
Delaware County Continuum of Care

The Coordinated Entry System in Delaware County

PA-502

Upper Darby, Chester City,
Haverford Township and
Delaware County

October 2024

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THE DELAWARE COUNTY

Coordinated Entry System Fact Sheet

Coordinated Entry (CE) is a system level approach to connect people with a housing crisis efficiently and effectively with interventions that will rapidly resolve their crisis and facilitate housing stability.



The CE process is mandated by the U.S. Department of Housing and Urban Development (HUD). In meeting this mandate, the Delaware County CE system aims to provide participant centered housing resolutions through assessments that evaluate vulnerability, severity of needs and housing barriers to resolve the crisis in a timely manner.



Coordinated Entry Assessment Locations

- 1) **MHP Homeless Outreach Team**
MOBILE OR IN PERSON ASSESSMENT
7200 Chestnut St., Upper Darby, PA
(267) 671-4357
- 2) **Community Action Agency**
896 Main St., Darby, PA 19023
(610) 947-0693
Mon, Wed, Fri, 8:00 AM to 3:00 PM
(effective 11-01-24)
- 3) **Domestic Abuse Project**
SURVIVORS ONLY
14 W. 2nd St., Media, PA 19063
(610) 565-4590
Mon to Fri, 8:00 AM to 4:00 PM
- 4) **The Salvation Army**
151 W. 15th St., Chester, PA 19013
(610) 874-0423
Mon to Fri, 9:00 AM to 4:00 PM
- 5) **Community Action Agency**
1414 Meetinghouse Rd. Boothwyn, PA
(610) 874-8451
Mon to Fri, 8:00 AM to 3:00 PM
- 6) **Horizon House, Inc.**
MOBILE OR PHONE ASSESSMENT
(610) 328-1306, extension 31131
Mon to Fri, 9:00 AM to 4:00 PM
2024 Coordinated Entry Policy Manual REV 10/24

COORDINATED ENTRY ASSESSMENT LOCATION MAP



For information about homeless services in Delaware County visit:

REV October 2024



Introduction to Delaware County and the Homeless Services Coalition

The Delaware County Homeless Services Coalition (HSC), established in 1993, oversees the PA-502 Continuum of Care (CoC). **The HSC’s mission** is to have an integrated community-based support system that will prevent homelessness and provide the necessary resources and opportunities to end homelessness for individuals and families. **The vision of the HSC** is to provide individualized solutions to persons who are experiencing a housing crisis so they can achieve housing stability.

To achieve its mission and vision, the HSC follows these essential principles:

- Prevent homelessness whenever possible.
- Rapidly re-house people when homelessness cannot be prevented.
- Provide wraparound services that promote housing stability.
- Collaborate with HSC providers to incorporate strategic efforts to end long-term homelessness.

The HSC developed the following strategies to guide future planning and service delivery:

- Identify, engage, and rehouse unsheltered individuals and families as quickly as possible.
- Provide a community-wide coordinated approach to addressing housing crises.
- Transition homeless households to appropriate housing through effective, individualized services that promote housing stability.

The CoC strives to incorporate and follow the **Housing First** approach and works to ensure that all programs are aligned with it to ensure that people experiencing homelessness are connected to permanent housing swiftly and with no treatment or sobriety preconditions, behavioral contingencies, or other barriers such as income requirements and criminal justice penalties.

Coordinated Entry System in Delaware County—Overview of Components

Coordinated Entry (CE) is an approach to coordinating and managing a crisis response system’s resources that allows the system to make consistent decisions based on available information by connecting people efficiently and effectively to interventions that will rapidly end their homelessness.

The U.S. Department of Housing and Urban Development (HUD) [defines Coordinated Entry](#) as “...a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by

individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.”

Overview

Coordinated Entry Systems (CES) help communities prioritize housing resources based on vulnerability and severity of service needs to ensure that people who have a housing crisis and need assistance quickly receive it. In following HUD’s mandate, Delaware County has implemented an easily accessible process that allocates resources as effectively as possible regardless of where people present. Refer to page 3 of this document for the CES fact sheet.

The Goals of CES

CES is meant to:

- Respond to housing crises by providing a low-barrier, person-centered, county-wide entry process that is fair and allows equal access to housing assistance and homeless prevention resources.
- Utilize the same assessment approach and decision-making processes to help people resolve their housing crises and become stably housed as quickly as possible.
- Ensure that people with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance.
- Develop a housing stability plan (HSP) that identifies housing barriers, includes individual needs, and includes participant-chosen referrals, linkages to services, housing assistance, and financial stability resources.

A person-centered approach—The CoC is determined to reinforce a person-centered approach throughout the CE process to ensure a successful implementation using the following:

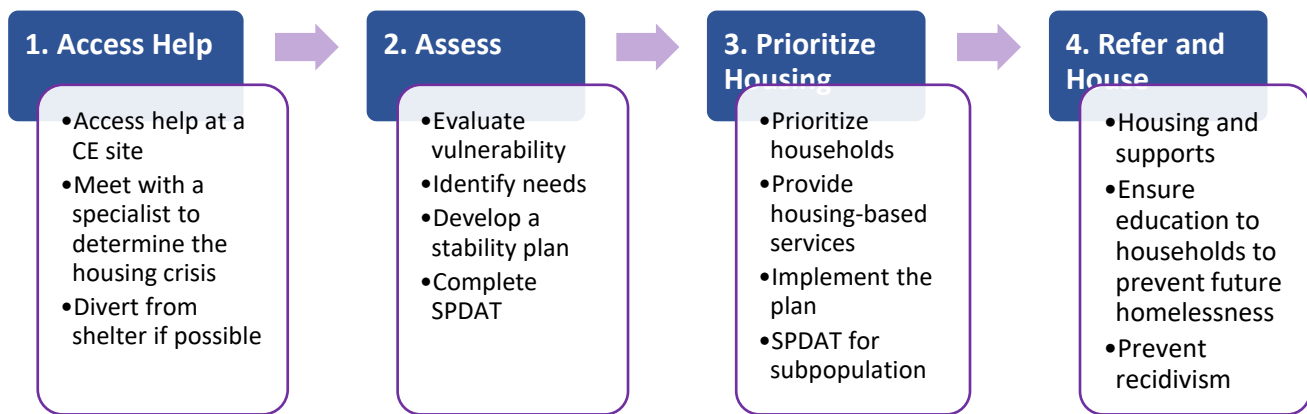
- Assessments and stability plans based on participants’ strengths, goals, risks, and protective factors.
- Assessment tools and processes accessible to persons with disabilities.
- Sensitivity to lived experiences—trauma-informed delivery protocols that minimize risk and harm and address psychological impacts.
- Participant choice. Incorporate choices in the CE process decisions such as location and type of housing, level and type of services, and other program characteristics, as well as assessment processes that provide options and recommendations that guide and inform participant choice, as opposed to rigid decisions about what individuals or families need. If the participant chooses to refuse housing opportunities, the participant remains on the top of the waiting list without penalty.
- Clear referral expectations. Ensure that participants understand which program they are being referred to, what the program expects of them, what they can expect of the program, and evidence of the program’s outcomes.
- Commitment to referral success. The CoC is committed to successfully completing the referral process once a referral decision has been made through CE, including supporting the safe transition of participants from an access point or emergency shelter (ES) to housing, and

supporting participants in identifying and accessing an alternate suitable project in the rare instance of an eligible participant being rejected.

- The CoC will engage in a continuous quality improvement strategy that includes annual reviews of the CE policies, procedures, and practices to ensure that the system remains consistent with the Housing First approach, is person-centered, and meets the needs of those experiencing homelessness.

CE Components

The CES ensures that persons experiencing a housing crisis in Delaware County have a coordinated, collaborative, and person-centered system of services and resources to help them work through their housing crisis and become stably housed. The CES in Delaware County consists of the following core components:



CE interventions—The CE process is designed to identify the housing crisis/status and determine an appropriate intervention for those who are determined to be “at risk of homelessness,” literally homeless,” or fleeing or attempting to flee domestic violence (DV). The interventions are described below.

Housing assistance/prevention—Financial assistance programs, including Emergency Solutions Grants (ESG), are available depending on funding levels. Financial assistance may come in the form of one-time payments to prevent future homelessness by relocating households to affordable situations or by paying incurred rental and utility arrears. *Prevention Assistance Prioritization will be a future endeavor.*

Diversion from shelter—CE staff will attempt to divert those who are about to become unsheltered within 14 days through arrangements made for short-term alternative housing with friends or family. In attempting diversion, CE participants are encouraged to provide contact information for three friends/family members to attempt to find alternative housing either temporarily or permanently through those sources.

Housing counseling—This is used with all interventions and can include landlord mediation, family mediation, establishing payment plans, budget analysis, income potential, employment information/advice, and referrals. Households ineligible for financial assistance receive housing counseling to advise on their situation.

Homeless assistance—Shelter referrals for shelter placement are coordinated by the CE assessors unless the household was placed in shelter prior to CE access. In this situation, CE assessments are completed within 24 hours of shelter entrance (or the next business day).

ES for those determined literally homeless—If a person is determined to be literally homeless, a referral is made to the appropriate shelter via the Homeless Management Information System (HMIS). For those who

enter the shelter system after normal operating hours or on weekends, a CE assessor will contact them to complete the CE assessment. If shelters are full, participants are assessed and placed on the shelter waiting list.

Housing stability plans (HSPs)—Based on entered responses, the HMIS system is programmed to automatically develop the initial needs and barriers for the HSP. The CE assessor meets with the individual to identify their initial needs and barriers and HSPs are finalized by the shelter provider case managers via HMIS, are electronically stored, and “travel” with the participant to their next referral stage (such as a housing program). At the next referral stage, housing program case managers will have the basis of their stability/service plan and will build upon that with additional assessments.

Housing navigators—Coordinate with providers to assist households who are searching for housing.

Access

1. Access points—The CES in Delaware County is a decentralized coordinated system with four entry points in areas of high need. Points can be accessed in person, via telephone, or through a mobile street outreach team. The CoC operates under a “no wrong door” model and, with the access points and methods available, assures coverage is county-wide. Access is available on-site at the following locations:

Community Action Agency	Community Action Agency	Salvation Army	Horizon House Inc. and Mental Health Partnerships	Domestic Abuse Project
1414 Meeting House Rd. Boothwyn, PA 19061 M–F 8:30 am to 3:00pm Wheelchair Access	896 Main Street Darby, PA M,W,F 8:00am to 3:00pm Wheelchair Access Effective 11/1/24	151 W. 15 th Street Chester PA 19013 M–F 9:00 am–4:00pm Wheelchair Access	Mobile/Phone Assessments only Horizon House (610) 328-1306 M–F 9:00 am-4:00 pm Mental Health Partnerships Mobile/Phone Assessments 267-671-4357	14 w. 2 nd St. Media, PA M–F (Survivor’s Only) 8:00am to 4:00pm

Please note that prevention and diversion assistance is only available at the Community Action Agency (CAA). Other CE assessors will complete a warm handoff to CAA staff when appropriate.

Afterhours and weekends—Temporary emergency shelter placement and overflow beds are available on weekends and weeknights to the following households:

- Households that are forcibly evicted through the legal process and constable lockout.
- Households displaced from their homes due to condemnation.
- Households displaced as a result of a fire.
- Survivors currently fleeing domestic abuse and are looking for shelter.

CE Assessors will contact the CE Lead once the households meet the criteria for Temporary Emergency Placement. The CE Lead will determine bed availability among family shelters first for immediate placement. If

there is no bed availability at a family shelter, households can be placed at Hunts Haven Shelter for families that meet the criteria.

Street outreach—Street outreach efforts are vital to building relationships with unhoused persons and ensuring that those persons are able to access the CES and any eligible resources or housing programs. Street outreach staff can complete an assessment when they encounter an unhoused person. Street outreach staff contact shelters to determine availability for immediate shelter placement and transport individuals for placement.

Access for special populations—The CE process offers the same assessment approach at all access points and all access points are usable by all people who may be experiencing homelessness or at risk of homelessness. Historically, households with children tend to access the CAA as they manage the family shelter system (non-DV). Individuals are encouraged to access the CAA when other resources are not readily available.

Victims immediately homeless due to fleeing—Victims who are homeless because they are immediately fleeing DV, dating violence, sexual assault, or stalking can access any portal of housing and homeless service but are immediately referred or transferred where possible to housing and services provided by the Domestic Abuse Project (DAP). Households fleeing DV have a separate access point for safe houses, but if interested, they can be referred to a mainstream housing provider. The CAA is the main provider of prevention services and, ultimately, all households that fall under that category will be referred for this specialized service. **Refer to Appendix 2 for the process of how DV participants can get referred to a non-DV provider.**

Veterans—Veterans are identified at entry or at CE. Once identified by a CE assessor, they are automatically referred to CAA’s Supportive Services for Veteran Families program for eligibility determination. Veterans receive prioritization into the shelter.

Assessment

2. Assessment—The CoC CES uses a phased assessment process that ensures that everyone who has a housing crisis is comprehensively assessed from the point of access to housing placement. Diversion and homeless prevention strategies are used for those households who are at risk of homelessness. For those households who are currently experiencing homelessness, timely assessment of needs, housing barriers, income potential, vulnerability, housing assistance program eligibility, mainstream resource needs, and other service needs result in the development of an **HSP** that outlines the best possible path and programming for that household to be permanently and stably housed as quickly as possible.

Triage information is gathered to determine the nature of the housing problem and to develop a referral and stability plan to solve the housing problem. The CE staff, through a vulnerability assessment, determine if a household is “at risk of homelessness,” “literally homeless,” or fleeing or attempting to flee DV. The staff refer the household to the next appropriate system of resources to solve their problems such as a housing assistance (prevention) program, diversion solutions, or an ES.

Assessment Used/Tools to Gather Information

Assessment	Purpose	When Completed?	Population	Who Completes
Shortened Assessment	Triage gathers demographics and enough information to determine what referral(s) to make	Access point (including street outreach)	All who access CE	CE assessor

Assessment	Purpose	When Completed?	Population	Who Completes
Screening for Special populations	Record information in the HMIS	CES process at interview/triage	All who access CE	CE assessor
Service Prioritization Decision Assistance Tool (SPDAT)	Comprehensive—scores of barriers and high need. Builds on the stability plan and prioritizes households for housing opportunities	Access point (including street outreach); completed within 30 days	Literally homeless; fleeing or attempting to flee DV	Shelter case manager or outreach

Assessment scoring—“Scoring” indicates risk, vulnerability, or need based on responses to assessment questions. The “assessment score” provides a standardized risk analysis and other objective assessment factors. Assessment scores reflect factors included in the prioritization process, and the assessment score alone does not necessarily determine the relative order of potential participants for resources. The SPDAT, completed either by outreach or a shelter case manager and incorporated into the HMIS module, provides a score that indicates the level of services and housing track (rapid re-housing [RRH], permanent supportive housing [PSH], one-time payments, RRH/PSH Projects for Assistance in Transition from Homelessness, or other) needed for literally homeless households and those fleeing DV. The SPDAT is implemented once placed in shelter and helps to build upon the HSP and information. The SPDAT is also a component of the prioritization process.

Participant autonomy—The CE process allows participants to refuse to answer assessment questions and to refuse shelter, housing, and service options without retribution or limiting their access to assistance.

Assessments are **culturally sensitive** and include linguistically competent questions for all persons that reduce any linguistic barriers to housing and services for special populations, including immigrant, refugees, and their first-generation populations; youth; individuals with disabilities; and lesbian, gay, bisexual, transgender, queer or questioning persons.

Prioritize

3. Prioritization—“Prioritization” refers to the CE-specific process by which all persons in need of assistance who use CE are ranked in order of priority to ensure households with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability.

PSH standardized prioritization in the referral process—The CoC prioritization policies are consistent with CoC and ESG written standards established under [24 CFR 576.400\(e\)](#) and [24 CFR 578.7\(a\)\(8\)](#). The CoC adopted the Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing CPD-016-11, which provides detailed guidance on prioritizing PSH beds. Prioritization will be based on the length of time homeless and the severity of service needs.

Chronic homeless priority—The CoC will exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on the total length of time homeless or the severity of their needs.

Prioritization of Veterans

PSH projects that serve 100 percent veterans:

- If unable to locate a chronically homeless veteran to fill a vacancy, house the veteran who has been homeless the longest and has the most intensive service needs.

PSH veterans projects that do not serve 100 percent veterans:

- If unable to locate a chronically homeless veteran to fill a vacancy, house a chronically homeless non-veteran.

Veterans ineligible for Veterans Affairs housing and services:

- Are prioritized for CoC-funded projects.

PSH projects must not have eligibility criteria or preconditions to entry that systematically exclude those with severe service needs. Street outreach providers will always make attempts to engage those persons who have been resistant to accepting an offer of housing and ensure that chronically homeless persons will continue to be prioritized for PSH until they are housed.

Referrals

Referrals to participating housing projects—The CE process utilizes a uniform and coordinated referral process for all beds, units, and services available at participating projects. The CoC utilizes a Permanent Housing Clearinghouse (PHCH), a web-based program that manages the “by name list”—a prioritized list of those households experiencing literal homelessness and those fleeing DV. The PHCH is managed by the CE Lead, currently the Delaware County Department of Human Services, Adult and Family Services Homeless Services Coordinator. There are four ways to be placed on the clearinghouse.

1. Those who enter the shelter are automatically placed on the PHCH as part of the data entry and intake process.
2. Those served by the street outreach team are manually placed within the HMIS list by the street outreach team.
3. CE assessors can manually place a participant on the list if they have verified that they are literally homeless or if the participant is fleeing DV and has been notified of their right to access services through DAP but elects to go into the mainstream system.
4. Those fleeing DV are placed on the list regardless of their current housing situation. Those who are receiving services from DAP have a separate but equitable process as outlined in this document.

Once an individual or household is placed into housing, they are eligible for an emergency transfer due to the federal guidelines under Violence against Women Act (VAWA). The regulations at **24 CFR part 5 subpart L** are as follows:

- (a) A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking is eligible for an emergency transfer under the following conditions:
 - (i) If the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains in the same unit that the tenant is occupying; or

- (ii) If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.
- (b) A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.
- (c) Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Documentation needed for emergency request are as follows:

- (a) To request an emergency transfer, the tenant must submit a written request to the housing provider for a transfer in accordance with the procedures described in this plan. The housing provider will provide reasonable accommodations to this policy for individuals with disabilities.
- (b) The tenant's written request for an emergency transfer may be made by either:
- i. completing and submitting the CoC's HUD Form 5382; or
 - ii. submitting third party documentation acceptable to the Delaware County CoC with a written request which includes either:
 - A statement expressing that the tenant reasonably believes that there is Imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under housing provider's program; OR
 - A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-day calendar- day period preceding the tenant's request for an emergency transfer

Households receiving services from DAP who end up in a non-DV housing program do not get placed on the PHCH and instead use a separate process to get referred to housing.

The CE process utilizes a uniform and coordinated referral process for all beds, units, and services available at participating projects. The participant referrals for the CoC-funded projects are referred to the PHCH. This helps ensure that referrals are made on a timely basis.

Process for Housing Referrals:

5. Outreach or shelter case managers administer the SPDAT assessment, which gathers information about the needs and vulnerabilities of households.
6. For anyone who is experiencing literal homelessness and is not interested in shelter placement or is put on the shelter waiting list, outreach or the CE assessor will enroll them in the outreach program in HMIS.
7. After the person is enrolled in the outreach program, outreach or the CE assessor will click on the “Refer to Clearinghouse” button to manually get the household onto the PHCH.
8. Outreach or shelter case managers administer the SPDAT assessment, which gathers information about the needs and vulnerabilities of households.
9. HMIS, with the SPDAT Housing Needs Assessment incorporated, produces a score that is utilized as part of the prioritization that indicates the likely housing path for those identified as literally homeless.
10. Based on HMIS records, participants are marked eligible for the various housing programs. The PHCH and HMIS are interconnected; therefore, assessment information is carried forward with the referral. The PHCH is programmed to prioritize households based on [CPD 16-011](#), which was adopted by the CoC in 2016.
11. The CE Lead assigns the household to the next available vacant housing slot that they are eligible for (RRH, PSH, transitional housing [TH]-RRH, or other permanent housing, depending on path and needs) based on the SPDAT score and after discussing vacancies during case conferencing to determine the best fit for the household.

Determining eligibility—The HMIS Lead, via PHCH, will determine whether potential participants meet project-specific requirements of the projects for which they are prioritized and to which they are referred via SPDAT score eligibility documentation provided. Additionally, collaborative efforts with providers via case conferences can also be used to determine whether potential participants meet project-specific requirements and identify the best matches between participants and housing opportunities. The process of collecting required information and documentation regarding eligibility occurs at any point in the CE process. The lack of documentation should not prevent referrals to housing. It is the responsibility of permanent housing providers to document and verify eligibility after or concurrently with the *assessment* and *scoring tools*. Eligibility information is not being used as part of prioritization and ranking. In using the “Master List, PHC List,” if a participant is prioritized and a unit is not available based on their eligibility, the CE Lead will go to the next person who is eligible. The HMIS Lead will monitor vacancy reports daily and refer households to housing programs. The HMIS Lead will follow contact protocol and inform the shelter case manager, participant, and housing program staff of the referral made and the process of acceptance and intake.

Referral protocols—Once a referral is made to the housing program, the program has two business days to acknowledge receipt of the referral. The program must then accept or deny the referral within seven business days. Housing program rejection of referrals is extraordinarily rare and must follow the guidelines below.

Reasons for denial of acceptance by Housing Programs—Receiving programs may only decline households found eligible and referred by the CE Lead under very limited circumstances, including:

- The program has been unable to contact the household for seven consecutive business days
- The household cannot be contacted via phone, email, or third-party supportive services (e.g., shelter case management).
- The household composition is not consistent with the eligibility criteria for the program
- (e.g presence of children or not)

Note: Programs may not decline persons with psychiatric disabilities for refusal to participate in mental health services.

In the extraordinarily rare instances of rejection, the rejecting organization must follow the following protocols:

1. Prepare the following documents to be sent to the CE Lead within seven days from the rejection: a written letter stating the reasons for rejection, proof of notice of ability to appeal the rejection, and factual evidence supporting the initial rejection. Third-party support (i.e., outreach case managers) will also be notified of the rejection.
2. Consult with the provider agency to resolve issues or concerns and, if it is still determined to be “rejected,” continue to next steps.
3. Participate in a case conference that will include the participant, housing program, CE Lead, and one additional Continuum of Care Advisory Team member. Participation in the case conference serves as the participant’s initial appeal. The case conference will first attempt to address and resolve the issues and barriers that are the basis of the rejection.
4. If the rejection is upheld, the CE Lead will—with the best effort possible—attempt to connect the rejected household to a new program/resource or will develop a new housing plan.

Waiting lists—The CE Lead will monitor the length of time the participants are on the PHCH and set incremental goals to reduce that amount of time. The CE Lead will strive to move participants off the waiting list PHCH within 60 days. If the CE Lead has not reached the goal and participants remain on the list for more than 60 days, the CE Lead will review the prioritization standards and make necessary changes and updates. This includes looking for new avenues to resolve the homeless situation and house them as soon as possible.

Participant appeal—All participants have the right to appeal eligibility determinations issued by either the coordinating entity or any receiving program. Instructions for submitting an appeal are provided to participants at the time that an intake decision is made by the receiving program. Housing assessors and housing navigators are responsible for assisting participants in filing eligibility determination appeals, including but not limited to drafting a written appeal on behalf of the participant. All appeals of decisions by receiving programs should be made in writing and submitted to the coordinating entity or by contacting the county with the number provided.

CE Required Policies

Programs that receive CoC funding are required to participate in CES and abide by these written standards, and the program procedures should reflect the standards described herein. All projects in the CoC are encouraged to abide by the program procedures as well.

These written standards have been developed by the governing board of the HSC of Delaware County, PA. These written standards address the CES system structure, policies, procedures, prioritization, and performance standards for the ES, TH, RRH, and PSH programs.

- Projects must have written policies and procedures and consistently apply them to all participants.
- Projects must serve eligible participants and keep written documentation of eligibility criteria and decisions.
- Projects must coordinate with other targeted homeless services within the CoC.

- Projects must coordinate with mainstream resources in the CoC, including housing, social services, employment, education, and youth programs for which participants may be eligible.

Assistance with accessing mainstream benefits: Upon enrollment in the Projects for Assistance in Transition from Homelessness, ES, TH, RRH, and PH projects, the following services will be made available as resources allow:

- Case managers/housing specialists shall assist participants in completing applications for mainstream benefits, including health care benefits, Temporary Assistance to Needy Families, Social Security, Supplemental Nutrition Assistance Program benefits, and access to the Early Learning Resource Center, within two weeks if participants do not have benefits and are eligible.
- Projects shall supply transportation assistance either directly or through referral to participants to attend mainstream benefit appointments, employment training, or jobs.
- Projects shall have staff systematically follow up to ensure mainstream benefits are received by participants.

Project recordkeeping requirements for recipients and subrecipients—refer to Appendix 1. Projects will follow applicable recordkeeping requirements in [24 CFR 578.103](#) for documentation and order of priority.

Chronically homeless verification—Recipients must maintain and follow written intake procedures to ensure compliance with the definition of chronically homeless for their CoC project.

Eligibility Standards:

Policies and procedures for evaluating individuals' and families' eligibility for assistance:

- Eligibility for RRH, TH, and PSH must meet HUD's category 1 (literally homeless) or category 4 fleeing or attempting to flee domestic violence distinctions. See Appendix 2 for more detailed definitions.
 - Delaware County origin priority (i.e., homeless or at risk of homelessness status)- Household must have originated in Delaware County or were born or had residency at some time in Delaware County. Persons who are homeless but from outside of Delaware County are not disqualified, but priority is first given to those of Delaware County origin.
- Eligibility for ES placement in a hotel or motel requires proof of homelessness. Participants must provide proof of fire, forcible eviction notice, or condemnation to be placed in a hotel or motel. Persons fleeing DV do not need to furnish proof of homelessness beyond their self-attestation.

Lowering barriers—The CoC prohibits the CE process from screening people “out” due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or a history of substance use, DV history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record—with exceptions for state or local restrictions that prevent projects from serving people with certain convictions.

Marketing/non-discrimination—The CoC will include on all printed documents/media describing the CE process a statement that communicates that “all services and resources are available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.” Participants must be informed of their ability to file a nondiscrimination complaint. **Refer to Appendix 3.**

Information—privacy protections:

1. CE participants are free to decide what information they provide during the assessment processes. If a participant refuses to provide certain pieces of information, the CoC must continue to assess and provide services. The CoC is prohibited from denying services for refusal to disclose information.
2. The CoC, to ensure adequate privacy protections of all participants, they must give consent to share and store participant information for purposes of assessing and referring participants through the CE process. Participant consent is required for HMIS and for verifying third-party information.

HMIS and data security protections—The CoC utilizes the HMIS to record information gathered from assessments and interviews and ensure compliance with HUD’s requirements in 24 CFR 578.7(a)(8) and Section II.A and be compliant with HUD’s HMIS Privacy and Security Notice. In addition, the CoC certifies that it coordinates with victim service providers (VSPs) who are prohibited by law from entering personally identifying information in HMIS.

Victim assistance and family support line—The CoC coordinates with the DAP, the county VSP, in offering CE assessments and services to all survivors of DV, dating violence, sexual assault, and stalking.

For people fleeing or attempting to flee DV and victims of trafficking, the CoC:

- Will provide safe and confidential access to the CE process and victim services by:
- Providing DAP as an access point for CE, which uses a comparable database (i.e., data is not accessible to anyone outside DAP).
- Using unique identifiers when a survivor accesses other access points.
- Will not jeopardize the safety of the individuals and families seeking assistance.
- Ensures immediate access to emergency services such as DV hotlines and shelters.
- Ensures participants may not be denied access to the CE process on the basis that the participant is or has been a victim of DV, dating violence, sexual assault, or stalking.
- Ensures that records containing personally identifying information are kept secure and confidential and the address of any DV project is not made public.

Disclosure of disability status—The assessment and prioritization process does not require disclosure of disabilities or diagnoses. CE assessors clearly explain that this information is not required but could be useful to determine eligibility for permanent housing programs. If a participant continues to choose not to disclose, the CoC must refer the participant to services and programs for which they are eligible, based on the information disclosed.

Assessor training—The CoC provides training to CE assessors annually that covers the requirements for prioritization and the criteria for uniform decision-making and referrals. Training protocols are updated and distributed annually. Training will be offered in person at CE sites, a central location, or via the web. The purpose of the training is to provide all staff administering assessments access to materials that clearly describe the methods by which assessments are to be conducted with fidelity.

Ongoing planning and partner consultation for annual evaluation; refer to Appendix 4 for Monitoring and Evaluation (M&E) Policy.

Non-discrimination requirements

The CoC will comply with the non-discrimination and equal opportunity provisions of federal civil rights laws as specified at 24 C.F.R. 5.105(a), including but not limited to the following.

- **Fair Housing Act** prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- Section 504 of the Rehabilitation 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 based on disability.
- **HUD's Equal Access Rule** at [24 CFR 5.105\(a\)\(2\)](#) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC program, ESG program, and HOPWA program.

Appendix 1: Delaware County CoC Intake and Documentation Procedures/Policy

HUD requires that projects receiving CoC funds maintain and follow written intake procedures establishing how the project will determine and document participant eligibility and establishing the order of priority for obtaining evidence of homelessness as third-party documentation first, intake worker observation second, and certification from the person seeking assistance third.

Recipients and subrecipients of CoC projects are responsible for the items outlined in the sample policy below, which is intended to help providers comply with requirements established under federal law. All projects receiving CoC funds are required to have similar policies. Projects may opt to adopt this sample policy or a different policy that fulfills the requirements. Projects are encouraged to omit from this sample policy details that do not apply to their program component type and add details that are specific to their agency's procedures.

In addition to items outlined in this policy, all projects are responsible for complying with any special eligibility requirements established through their project application or the Notice of Funding Availability/Opportunity under which the project was originally funded. For example, projects may be required to serve specific subpopulations.

Purpose:

The purpose of this policy is to establish intake procedures to ensure:

- Participants are eligible for CoC assistance in accordance with federal requirements.
- Adequate documentation of eligibility is maintained in all participant files.

General Intake Procedures:

The CoC uses the SPDAT score, which prioritizes participants for admission into housing.

Project staff are required to document the following at intake using the verification forms developed for CE:

- Eligibility screening for **all** persons seeking assistance.
- Evidence relied upon to establish and verify homeless status and disability status, if applicable.
- Due diligence in attempting to obtain third-party documentation of homelessness, if applicable.

It is the responsibility of CoC project staff to verify eligibility and ensure that documentation of eligibility is on file prior to admitting all participants.

Order of Priority for Obtaining Evidence of Homelessness/Chronic Homelessness

Project staff shall use the following order of priority for obtaining evidence:

1. Third-party documentation, such as:
 - Letter from a shelter.
 - Letter from an outreach team.
 - Letter from another service provider or other community member (e.g., doctor, therapist, counselor, clergy member, etc.).

- HMIS record.

Letters must:

- Be on agency letterhead.
- Be signed and dated.
- Include the name and title of the person signing.
- Third-party verification is required for **one night** in each of the months experiencing literal homelessness.

2. **Intake worker observation** of the conditions where the individual was living.

3. **Self-certification**, including:

- A dated letter signed by the applicant attesting to the qualified locations where the applicant lived and the approximate dates living in each location and
- Intake worker must also document in the participant file:
- The living situation and circumstances that necessitate reliance on self-certified evidence (such as that the participant was camping in a remote area and did not have contact with any service providers or the ES where the participant resided was unresponsive to multiple attempts to obtain third-party documentation) and
- Steps taken to obtain third-party documentation, including documenting attempts to locate HMIS records and attempts to obtain letters from an ES or other third party knowledgeable of the applicant's homelessness.

Limitations on Self-Certification

Disability cannot be self-certified under any circumstances. In all instances, project staff must perform due diligence as specified above in attempting to obtain third-party documentation prior to relying on self-certification. As necessary for all participants, up to three months of homelessness can be documented through self-certification. In limited circumstances, up to the full 12 months of homelessness can be documented through self-certification. Self-certification for the full 12 months should be limited to rare and extreme cases and may not be used for more than 25 percent of households served by a project at one time. This limitation does not apply to documentation of breaks in homelessness between separate occasions, which may be documented entirely based on self-report.

Definitions:

Project staff shall use the following definitions when determining eligibility for CoC project assistance.

Literal homelessness:

An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- **Sleeping in a place not designed for or ordinarily used as regular sleeping accommodation**, including a car, park, abandoned building, storage facility, bus or train station, airport, or camping ground.
- **Living in a shelter designated to provide temporary living arrangements** (i.e.,
- ES, TH, hotels and motels paid for by charitable organizations or federal/state/local government programs).
- Exiting an institution (e.g., jail, hospital)—to qualify, they must:
 - Have resided in the institution for less than 90 days and

- Have resided in an ES or place not meant for human habitation immediately before entering the institution.

Chronic homelessness:

All participants admitted after January 15, 2016 qualify as chronically homeless only if:

1. They currently live in a place not meant for human habitation, or an ES. (People in TH are not chronically homeless) **and**
2. They are homeless (as defined in #1 above) for at least 12 months continuously or on four separate occasions in the last three years, totaling 12 months **and**
3. Are disabled as defined by HUD (see below).

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 of the criteria defined above, including a family whose composition has fluctuated while the head of household has been homeless, also qualifies. To qualify, the head of household must be disabled.

Each occasion must be separated by a break of seven or more consecutive nights **not** residing in a place not meant for human habitation or in shelter. Continuous means without a break of seven or more consecutive nights.

People residing in an institution for fewer than 90 days **and** who were chronically homeless immediately before entering the institution also qualify. RRH participants retain their chronically homeless status while participating in RRH; however, the time spent in RRH does not count toward the 12-month requirement.

Disability:

Disability is defined by HUD as follows:

A physical, mental, or emotional impairment (includes impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that is expected to be long-continuing or of indefinite duration and substantially impedes the person's ability to live independently **and** could be improved by more suitable housing; **or** a developmental disability or HIV/AIDS.

Documentation of Eligibility

Evidence of Disability:

All PSH participant files must include one of these as evidence of disability:

- Written verification from a professional licensed by the State of Pennsylvania or additional states to diagnose and treat the qualifying disability that certifies that the disability meets the HUD definition of disability (see above).
- Written verification from the Social Security Administration.
- The receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation).
- Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, is confirmed and accompanied by evidence described under bullets 1 through 3 above.
- Other documentation approved by HUD.

Evidence of Chronic Homelessness:

Files for all PSH participants entering a bed designated or prioritized for chronically homeless people must include all the following evidence of chronic homelessness:

- Evidence of current literal homelessness at the time of project entry (TH residents are excluded).
- Evidence of meeting continuous or occasional requirements.
- Evidence of disability.
- If applicable, evidence that the person was chronically homeless immediately before entering an institution or RRH.

Evidence of Literal Homelessness:

Files for all PSH participants entering a bed **not** designated or prioritized for chronically homeless people, and for all participants entering **TH and RRH**, must include the following evidence of literal homelessness:

- Evidence of current literal homelessness at time of project entry.
- If applicable, evidence that the person was literally homeless immediately before entering an institution or RRH.

Note: Except for survivors entering CoC RRH or TH under category 4.

Additional Evidence Required for TH:

In addition to evidence of literal homelessness, TH files must document:

- That all applicants have been screened for diversion and admitted only if no other options are available.
- That all participants have income below 30 percent of the area median income.

Prioritization of Chronically Homeless People in PSH

- **First**—Chronically homeless with the longest history of homelessness and the most severe service needs.
- **Second**—Chronically homeless with the longest history of homelessness.

PSH projects are required to ensure prioritization consistent with HUD CPD Notice 14-012. See Fair Housing and Equal Access

HUD Fair Housing and Equal Access

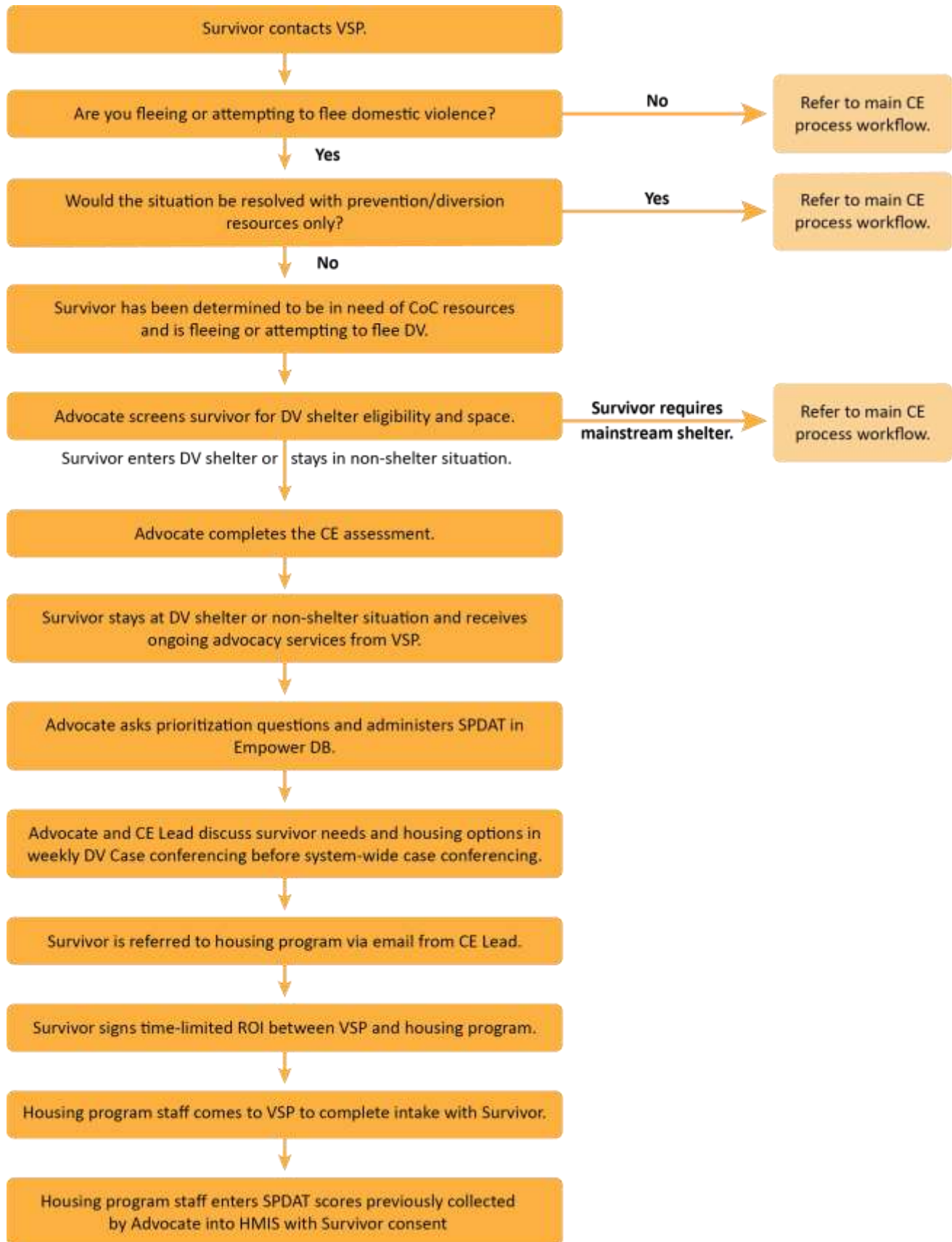
All CoC projects must comply with the HUD Fair Housing and Equal Access requirements. The Fair Housing Act prohibits discrimination based on race, color, religion, sex, disability, familial status, or national origin. Violations of the Fair Housing Act occur when policy or practice has an unjustified discriminatory effect, even when the provider had no intent to discriminate. Where a policy or practice that restricts access to housing on the basis of criminal history has a disparate impact on individuals of a particular race, national origin, or other protected class, such policy or practice is unlawful. In accordance with Fair Housing requirements, this project:

- Retains all application records, including outcome and reason for denial.
- Does not use any type of blanket policy against renting to persons with criminal records.
- May, only as necessary to ensure the security of residents and property, use individualized and detailed assessments of criminal records considering only convictions.
- Ensures that the use of such information in admission decisions actually assists in ensuring the security of residents and property.
- Ensures that any use of a criminal record in admission decisions is absolutely necessary and that no less discriminatory alternative is available.

In accordance with the HUD Equal Access requirements, all CoC projects:

- Must be open to eligible individuals and families regardless of sexual orientation, gender identity, or marital status.
- Must consider any group of people that present together for assistance and identify themselves as a family to be a family and serve them together as such.
- Must not separate families because of the age or gender of household members.
- Are prohibited from inquiring about sexual orientation or gender identity to determine eligibility.
- Must provide services for transgender individuals in a manner that corresponds to the person's identified gender.
- Take reasonable steps to address participants' safety and privacy concerns.

Appendix 2: CE VSP Process Map



Appendix 3: Delaware County CoC Outreach and Marketing

In order to reach persons who are most vulnerable to homelessness, are unsheltered, or may have barriers to accessing programs and resources, Delaware County, the CE Lead Agency, will ensure that access to local homeless systems and resources is well advertised to the entire community. This includes taking explicit steps to make advertising and communications materials easy to understand, making the system easily accessible, and taking specific action to reach out to those who may be least likely to seek out resources on their own. CE plans include advertising and outreach strategies that clearly communicate how persons in need can access the CE system. These strategies and related materials are explicitly aimed at persons who are experiencing homelessness, are vulnerable to homelessness, or are living unsheltered, particularly those who have disabilities or are currently not connected to services. Outreach, advertising, and marketing tools will explicitly convey that services are available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Marketing and outreach will be accomplished through, but shall not be limited to, the following strategies:

- The CE Lead Agency will ensure that all advertising materials clearly identify the local CE system and process for seeking assistance.
- The CE Lead Agency will ensure that marketing materials are easily accessible to persons with physical or developmental disabilities and are available in multiple languages to meet the needs of minority groups, ethnic groups, and groups with limited English proficiency as needed (based on local need/population).
- The CE Lead Agency will create and update a Delaware County Resource Guide annually.
- The CE Lead Agency will create a flyer that identifies the CE system and points consumers and community agencies to the local CE access points by including phone numbers, addresses, hours of operation, after-hours information, etc.
- The CE Lead Agency will host an open meeting at least annually and invite all of the entities listed below to educate them on the CE system and how to access it.
- The CE Lead Agency will work to ensure the distribution of all advertising materials to local providers and partners in the local CE system. The following entities are organizations that are not part of the local CE system but frequently encounter households who are experiencing homelessness and need information on how to access the system:
 - County libraries
 - Crozer Hospital and other local hospitals
 - City Team Ministries Shelter
 - Public housing authorities
 - Police departments
 - Representative offices
 - Delaware County Community College
 - Widener University
 - School homelessness liaisons
 - Federally qualified health centers
 - Churches
 - Homeless Health Initiative at Children’s Hospital of Philadelphia
 - Boys & Girls Club of America in Delaware County
 - Recreation centers
 - Transit providers
 - Hudson Program Leader

- Mother's Home
 - EDSI/Careerlink
 - The Foundation for Delaware County
 - The Chamber of Commerce
 - Legal aid
- As part of the annual CE evaluation, the CE Lead Agency will identify entities that should be added to this list.

Appendix 4: CES M&E Policies and Procedures

Creating effective policies and procedures for monitoring and evaluating a community's homelessness response system, specifically within the CE process, is critical. These procedures ensure the system operates efficiently, adheres to HUD guidelines, and ultimately serves the homeless population as effectively as possible.

This document outlines the policies and procedures for the M&E of the PA-502 Upper Darby, Chester, Haverford/Delaware County CoC CE system to ensure effectiveness, compliance with HUD guidance, and continuous quality improvement in serving persons experiencing homelessness.

Purpose

The purpose of these policies and procedures is to establish a framework for:

- Regular monitoring of CE data collection sites.
- Evaluation of outcomes using HMIS data.
- Utilization of HUD's Coordinated Entry Self-Assessment tool.
- Partner engagement and feedback.

Scope

These policies and procedures apply to all entities involved in the CE process within PA-502 Upper Darby, Chester, and Haverford/Delaware County CoC, including but not limited to CE access points, ES, TH programs, RRH programs, PSH programs, and other relevant service providers.

Priorities

- **Compliance with HUD guidance:** Adherence to the HUD CE requirements and guidelines by all HUD-funded projects.
- **Data quality and integrity:** Ensuring the accuracy, completeness, and confidentiality of data entered into HMIS.
- **Outcome-oriented evaluation:** Focusing on evaluating the effectiveness of the CE process through outcome measures derived from HMIS data.
- **Inclusive and equitable access:** Guaranteeing that the CE process is accessible and equitable for all individuals experiencing homelessness, including those with barriers to housing and services.

Procedures

- Regular monitoring of data collection sites:
 - CE Lead Agency will conduct annual visits to all CE access points to review procedures and ensure compliance with CE policies.
 - CE Lead will implement a quarterly review of HMIS data entry practices across all participating programs to ensure data quality and integrity and share the findings with the CE Committee.
 - CE Lead Agency and CE Committee will review data quality and compliance reports, identify opportunities for improvement, and recommend necessary changes to CE policies and procedures.

- Evaluation of outcomes using HMIS data:
 - CE Lead Agency will generate monthly reports on key CE performance metrics, such as the number of individuals assessed, diverted, referred for shelter, and referred for housing, as well as time from assessment to referral and successful housing outcomes (also by sub-populations) and share the reports with the CE Committee.
 - CE Lead Agency will analyze annual trends in homelessness (increases or decreases in population), demographic shifts, and service utilization patterns to inform system improvements and share the findings with the CE Committee.
 - CE Lead Agency and CE Committee will review performance metrics and homelessness trends to identify opportunities for improvement and recommend necessary changes to CE policies and procedures.
- [HUD's Coordinated Entry Self-Assessment:](#)
 - Annually, the CE Lead Agency, in collaboration with the CE Committee, will complete HUD's CE Self-Assessment tool to identify strengths and areas for improvement within the CE process.
 - The CE Lead agency may engage a third party to support an annual evaluation and share the self-assessment result with that third party.
 - The CE Lead Agency, in collaboration with the CE Committee, will develop an action plan based on the third-party evaluation and the self-assessment results to address identified gaps and enhance CE system effectiveness.
- Partner engagement and feedback:
 - The CE Lead Agency will engage a diverse group of participants, including persons with lived experience who have recently gone through the CE system, in the M&E process to incorporate a wide range of perspectives.
 - Persons with lived experience providing input and support in the evaluation should be compensated for their time. Delaware County will be deliberate in establishing a way to provide that compensation, including advocating for changes in the county practices and engaging partners who can provide that support.
 - The CE Lead Agency will host regular meetings of the CE Committee as a means for service users and providers to contribute insights on the CE process and suggest improvements.

Reporting and Accountability

- The CE Lead Agency will compile and present an annual M&E report to the Delaware County CoC Board, highlighting achievements, challenges, and strategic recommendations for the CE system.
- The CE Lead Agency will ensure transparency by making summary reports accessible to the public and stakeholders through the CoC website and other appropriate channels.

Review and Revision

- The CE Lead Agency, in collaboration with the CE Committee, will review and, if necessary, revise these policies and procedures annually to reflect changes in HUD guidance, local needs, and system performance improvements.

Appendix 5: Delaware County CE Roles & Responsibilities

Outreach Activities

- Create and maintain relationships with unhoused households.
- Administer the shortened assessment.
- Enter assessment data into HMIS.
- Complete SPDAT with participants.
- Collect homeless history.
- Scan any identification documents into HMIS.
- Work with the participant to obtain a verification of the disability (if applicable).
- Participate in monthly case conferencing meetings.

CE Assessor Activities

- Walk through the HMIS Release of Information and have participants sign forms.
- Administer the shortened assessment.
- Enter assessment data into HMIS and have participants review the answers.
- Refer participants to shelter waitlist, outreach, or other resources depending on answers to assessment questions (i.e., TAY bridge program, DAP, etc.).
- Scan any identification documents into HMIS.
- Try to divert the household in order for the household to avoid shelter or the streets.
- HSP is started at this time.
- Call participants if they have come up on the shelter waitlist and there is an opening.

VSP Assessor Activities

- Administer the shortened assessment to households fleeing DV who meet [HUD's Category 4 definition](#).
- Enter assessment data into a comparable database and have the participant review the answers.
- Refer participants to resources depending on answers to assessment questions.
- Scan any identification documents into the database.
- Try to divert the household in order for the household to avoid shelter or the streets.

Shelter Case Manager Activities

- Continue to build HSP.
- Complete SPDAT with participants.
- Collect homeless history and fill out the homeless verification form.
- Try to divert the household in order for the household to avoid shelter.
- Work with participants to obtain a verification of the disability (if applicable).
- Work with participants to obtain identification documents (if needed).
- Participate in monthly case conferencing meetings.

CE Lead Activities

- Meet weekly with VSPs to case conference.
- Lead monthly case conferencing meetings.
- Make referrals in HMIS to housing programs.
- Send an email referral to housing programs for any DV survivors working with the VSP.

Housing program Case Manager Activities

- Complete program intake.
- Verify eligibility for the program (e.g., disability verification, homeless verification if needed for the program).
- If the participant is a DV survivor working with DAP, housing program staff will go to DAP to complete intake with the survivor and enter SPDAT score collected by DAP into HMIS.
- House participants.
- Participate in monthly case conferencing meetings.

VSP Case Manager Activities

- Complete SPDAT with participants.
- Collect homeless history and fill out the homeless verification form.
- Work with participants to obtain a verification of the disability (if applicable).
- Work with participants to obtain identification documents (if needed).
- Meet weekly with the CE Lead to case conference.
- If the survivor is open to a mainstream housing program and is referred to the program, work with the survivor to sign a time-limited Release of Information between the VSP and the housing provider.