralized Intake
2.0	May of 2021	Updated CE Procedures Manual
3.0	December of 2022	Updated CE Procedures Manual

Coordinated Entry System (CES)

CES Guiding Principles

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/~~her~~/~~them~~-~~or~~-~~her~~, and to capture the required Homeless Management Information System (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.

INTRODUCTION AND OVERVIEW

~~Coordinated Entry System~~ CES Participation

Policy: All Continuum of Care (CoC) and Emergency Solutions Grant (ESG) Program funded projects are required to participate in the local ~~Coordinated Entry System (CES)~~.

Procedure:

- The funded projects will be required to enter into a sharing agreement to participate in the CES.
- The CES agency will work with nonfunded local homeless assistance projects and funders to encourage their participation in CES.
- The CES agency will be required to keep the fully executed sharing agreement on file.
- The sharing agreement should be reviewed and signed annually by the CES and the participating agencies.

CoC and ESG Coordination

CES policies and procedures governing eligibility determinations, prioritization, and assessment shall align with written standards for administering CoC and ESG Programs.

CES Roles

CES Agency

The CES Agency is responsible for the day-to-day administration of the CES, which includes the following:

- Act as the centralized intake access point for participants entering the CES.
- Act as the primary contact for CES participants until the participant self-resolves, can no longer be contacted, or another provider assumes that role.
- Provide case management, information, advice and application assistance for available housing, service coordination and mainstream resources.
- Create and widely disseminate materials regarding services available through the CES and how to access those services.
- Manage individual or family HMIS records and ensure pertinent information is entered into HMIS to monitor and track the process, including completing assessments, making referrals, and reporting vacancies.
- Manage the appeals process using the protocol described in this manual.
- Organize quality control activities and evaluate the CES to ensure function and performance remain accountable to participants, referral sources and homeless services providers throughout the coordinated entry process.
- Work with the CoC to review the CES manual and process at least annually and update the CES manual, forms, and/or process as needed.
- Manage all public relation requests related to the CES.

- Act as the point person and leader of the CES workgroup and manage the CES prioritization list (by name list).
- Generate reports as required by HUD and the CoC.
- Provide open and transparent communication to referral sources, homeless and housing provider and community members.
- Facilitate various committees and forums to coordinate referrals and review CE process.

Housing Providers

- Participating providers will work collaboratively with CES 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 and participate in care coordination team meetings as scheduled (including victim service providers)
 - Fill open beds with referrals from the prioritization list, which are provided during the care coordination meetings.
 - Redirect participants to the CES 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.
 - Close out the referral in HMIS with any relevant notes once a determination has been made regarding the referral.
 - Provide program participants with a copy of a privacy statement.

Full Geographic Coverage (1.1.1)

The CES covers the CoC's entire geographic area of Woodbury County, Iowa, and Dakota County, Nebraska by identifying access, standard assessments and uniform referral processes that are unique to each individual city, town or county.

Affirmative Marketing and Outreach (1.1.2)

Policy: CES will affirmatively market availability to the system to eligible persons who are least likely to reach out in the absence of special outreach. This is regardless of race, color, national origin, religion, spirituality, sex, age, familial status, marital status, handicap, actual or perceived sexual orientation, or gender identity. 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: CES is responsible for creating and providing a notice that describes CES and how to connect with CES. This notice will be made available to and posted by all agencies participating in CES.

Safety Planning and Risk Assessment (1.1.6)

Policy: CES shall incorporate a safety risk assessment as part of initial CES 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: CES must adhere to all jurisdictionally relevant civil rights and fair housing laws and regulations.

Procedure: CoC and ESG funded 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

Participant Autonomy

It is crucial that persons served by the 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 ~~their~~^{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

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.

Privacy Protections (1.4.1)

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.

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.

Nondiscrimination Complaint 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.

Any CES participant who feels they have been discriminated against at any time during the assessment and referral processes has the right to file a complaint and have their complaint heard. Once the complaint has been reviewed, the CES participant has the right to appeal. The complaint and appeal process, a compliant form and contact information can be obtained from CES staff or at www.siouxlandhomeless.org.

Household and Provider Grievances

Grievances against a specific agency or provider will be directed to and addressed by the agency. The grievance will be handled in accordance with that specific agency's grievance policy and procedure. Agency contact information may be acquired from CE staff.

ACCESS

Model

Policy: CES utilizes a full coverage centralized access point within Woodbury and Dakota Counties where individuals and families present to receive homeless housing and services. The CES intake will be uniform regardless of where the participant seeks services.

Procedure: CES will receive calls and accept walk-ins at the centralized access point during posted hours of operation. In instances where CES staff are unavailable, the participant will be transferred to voicemail to leave a message or will be asked to leave their name and number for staff to follow-up with them at a later time. Individuals in need of emergency shelter who contact CES will be referred to The Gospel Mission or The Warming Shelter. Participants who cannot be seen immediately will be scheduled to complete CES intake assessment within **5 business days**.

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

Coverage

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.

Accessibility (1.1.5)

Policy: CES funded 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. To the greatest extent possible, the CES and participating agencies will provide communication accommodation through translation services and visually and audibly accessible CE materials when requested by CES participants.

Emergency Services (1.1.3)

In the event CES is not available, individuals and families can still access emergency services, including domestic violence programs and emergency shelters. Outside of regular business hours, homeless individuals and families may contact the CES on call number to schedule an assessment.

Prevention Services

Policy: If homeless prevention (HP) funds are available, CES will ensure that all eligible participants are screened and prioritized for homelessness prevention assistance.

Procedure: Individuals and families seeking prevention will be prioritized for prevention services using the Prevention/ Rehousing Vulnerability Index- Service Prioritization Decision

Assistance Tool (PR-VI-SPDAT). The PR-VI-SPDAT is to be used only with people that are currently housed and feel they are at imminent risk of losing their housing. "Imminent risk" is defined as follows:

- A court order resulting from an eviction action notifying the individual or family that they must leave; or
- For individuals and families leaving a hotel or motel – evidence that they lack the financial resources to stay; or
- A documented and verified oral statement;

AND

- Certification that no subsequent residence has been identified; and
- Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.

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 contacted the CoC.

Street Outreach

Policy: CES 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 street outreach staff, regardless of funding source, will ensure that literally homeless persons encountered are referred to CES for an intake assessment.

ASSESSMENT (2.1.1)

Standardized Assessment Approach

Policy: The CES will use a standardized assessment process for all CES 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: CES staff will assess all persons experiencing homelessness using the appropriate form of 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.

TAY-VI-SPDAT	Youth ages 18-24
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
PR-VI-SPDAT	Homelessness prevention for those not literally homeless

To ensure an effective CES assessment, 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.

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. CES staff will protect the household's personal information and complete all CES intake assessments and discussions regarding personal information in a private setting.

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.

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.

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.

1. Initial CE Intake Assessment
 - a. The initial CES intake assessment will be completed via telephone, scheduled appointments or walk-ins. If CES staff is not available, the CES intake assessment will be scheduled within the next **5 business days**, unless the individual or family chooses a later date.
 - b. The initial CES intake is comprised of four phases.
 - 1) *Initial Triage*: This first phase will focus on identifying the immediate housing crisis and clarifying that the CES is the appropriate system to address the potential participant's immediate needs.
 - a) The household's safety and wellness will be evaluated.
 - b) Each household member's basic demographic information will be entered into HMIS.
 - c) If the household is not literally homeless or at risk of becoming literally homeless, the household will be referred to other mainstream resources.
 - 2) *Diversion or Prevention Screening*: CES staff will examine existing CoC and community resources, and options that could be used to avoid the participant entering the homeless system.
 - a) 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.
 - b) Households that are eligible for diversion will be offered dispute resolution and resources to contribute to the operation of the household, such as groceries and referrals to other mainstream resources the household has not accessed.
 - c) If diversion/prevention is not possible, the participant will be assisted with securing emergency shelter, if available.
 - d) If there are no prevention programs within the CoC, the household will be referred to agencies that can provide legal assistance, housing navigation, case management, rental assistance, or credit counseling.

- 3) *Initial CES Intake Assessment*: Within five business days, CES staff will complete the appropriate VI-SPDAT based on age and household composition and place the household on the CES prioritization list.
 - a) Once all the assessment is complete, CES staff will explain available homeless services and programs and note the household's preference(s).
 - 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, as available.
- 4) *Next Step Assessments*: CES staff will continue to collect 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, including documenting chronicity of homelessness and disability. An ROI will be established to share and receive information regarding disability diagnoses and to connect households more efficiently to resources.

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 in HMIS with new information as it becomes available or known by staff. CES staff will continuously work to improve participant engagement strategies 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:

VI-SPDAT/VI-F-SPDAT/TAY-SPDAT Score	Recommended Program
0-3	Diversion only
4-7	Transitional Housing, Rapid Rehousing or Supportive Services for Veteran Families
8+	Permanent Supportive Housing

If two individuals or families have an identical score, the tie breaker will be determined by:

- Chronic status
- Length of time Homeless
- Fleeing domestic violence
- Veterans
- Youth

When none of the above are relevant, the individual or family that has been on the list the longest will be referred to a program first.

PR-VI-SPDAT/PR-VI-F-SPDAT Score	Recommended Program
0-10	No assistance. Provide information regarding mainstream resources.
11-15	As resources allow, financial and/or case management supports.
16+	Referral to Transitional Housing or Supportive Services for Veteran Families

If two individuals or families have an identical score, the tie breaker will be determined by:

- Fleeing domestic violence
- Veterans
- Youth

When none of the above are relevant, the individual or family that has been on the list the longest will be referred to a program first.

- 2) DVSSP will provide CES staff with a client number and client score and that information will be incorporated in the prioritization list. No names will be provided, and additional information will be provided only in the event that it is needed for a tie-breaker.
- 3) If a client scores for a housing option that is not available, the next best housing option should be offered to the client, as appropriate (i.e., TH if no PSH available). If the client accepts the next best housing option and program staff later determines that this placement is not meeting the client's needs, the client may be referred to the original housing option when available. It is the client's choice as to which program they select, despite what they may score for.
- 4) Families or individuals that refuse to provide VI-SPDAT information will be placed on the Prioritization List, but with a score of one (1) with a note of explanation "refused." 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.
- 5) Due to the number of family units in our transitional housing programs and the shortage of literally homeless families within our CoC, households with two or more minor children that are not literally homeless may be prioritized on the CES prioritization list and referred to a transitional housing program.
 - a. A CES Intake Assessment and VI-F-SPDAT will be completed for all households with 2 or more minor children who are either literally homeless or at imminent risk of homelessness.
 - b. A family who identifies as at imminent risk of homelessness meets Category 2 of HUD's definition of homelessness. Transitional Housing programs are eligible to provide shelter and services to persons who meet Category 2 of HUD's Homeless Definition. Category 2 Imminent Risk of Homelessness is defined as a family who will imminently lose their primary nighttime residence, provided that:
 - i. Residence will be lost within 14 days of the date of application for homeless assistance;
 - ii. No subsequent residence has been identified; and
 - iii. The individual or family lacks the resources or support networks needed to obtain other permanent housing.
 - c. Literally homeless households with minor children will always be prioritized over those households with minor children who are at imminent risk of homelessness regardless of their F-VI-SPDAT score.

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 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 who have a disability and severe service needs and/or a long period of continuous or episodic homelessness.

*This includes CH individuals and families who were placed in transitional housing due to a lack of PSH availability, but for whom TH is not going to result in their ability to maintain their own permanent housing without the necessary supports. This is an exception and not the norm for taking people out of TH and placing in PSH.

If there are no chronically homeless individuals and families, or where there are DedicatedPLUS beds available, the following priority will be followed:

1. Longest history of homelessness
 - a. Household whose length of time homeless equals 12 months or longer in the past three years, but the number of episodes of homelessness is less than four.
 - b. Length of time homelessness is just shy of one year and is about to age into chronicity.
2. Most severe service needs (tri-morbidity)
3. Residing in a place not meant for human habitation
4. Household member over the age of 60
5. Person is currently residing in a literally homeless situation, but the individuals or families experiencing chronic homelessness has been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement.
6. Persons who have been residing in an institutionalized setting with no current facility discharge plan. The person still must meet the definition of literally homeless, so this current stay in the institutionalized setting must have been less than 90 days and they must have entered the institution from a homeless situation.

7. Persons who had been residing on the street for several years and recently had a stay longer than 90 days in an institutionalized setting long enough to count as a break and affect their status. However, they were discharged back to the street or shelter.
8. Household who had met the eligibility criteria for Permanent Supportive Housing but then resided in Transitional Housing because there were no other options available at the time. There must be documentation in the client file for why PSH is the best housing intervention now for this client. Household cannot be transferred from TH to a Dedicated PSH bed.

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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 RRH projects. The CES will prioritize the following persons for TH:

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

2nd Priority – Literally Homeless Households with the longest history of homelessness.

3rd Priority – Literally Homeless Households who lack formal and informal supports.

4th Priority – Not literally home families with 2 or more minor children.

Rapid Rehousing (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. The CES will prioritize the following persons for RRH:

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

2nd Priority – Literally Homeless Households with the longest history of homelessness.

3rd Priority – Literally Homeless Households who lack formal and informal supports.

Emergency Housing/Services

Policy: Emergency housing/services are a critical crisis response resource, and access to such housing/services will not be prioritized. Individuals and households experiencing homelessness can access emergency shelter/emergency services without first participating in CES. Emergency shelters and emergency service providers are encouraged to refer anyone accessing their services to the CES system in an effort to conduct a VI-SPDAT and get them on the waiting list for a more permanent housing solution.

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 literally homeless
- domestic violence
- 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 severe 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

Procedure: To facilitate prompt referrals and to reduce vacancy rates, participating providers must notify the CES of any vacancies. The provider agency will notify the CES Manager at the next CES Case Conferencing meeting. The provider may also choose to 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

All CoC/ESG funded agencies will enroll new participants only from the CoC's CES referral process. Non-funded agencies may also choose to enroll new participants from the CES referral process. 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 initial intake has been completed in HMIS for all household members
- b. The VI-SPDAT has been completed in HMIS
- c. CES staff may work with the agency to complete a "warm handoff."

The program accepting the referral will attempt to contact the client three times in order to schedule an appointment. If the client does not respond to agency attempts to contact them, the referral will be closed.

Participant-Declined Referrals

One of the guiding principles of the CES is participant choice. 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 may accept or reject any service strategy or housing option offered to them without repercussion. 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

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

- 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.

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.

Closing the Coordinated Entry Record

All attempts at contact during the 60-day period will be documented in HMIS. Households who do not maintain contact with CES staff, do not arrive for scheduled appointments, or otherwise do not have contact with any agency in the CoC will remain on the priority list for 60 days. After 60 days, the CES entry will be closed.

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.

CES Staff Training

Policy: The CES funded agency will ensure 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 staff and CoC and ESG funded agencies will complete CES training at least annually. Additionally, all agencies participating in CES will be encouraged to attend annual CES training. 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.

DATA SYSTEMS

Data Collection Stages and Standards

The data will be collected and maintained in HMIS or DVMIS. Participating agencies must collect all data required for CES as defined by the CoC, including the “universal data elements” listed in HUD’s [HMIS Standards Data Manual](#).

Participant Consent Process

CES process partners and all participating agencies contributing data to CES 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.

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 and provider 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.

EVALUATION

Evaluation of CES

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.

The CES will be evaluated using HMIS data on a quarterly basis. CES staff will submit the required quarterly reports to the SCEH Project Monitoring and Development Committee. The system will use the following key outcomes for measurement:

1. Total number of households who were screened/assessed during the operating year.
2. Total number of households who were exited from the CES during the operating year and their exit destination, including those who self-resolved and are no longer homeless or who disappeared without completing an exit interview.
3. Average number of Days CE clients remain on the Prioritization List.
4. Number of referrals made and accepted or denied, either by the client or the agency, during the operating year.
5. Data quality and timeliness standards at program entry and exit.

CES will be evaluated annually by participating agencies to determine if revisions are needed to the CES manual and CES process.

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

Ongoing planning with stakeholder consultation will occur.

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CRITICAL INCIDENT/DISASTER RESPONSE

Definition and Declaration

Definition: A state of emergency due to a Public Health Crisis, Natural Disaster, or Other Critical Incident (statewide, regional, or local) that requires the necessity to move clients out of congregate living as soon as possible.

Declaration: The state of emergency may be declared by the State Governor, State Department of Public Health, or Other Government Entity

Access and Referral

Access to CES Staff to complete the CES Intake Assessment and the method for making referrals may be temporarily altered during a Critical Incident/Disaster. Instructions for accessing the CES will be relayed to clients and agencies through the CES Lead Agency, participating agencies, and other emergency services as appropriate.

Protocol/Prioritization

- Housing the most vulnerable will always remain the CES' top priority. However, the CES may temporarily suspend dynamic prioritization to house those who are able to attain and sustain housing quickly based on income and consultation with case managers.
- Prioritizing the most vulnerable homeless populations and subpopulations will also remain the CES' top priority. However, the type of critical incident may dictate a re-prioritization of homeless populations. This may include people at high risk of being directly impacted by the crisis such as those 55+ or those with underlying medical conditions. Providers should also consider the compounding effect of the crisis and systemic inequities that affect people of color and marginalized populations including housing barriers such as criminal records, poor credit history, and history of eviction which disproportionately impact people of color and contribute to difficulties accessing and maintaining housing.
- When available resources and funding allow large numbers of people experiencing the crisis to be moved into permanent housing, dynamic prioritization may be unnecessary and can be suspended.

Level of Response

This protocol will be in place only during a state of emergency as declared by a government entity and approved by the SCEH Board.

This protocol may be revised based on future guidance received from the agencies (i.e. CDC, HUD, local/state government, SCEH, etc.) governing the disaster/critical incident declaration.

TERMS AND DEFINITIONS

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

At-risk of Homelessness- Individual or family who will imminently lose their primary nighttime residence, provided that:

- (i) Residence will be lost within 14 days of the date of application for homeless assistance;
- (ii) No subsequent residence has been identified; and
- (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

*Program eligibility may have additional requirements.

Coordinated Entry System (CES) - A coordinated process designed to manage program participant or family intake, assessment, and provision of referrals. A ~~CES~~coordinated entry system covers the entire geographic area covered by the CoC, 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 ~~CES~~coordinated entry system (CoC Interim Rule).

Chronically Homeless (CH)-

A homeless individual or head of household with a disability that meets the HUD definition of a disability who

- (a) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; AND
- (b) has been homeless and living in one of these places continuously for at least 12 months OR on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living in one of the aforementioned places.

Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility. Institutional care facilities include jails, substance abuse or mental health treatment facilities, hospitals, or other similar facilities.

A family with an adult head of household (or if there is not adult in the family, a minor head of household) who meets all of the above criteria, including a family whose composition has

fluctuated while the head of household has been homeless are also considered chronically homeless.

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 rehousing; 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 CoC to comply with the HMIS requirements prescribed by HUD.

HMIS Lead – The entity designated by the CoC to operate the Continuum's HMIS on its behalf.

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, 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 rehousing, 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 Rehousing.

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 Rehousing (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 charged 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 CES. The tools are pre-screening, or triage tools that are designed to be used by all providers within the CES 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

HUD Resources

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_FormattedVersion.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

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>

