Big Bend Continuum of Care
Coordinated Entry Policies and Procedures (Version 4.0)

These policies and procedures will govern the planning, implementation, and evaluation of the Coordinated Entry System (CES/CE) within the Big Bend Continuum of Care for single adults, families, and youth who are experiencing a housing crisis. These policies may only be changed by the approval of the Continuum of Care (CoC) Board of Directors in conjunction with recommendations from the CoC Coordinated Entry Committee.

Revisions:

Original: 10-26-2015

Version 2.0: 1-22-2018

Version 3.0 1-2019 approved and adopted 6/27/19

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I. Overview

The goal of the coordinated entry system is to provide each participant with adequate services and supports to meet their housing needs, with a focus on returning them to permanent housing as quickly as possible. Below are the guiding principles that will help the Big Bend CoC meet these goals.

Coordinated Entry refers to the process used to assess and assist in meeting the housing needs of people at-risk of homelessness and people experiencing homelessness regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Coordinated Entry System (CES) covers the entire Big Bend CoC's geographic area which includes Leon, Gadsden, Wakulla, Jefferson, Franklin, Madison, Taylor, and Liberty counties. All people in different populations and subpopulations in 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 coordinated entry process. housing resource, or receive a referral to a particular housing option, nor does it ensure availability of resources for all eligible households.

A. Key Elements

1. A designated set of access points
2. The use of a standardized assessment tool to assess consumer needs;
3. Referrals, based on the results of the assessment, to homelessness assistance programs (and other related programs when appropriate);
4. Capturing and managing data related to assessment and referrals in the Homeless Management Information System (HMIS); and
5. Prioritization of consumers with the most barriers to returning to housing for more strategic uses of limited resources.

B. Guiding Principles

The CoC has established the following guiding principles for CES to promote a more effective crisis response system. These principles help organize and structure planning and management efforts and ensure a cohesive understanding of system goals and priorities.

1. The CE will operate with a person-centered approach, and with person-centered outcomes.
2. The CE will ensure that participants quickly receive access to the most appropriate services and housing resources available.
3. The CE will reduce the stress of the experience of being homeless by limiting assessments and interviews to only the most pertinent information necessary to resolve the participant's immediate housing crisis.
4. The CE will incorporate cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.
5. The CE will implement standard assessment tools and practices and will capture only the limited information necessary to determine the severity of the participant's needs and the best referral strategy.
6. The CE will integrate mainstream service providers into the system.
7. The CE will utilize HMIS for the purposes of managing participant information and facilitating quick access to available CoC resources.
8. The CE will ensure that participants do not wait on the prioritization waiting list for more than 90 days when appropriate resources are available.

C. Roles and Responsibilities

1. Management Entity- Big Bend Continuum of Care (BBCoC)

The primary oversight of the operations of the Coordinated Entry System (CES) will be managed by staff of the Big Bend Continuum of Care. Coordinated Entry System Policy and Procedures will be reviewed on an annual basis by the Big Bend CoC in partnership with the Coordinated Entry Committee. In addition to the annual review, the Coordinated Entry Policy and Procedures are subject to periodic updates and changes to be more responsive to community needs and ensure an overall effective system. Additional duties are outlined in the CE MOA.

Coordinated Entry Coordinator- BBCoC Staff

- Responsible for management and oversight of the Coordinated Entry System and housing staff
- Oversee the advocacy process for Coordinated Entry
- Perform quality checks in HMIS on workflow including policy adherence, documentation, and case note updates
- Oversee prioritization of the By-Name-List including monthly meetings to address client needs

Housing Navigator- BBCoC Staff

- Establish and maintain landlord relationships throughout CoC as well with case managers in ES, TH, RRH, and HP programs
- Update available housing options at case conference meetings
- Update client's housing readiness in HMIS
- Coordinate with CE Coordinator to update Coordinated Entry Housing Priority List

2. Policy Oversight Entity- Big Bend CoC Board

The primary responsibilities of the Big Bend CoC Board are to establish Coordinated Entry participation expectation, determine local data collection and data quality expectations, define

data sharing protocols, and select a data system for Coordinated Entry.

3. Evaluation Entity- Coordinated Entry Committee

The Coordinated Entry Committee will continue to convene, as appropriate, engage in ongoing planning for coordinated entry including engaging partners supporting communication efforts, addressing systemic issues that may arise in implementation, assessing feedback from system stakeholders and system-wide data. The Committee will be responsible for:

- Investigating and resolving consumer and provider complaints or concerns about the process.
- Providing information and feedback to the CoC community partners and CoC Board about coordinated assessment;
- Evaluating the efficiency and effectiveness of the coordinated assessment process;
- Reviewing performance data from the coordinated assessment process; and
- Recommending changes or improvements to the process, based on performance data, to the CoC and CoC Board.

Committee Composition

The Coordinated Entry Committee shall be composed by no less than 5 persons from the following list of mainstream service providers:

- An emergency shelter staff representative;
- A non-emergency shelter staff representative (from the provider community);
- A law enforcement representative;
- A funder representative;
- A health care provider representative;
- A permanent supportive housing provider
- A transitional housing provider.
- A domestic and sexual abuse service agency representative
- A mental health care provider

Committee Chair

The Committee will have a chair is responsible for:

- Putting together an agenda for each meeting, based on communications or agenda items submitted by providers or consumers;
- Serving as the point of contact for anyone seeking more information or having concerns about the coordinated entry system; and
- Ensuring minutes are taken at each committee meeting.

CE Committee Meeting Schedule and Agenda

The committee will meet monthly or as often as needed. Certain items should be on the agenda on a regular basis, including number of assessments completed to date, by which agencies, trainings provided and issues with data entry and assessment.

Voting Procedures

Decisions of the Coordinated Entry Committee will be made based on a majority vote by Committee members. Any decisions that would lead to a modification of the coordinated assessment process, including changes to the assessment tool or policies and procedures, must be approved by majority vote by the Coordinated Entry Committee AND approved by the CoC Board.

II. Access

A. Coordinated Entry Participation

HUD has established guidance that instructs all CoC and ESG funded projects to participate in the CES. The CoC strives to have all homeless assistance projects participating in the CE process and will work with all local agencies and funders in to facilitate their participation in CE. The CoC is dedicated to aligning and coordinating CE policies and procedures governing assessment, eligibility determinations, and prioritization with its written standards for administering CoC and ESG funds. A copy of the CoC and ESG written standards can be found at http://www.bigbendcoc.org/our-governance/.

1. Referral Agencies

Referral Agencies include all the agencies who are making referrals to the CES and those who partner with the CoC to collaborate in efforts to facilitate participant needs.

a) Referral agencies must execute a signed Memorandum of Understanding and Coordinated Entry Data Sharing Agreement in order to participate (see Implementing HMIS in your agency or program - HMIS Big Bend CoC).

Additional

b) The CE Data Sharing agreement maintains that client level information can only be shared between the agencies that have a signed agreement and have received an informed consent from the client agreeing to share personal information with the agencies. The agency receiving the client written consent can share that client's information in case conferencing or electronically through HMIS with participating agencies. The list of participating agencies can be accessed on the CoC's website, www.bigbendcoc.org. and will be provided to all participating agencies.

c) Referral agencies must attend regularly scheduled meetings to review referrals made from the client prioritization list and discuss which programs have vacancies to support client needs.

2. Participating Agencies

Participating agencies include relevant mainstream service providers (both access points and homeless services and housing providers) who participate in the following activities: identifying people experiencing or at risk of experiencing homelessness; facilitating referrals to and from the coordinated entry process; aligning prioritization criteria where applicable; coordinating services and assistance, and conducting activities related to continual process improvement. These agencies must execute a signed Memorandum of Understanding and Coordinated Entry Data Sharing Agreement to participate (see Implementing HMIS in your agency or program - HMIS Big Bend CoC).

These agencies must execute a signed Memorandum of Understanding and Coordinated Entry Data Sharing Agreement in order to participate (see Implementing HMIS in your

agency or program - HMIS Big Bend CoC).
Participating agencies are any agencies/organizations actively engaged in coordinated entry and/or entering or accessing data through the Big Bend HMIS System.

a) Agencies participating in CE must submit all their program eligibility criteria to the Coordinated Entry Committee before they can participate in the coordinated entry process.
b) The CE Data Sharing agreement maintains that client level information can only be shared between the agencies that have a signed agreement and have received an informed consent from the client agreeing to share personal information with the agencies. The agency receiving the client written consent can share that client's information in case conferencing or electronically through HMIS with participating agencies. The list of participating agencies can be accessed on the CoC's website, www.bigbendcoc.org. and will be provided to all participating agencies.
c) Participating agencies must attend regularly scheduled meetings to review referrals made from the client prioritization list and discuss which programs have vacancies to support client housing. All CE participating providers will enroll new participants only from the CoC's CE referral process. To facilitate prompt referrals and to reduce vacancy rates, participating providers must notify the CE coordinating entity of any known and anticipated upcoming vacancies.

3. Training and Authorization of Access Points and Users

Training is provided by the HMIS System Lead and will include in person and virtual opportunities. Training will provide users with a detailed process and script to administer the coordinated entry assessment and direct training on completing it in the HMIS system. At a minimum, staff must complete the following training components:

- HMIS User Training (new HMIS User and Refresher);
- Coordinated Entry Assessment Training, including Diversion and Prevention Questions, Intake information, VI-SPDAT, Eligibility status and custom questions and eligibility documentation;
- Training on administering the VI-SPDAT;
- Review of Coordinated Entry System Policies & Procedures, including assessment and prioritization requirements and criteria for decision making and referrals to homeless housing and services; and
- Trauma Informed Care Training

Coordinated Entry trainings must be completed at least annually for all approved users.

B. Designated Coordinated Access Points

To initiate the coordinated entry process, a client must be assessed using the assessment packet (single adults, families, or youth) at a designated access point. Each access point must follow the same assessment process and must ensure adequate privacy protections from the point of entry throughout the entire coordinated entry process. Clients are encouraged to seek assessments where providers are assigned to work with their specific population, however, access point staff at each location will be cross trained on all

population specific assessment packet.

The designated access points will be the primary locations where staff engage with people and where people experiencing homelessness will be assessed and referred to homelessness assistance services. All people experiencing homelessness or at imminent risk of homelessness should be directed to these locations to be assessed **prior to receiving any services or admission to any homeless assistance program** (except for situations where assessment hours have ended for the day and the person needs emergency shelter). No additional locations may become designated assessment centers without going through the specific training provided by the Big Bend CoC on how to administer and enter assessments into the HMIS. All Access Points should also be an active member of the CoC and commit to providing regular feedback to the CE Committee.

The CoC will ensure that CE services are physically accessible to persons with mobility barriers. CE communications and documentation will be accessible to persons with limited ability to read and understand English.

C. Outreach

Dedicated outreach teams, including street outreach, will function as access points to the CE process by seeking to engage persons who may be served through CE but who are not seeking assistance via agencies that offer participate in CE. Each team will be trained to provide assessments while conducting outreach.

D. Assessment Center Staffing

- Each access point must designate staff to complete coordinated entry training and must notify the HMIS Lead of any changes in staff.
- Outreach staff whose agencies have been approved by the Coordinated Entry Committee and trained on the CES process will also assess persons who are engaged during outreach efforts.
- All staff that administers assessments will receive training on the standardized assessment forms, HMIS, referral and prioritization procedures. Staff will also receive trauma informed care training. Annual and quarterly trainings on Coordinated Entry and HMIS will be made available to Access Point staff.

E. Assessment Staff:

a) The assessment staff member will ask if the consumer/client is experiencing homelessness or at imminent risk of homelessness and seeking housing services. Staff is required to notify and obtain participant consent for the collection, use, and disclosure of the participants' personally identifiable information, at this time.

b) If diversion/prevention is not an option, consumer/client will continue through the Big Bend Coordinated Entry Housing Assessment process if they are interested in obtaining housing services. This process will allow for the household to be prioritized for housing interventions, including transitional housing, rapid re-housing, and permanent supportive housing.

c) Street Outreach teams will not conduct the Diversion or Prevention assessments because street outreach staff will most likely be working with clients who are already experiencing homelessness. They will, however, complete the CE Packet and enter information into HMIS.

d) Participants presenting at agencies, other than an Access Point, seeking

homeless assistance will be referred to an Access Point to complete an assessment. If the consumer is unable to reach the center due to a disability or lack of transportation, an effort should be made by the agency where they presented to assist the consumer with transportation to an Access Point to allow the client to access assistance. If the designated coordinated assessment centers are closed and the agency provides beds or other crisis housing, they may admit the participant until the CE is available again. It is strongly discouraged that any homelessness assistance organizations admit or serve consumers without them having first gone through the CE process.

e) Once the assessment is completed, Access Point staff should encourage participants to return to verify their referral ranking and work on documentation. Participants who find shelter, other than emergency shelters, for more than 7 days risk losing their homeless status. Participants should be reassessed at least every 6 months to update their length of homelessness and to capture any change in vulnerability.

F. Diversion

Each Access Point staff will be trained on diversion methods. Diversion efforts occur when a household is already out of their previous housing situation but are not yet experiencing homelessness. The client could be staying with family, friends, or in a hotel. Diversion efforts can be in the form of case management or funds to assist with maintaining the client's housed status. Case management efforts may consist of negotiating with clients' family/friends to divert the consumer(s) from entering the homeless response system.

G. Prevention

Access Point staff will assess a household's eligibility and appropriateness for homeless prevention programs and services. Prevention programs and services typically offer financial assistance, case management, legal services, and other homeless prevention services to prevent a household from losing housing and entering homelessness. Specific prevention questions are included in each assessment packet to determine if prevention is the best form of housing intervention.

H. Phone Calls

Staff at the designated Access Points or other provider locations that answer the phones may encounter people experiencing or at imminent risk of homelessness who are interested in being assessed or receiving homelessness assistance services. These callers should be asked a few pre-screening questions:

- Are you currently homeless or do you think you will become homeless? (Please refer to the definition of homeless)
- Are you interested in receiving homelessness assistance services?

If the consumer answers yes to both questions, provider staff answering the phones should let the caller know about the designated access points, locations, assessment times and encourage them to come in to be assessed.

III. Assessment

A. Assessment Tool

The Big Bend CoC has designed a pre-screening that collects basic demographic, income, and disability information. This will serve as a starting point for discussion between the assessment staff and the consumer about household needs.

The Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT), developed by OrgCode Consulting, is an assessment tool that seeks to identify a household's level of need as it relates to health, daily activities, medical history, and homeless experiences. Population specific versions of the VI-SPDAT and relevant demographic and program eligibility questions will be used when making referrals and in prioritization. Once completed, the assessment tool will help to prioritize households for access to appropriate housing interventions.

Participant assessment information should be updated at least every six (6) months, if the participant is served by CE for more than six (6) months. Additionally, staff may update participant records with new information as new or updated information becomes known by staff.

Assessment Scores and Housing Intervention Chart

Single Adult Assessment and VI-SPDAT (2.0)	**Family Assessment and VI-FSPDAT**	**Transition Age Youth Assessment and TAY-VI-SPDAT**
Single adults and including veterans	Use for pregnant/parenting individual/families including veteran families	Use for single young adults between 18-24 years old (can also be used for single adult resources)
Score and Recommendations **0-3**: no housing intervention **4-7**: an assessment for RRH **8+:** an assessment for Permanent Supportive Housing/Housing First	**Score and Recommendations** **0-3:** no housing intervention **4-8:** an assessment for RRH **9+**: an assessment for Permanent Supportive Housing/Housing First	**Score and Recommendations** **0-3**: no moderate or high intensity services be provided at this time **4-7**: assessment for time-limited supports with moderate intensity **8+:** assessment for long-term housing with high service intensity

B. Assessment Screening

The CE process will not screen people out due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

C. Participant Autonomy

It is vital that persons served by the CE system have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process, or to refuse a referral that has been made to them. Participants will not be forced to provide CE staff with information that they do not wish to disclose, including specific disability or medical diagnosis information. In both instances, the refusal of the participant to respond to assessment questions or to accept a referral shall not adversely affect their 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.

D. The Assessment Process

All projects participating in CE will follow the assessment and triage protocols of the CE system. The assessment process will progressively collect only enough participant information to prioritize and refer participants to available CoC housing and support services. The CoC has adopted the following phased approach to engage and appropriately serve persons seeking assistance through the CE system:

1. **Initial Triage (Immediately) Prescreening**: This first phase will focus on identifying the immediate housing crisis and clarifying that the CoC crisis response system is the appropriate system to address the potential participant's immediate needs.
2. **Diversion or Prevention Screening (Immediately):** The second phase of assessment can also happen immediately upon engaging with a participant. During this phase, CE staff will examine existing CoC and participant resources and options that could be used to avoid the participant entering the homeless system of care.
3. **Crisis Services Intake (Immediately):** The third phase should also happen immediately, as it is intended to collect all information necessary to enroll the participant in a crisis response project such as emergency shelter or other homeless assistance project.
4. **Initial VISPDAT Assessment (Within 7-14 business days)**: During the fourth phase, assessors will collect information to identify a participant's housing and service needs with the intent to resolve that participant's immediate housing crisis.
5. **Case Management Engagement (Within 7-21 business days after initial assessment):** In the fifth phase, the case manager will seek information necessary to refine, clarify, and verify a participant's housing and homeless history, barriers, goals, and preferences. Additional information supports the evaluation of the participant's vulnerability and prioritization for assistance.
6. **Continued Engagement (Ongoing):** The final phase is ongoing until household is in PH. Information collected in this phase might suggest a revised referral strategy.

IV. Referrals and Prioritization

The coordinated entry referral process is designed to ensure the most appropriate housing intervention is offered to a household based on vulnerability, severity of service needs, chronic homeless status, and other locally relevant data. Referrals will be made utilizing HMIS, based on the housing and/or services needed to meet client needs.

A. Referral Process

Referrals will be based on each program's admissions eligibility criteria, including populations served. For example, programs that serve only single adult men will only receive single adult men as referrals. Any changes to a program's eligibility criteria or target population must be sent immediately to the Coordinated Entry Coordinator to make sure referral protocol is updated accordingly. If the Committee has a concern that a program's requirements may be contributing to "screening out" or excluding households from needed services, the Committee may request to meet with the provider to discuss their criteria and options for resolution.

The referral process will be standard across all assessment sites.

1. After the assessment process is complete, the assessment worker will score the tool to determine which interventions the household should be prioritized for, if any. If there is an assessment completed on a client, it should be entered in the appropriate referral section of HMIS and a ranked referral should be made based on their score.

2. For those who receive a score to be prioritized for housing interventions, the assessment staff member should offer a summary of the housing intervention. The assessment staff will describe how the referral process works. Case conference meetings will be held to discuss ranked cases and fill vacancies. This meeting also allows for advocacy for those individuals with extenuating circumstances that may increase their priority. Once on the list, slots will be offered based on need and prioritization.

3. At each case conferencing meeting, cases will be reviewed and can be advocated for a clients' case manager. PSH and RRH providers must agree to work with clients based on available slots and will be assigned clients with the highest prioritized client being assigned first. PSH providers also require a completed PSH housing application to accept assignment.

4. Currently our system only supports referrals to PSH and RRH programs. Referrals to specific providers will be made at the end of every priority meeting to reflect the most current prioritization. If providers have more spaces that become available between meetings, they should refer to the list for the next prioritized household. The provider should communicate the vacancy to the referring case manager as well as coordinated entry contact at the Coordinated Entry Coordinator.

5. When the client is housed through the PSH or RRH program, the provider should close the referral and remove the client from the CoC CE by closing the referral and CE entry. If the client is ineligible or refuses services from the provider this should be reflected in the interim notes section of the closed referral in HMIS.

B. Case Conferencing Meeting

Case Conferencing meetings are routine meetings designed to manage the Coordinated Entry Housing Priority list. The Coordinated Entry Coordinator will facilitate these meetings.

I. Representation at the meeting should be comprised of:

- Representatives from housing providers
- Street outreach staff
- Advocates for Participants (especially in cases when the VI-SPDAT score does not to reflect client need)
- Any direct service providers that can assist with case conferencing participants

Group members will adhere to privacy policies.

II. The Coordinated Entry Coordinator will prepare for each case conferencing meeting by:

- Organizing and updating the By-Name List by category (Individuals, Families and Youth); (This list will be organized by VI-Score, homeless history, and the tiered system)
- Emailing representatives in advance of participants to be discussed during case conferencing.

During the case conferencing, the following will be discussed:

- Participants and what housing resources they are eligible for;

- Current location of client (camping, at a shelter, unknown, etc.);
- Barriers (review and problem solve);
- Safety (brainstorm how to ensure any unsheltered participants are safe for the near-term);
- Next steps: identify what is next or critical action items, including roles and timelines as well as any participant updates that need to be documented.

Any clients who did not make the list prioritization but need to be assisted in some other way will be advocated for at the meeting. Advocacy forms can be found at http://www.bigbendcoc.org/wp-content/uploads/2018/07/Case-Manager-Check-List-Advocacy.pdf.

C. Prioritization

Coordinated entry referrals will prioritize those households that appear to be the hardest to house or serve for program beds and services. This approach will ensure an appropriate match between the most intensive services while giving people with fewer housing barriers more time to work out a housing solution on their own. This approach is likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all. Emergency services are a critical crisis response resource, and access to such services will not be prioritized.

Referrals to housing services will be made based on the following factors:

- Results of the assessment;
- Bed availability and priority list placement;
- Established system wide priority populations; and
- Program eligibility admission criteria, including populations served and services offered.

Each of these elements is discussed in more detail below.

The coordinated entry assessment will be updated to reflect any changes to the priority groups as community data reflects a need. The Coordinated Entry Committee will be responsible for making changes to the coordinated entry assessment and re-distributing it to Access Points and other relevant staff.

D. Priority List Management and Notification of Referral

The CoC has established a community-wide list of all known homeless persons who are seeking or may need CoC housing and services to resolve their housing crisis is known as the Coordinated Entry Housing Priority list. The Coordinated Entry Housing Priority list management and notification of referrals will be the responsibility of the Coordinated Entry Coordinator. Assessment staff and program staff will be trained to run real time reports in HMIS reflecting standard prioritization of the Coordinated Entry Housing Priority list, so everyone sees the sorted list in the same way, with the same clients prioritized for next available placements. The referral report to the Coordinated Entry Housing Priority list should be sorted first by VI-SPDAT score, then by sorting from the highest score to lowest, then by referral date, ensuring the consumers on the list the longest are prioritized over newer referrals. The Coordinated Entry Housing Priority list

provides an effective way to manage an accountable and transparent prioritization process.

E. Special Populations

There are many subpopulations of people coming through CES that may have special needs or need to be directed to specific resources to have their needs met. While this manual includes specific instructions for some of those populations, the tool itself covers many others. Assessment staff that feel that a participant is eligible for another specific resource should follow up with that resource directly to gain clarification. Special populations that are prioritized include veterans, survivors of domestic violence, chronically homeless and medically vulnerable.

1. Individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking: All persons participating in coordinated entry will be asked about domestic violence, dating violence, sexual assault, and stalking concerns. Refuge House will provide training on conducting these assessments on a quarterly basis to staff at all Access Points.
2. Persons who identify a concern related to domestic violence, dating violence, sexual assault, or stalking will be provided with general safety planning information, and referred to the Refuge House hotline for individualized safety planning and additional resources. No information shared with the Refuge House hotline or in connection with any Refuge House service will be entered HMIS, and all such information will be held confidential consistent with the Violence Against Women Act and Florida law.
3. Persons eligible for domestic emergency shelter services will be provided with safe housing options by Refuge House, which may include Refuge House emergency shelters, other DCF certified domestic violence shelters, or other alternatives. A safe housing option may include other community-based emergency shelter or transitional housing programs as appropriate and safe under the circumstances. Refuge House will offer these services and/or options to hotline callers on a voluntary basis.

Refuge House or other DV provider who have clients wishing to participate in coordinated entry will be referred to Ability 1st. No information regarding the source of the referral of the client's relationship to Refuge House will be entered in HMIS.

F. Order of Priority

The CoC further establishes the following priority listing as the order to be followed when prioritizing referrals:

1. Permanent Supportive Housing

a) Eligibility Criteria

- Households must meet the HUD definition of homelessness.
- One adult or child member of the household must have a disability.
- Must follow any additional eligibility criteria set forth in the NOFA through which a project was funded and the current grant agreement.
- Programs may not establish additional eligibility requirements beyond those specified here and those required by funders.

b) Prioritizing Dedicated/Prioritized CoC

(1) Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.

(2) In instances where two or more households have equal priority, applicants will be further prioritized as follows:

(a) Veterans Not Eligible for Housing/Health VA Services

(b) Victims of Domestic Violence

(c) Youth (18 – 24 years of age)

(d) First presented for assistance

c) Prioritizing Non-Dedicated/Prioritized CoC

(1) Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs.

(2) Homeless Individuals and Families with a Disability with Severe Service Needs.

(3) Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.

(4) Homeless Individuals and Families with a Disability Coming from Transitional Housing.

(5) An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project is only eligible when the household was living in a place not meant for human habitation, in an emergency shelter, or safe haven prior to residing in the transitional housing.

(6) In instances where two or more households have equal priority, applicants will be further prioritized as follows:

(a) Veterans Not Eligible for Housing/Health VA Services

(b) Victims of Domestic Violence

(c) Youth (18 – 24 years of age)

(d) First presented for assistance

2. Rapid Re-Housing

a) Eligibility Criteria for RRH

(1) CoC Program RRH

- Households must meet the HUD definition of homelessness.
- Must follow any additional eligibility criteria set forth in the NOFA through which a project was funded and the grant agreement.
- Programs may not establish additional eligibility requirements beyond those specified here and those required by funders.

(2) ESG Program RRH

- Households must meet Category 1 or Category 4 the HUD definition of homelessness.

(3) SVF Program RRH

- Households must be a “Veteran family”.
- Households must be “Very low-income” (income does not exceed 50% of area median income).
- Household must be literally homeless, and at risk to remain in this situation but for grantee’s assistance.

b) Prioritizing for Rapid Re-Housing Programs

- CoC & ESG Program RRH

(1) Chronically Homeless individuals and families with the Longest History of Homelessness and with the Most Severe Service Needs

(2) Non-Chronically Homeless individuals and families with the Longest History of Homelessness and with the Most Severe Service Needs

(3) In instances where two or more households have equal priority, applicants will be further prioritized as follows:

(a) Veterans Not Eligible for Housing/Health VA Services

(b) Victims of Domestic Violence

(c) Youth (18 – 24 years of age)

(d) First presented for assistance

- SSVF RRH (Veteran)

Eligible participants will be prioritized or targeted based on the agreed upon standards set forth in the provider's SSVF grant agreement. Veteran clients should be prioritized and referred to the veteran's workgroup the veteran's case manager should contact veteran resources to ensure the veteran is included in the veteran master list for our community.

G. Inactive/ No Contact Policy

Case managers will make every attempt possible to contact households to provide services and connect referrals to housing. This includes but is not limited to:

1. Requesting search assistance from outreach teams;
2. Contacting the last known agency/organization where the household received services; and
3. Phone contact.
4. The date, time, and outcome of each contact will be noted in HMIS. After 10 standard business days of no contact, the case manager will inform the Coordinated Entry Coordinator and the next eligible household on the priority list will be contacted.
5. Households that were not located and have not received any services within the previous 90 days will be moved from an active status to inactive status. Households on the inactive list who re-enter the system will be immediately reinstated as active and the household will be reassessed for services.

V. Client Choice

Participants will be notified about all the programs available to them and provided choices whenever feasible based on assessment information, vulnerability scores, preliminary eligibility pre-determinations, and availability. A household may decline a referral because program requirements are inconsistent with their needs and/or preferences. If a household chooses to decline a referral, a written statement of declination must be documented in HMIS. The household will be placed back on the priority list. Households should be informed that they will remain on the By-Name list until the next housing option is available.

1. Program Declines Referral

There may be rare instances where programs decide not to accept a referral from the priority list. Refusals are acceptable only in certain situations, including:

a) The participant does not meet the program's eligibility criteria or is unable to provide determining documentation;

b) The participant would be a danger to others or themselves if allowed entry to this program as documented by a medical professional in writing and uploaded to the client profile in HMIS;

c) The participant has previously caused serious conflicts within the program (e.g. was violent with another consumer or program staff). Occurrences shall be documented in HMIS;

d) The services available through the project are not sufficient to address the intensity and scope of participant need; or

e) The project is at capacity and is not currently available to accept referrals.

If the program determines a participant is not eligible for their program after they have received the referral from CE, the participant will be placed back on the list for further assessment and the case will be discussed at the next case conferencing meeting to see if a resolution can be made or if another appropriate program is willing to accept the client. Declined referrals must be submitted to the Coordinated Entry Coordinator within 10 business days of referral date and include the following:

- Why the referral was rejected
- When and how the referred participant was informed
- What alternative resources were made available to the participant and whether staff foresee future refusals

All refusals will be shared in Case Conferencing to discuss and decide the more appropriate next steps.

VI. Homeless Management Information System (HMIS)

A. HMIS Security and Confidentiality

HMIS standards mandate that all client information either being entered in HMIS or being made use of for program management be held to the highest standard of confidentiality. CE partners and all participating agencies contributing data to CE must ensure participants' data are secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically. Additionally, participants must be informed how their data are being collected, stored, managed, and potentially shared, with whom, and for what purpose. The HMIS Security and Privacy Policies are located at HMIS Privacy-and-Security.

B. Data Collection

Participating agencies must collect all data required for CE as defined by the CoC, including the "universal data elements" listed in HUD's HMIS Data Standards Data Manual. Data collection on people experiencing homelessness is a key component of the coordinated entry process. Data from the assessment will reveal which resources consumers need the most and can also be used to assist with reallocation of funds and other funding decisions. capture this data accurately, all assessment staff and providers

must enter data into HMIS (with the exception of some special populations and other cases, outlined later in this document):

- Pre-assessment- No later than 3 days from initial assessment date
- VI-SPDAT- No later than 14 days from initial assessment date

Clients' rights around data will always be made explicit to them, and no consumer will be denied services for refusing to share their data.

Data will be collected on everyone that is assessed through coordinated entry. Data must not be collected without the consent of participants, according to the defined privacy policies adopted by the CoC.

Once a client has been asked the pre-screening questions and is deemed eligible to be assessed, the assessment staff member will explain the data confidentiality policy and present the client with a Release of Information for consent to share their data with other providers participating in the coordinated entry process. Staff will explain what data will be requested, how it will be shared, who it will be shared with, and what the consumer's rights are regarding the use of their data. Assessment staff will be responsible for ensuring consumers understand their rights to release of information and data confidentiality. If the consumer consents to the form, the assessment staff member will begin the assessment process directly in HMIS or on a paper capture tool to be entered later that same day.

Some consumers should never be entered in HMIS. These include:

- Consumers who want domestic violence-specific services should never have information entered in HMIS. The assessment should be done on a paper form and passed off to the appropriate provider. If they are being served by a domestic violence provider, that agency may enter their information into an HMIS-comparable database.
- Consumers who do not sign a data confidentiality form should also never have their data shared in HMIS.

Once the assessment process has been completed, the assessment staff member will enter the consumer's record in HMIS as soon as possible. This will eliminate duplication of services or asking the same questions again from another agency, potentially re-traumatizing the consumer, or causing additional barriers to housing and/or assistance. Access to parts of the consumer record or assessment form may be restricted for safety reasons or upon the consumer's request.

C. Performance-Driven Evaluations

Decisions about and modifications to coordinated entry will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. Regular and ongoing evaluation of the CE system will be conducted to ensure that improvement opportunities are identified that results are shared and understood, and that the CE system is held accountable. The evaluation process will be divided into 3 phases.

Phase 1: Evaluation of Current Assessment Process- *This phase will evaluate how the CE system is intended to work, how it is perceived to work, and how it is working.*

1. **Evaluation Components**

   a) **Evaluation of Coordinated Entry Tools, Policies and Procedures, and MOU's**

      i) Conduct comprehensive review and assessment of written policies and procedures

      ii) Conduct comprehensive review and evaluation of common assessment tool

      iii) Conduct comprehensive review of MOU with each participating agency

   b) **Evaluation of Implementation Process**

      i) Conduct consumer surveys/interviews

      ii) Conduct assessment staff/case managers/outreach advocates surveys/interviews

      iii) Conduct other necessary survey/interviews

      iv) Conduct on site walk through of assessment process with each Access Point

   c) **Evaluation of Data Collection (at agency and system level)**

      i) Conduct thorough data analysis using available HMIS and other data

      ii) Allow 5-day data cleanup after initial data analysis and rerun

      iii) Identify gaps in resources, measure housing stability outcomes, measure prioritization effectiveness at system level, and evaluate other factors as identified

Phase 2: Review of Findings and Recommendations- *This phase is intended to equip the CoC with comprehensive data to make informed decisions and recommendations for system improvements.*

2. **Review of Evaluation Components**

   a) Reports to be compiled by CoC staff/Committee Chair and presented to CE Committee

   b) Committee will provide feedback and recommendations for each component

   c) Development of Improvement Plan based on committee feedback and recommendations

d) Recommendations and Improvement Plan will be presented to CoC Board

Phase 3: Implementation of Improvement Plan- *This phase is intended to provide a guide for making any necessary system adjustments to improve CE process and data outcomes*

3. Implementation

a) Develop and facilitate training on system change

b) Continuous monitoring of system performance

c) Annual evaluation of CE system

The Coordinated Entry System will also be evaluated using HMIS data on a quarterly basis. Results will be published on the public CE System website, after they have been reviewed by the CE Committee.
The CE Committee has selected the following as key outcomes for CE:

1. Reduction in the length of time homeless (system and project level).
2. Reduction in the number of persons experiencing first-time homelessness (system and project level).
3. Increase in the number of placements into permanent housing (system and project level).

VII. Grievances

The CoC is committed to ensuring that no information is used to discriminate 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. Each CE packet must include a form that details who the point of contact is for filing and addressing any nondiscrimination complaints, which can be filed by participants if they believe the nondiscrimination policy has been violated in their case during the CE process.

Participants will receive a CE packet that includes a form that details who the point of contact is for filing and addressing any nondiscrimination complaints, which can be filed by participants if they believe the nondiscrimination policy has been violated in their case during the CE process.
Additionally, this form will describe and provide contact information on how to access the appeal process if they are not satisfied with or have any questions regarding how their complaints are handled. This form must be reviewed at the access point by CE staff and must be signed by each participant.

A. Provider Grievances

1. Providers should address any concerns about the process to the Coordinated Entry Coordinator, unless they believe a consumer is being put in immediate or life-threatening danger, in which case they should deal with the situation immediately. A summary of concerns should be provided via email to the Coordinated Entry Coordinator.
2. The Provider will be scheduled to attend the next available Coordinated Entry Committee meeting, so the issue can be resolved.
3. If it needs more immediate resolution, the Coordinated Entry Committee Chair will determine the best course of action to resolve the issue.

B. Consumer Grievances

1. The assessment staff member or the assessment staff supervisor should address any complaints by consumers as best as they can in the moment. Complaints that should be addressed directly by the assessment staff member or assessment staff supervisor include complaints about how they were treated by assessment staff, assessment center conditions, or violation of confidentiality agreements.
2. Any other complaints should be referred to the Coordinated Entry Coordinator and the Coordinated Entry Committee to be dealt with in a similar process to the one described above for providers.
3. Any complaints filed by a consumer should note their name and contact information, to allow the Coordinator to contact them with questions or to request they appear before the committee to discuss their complaint. Contact the Coordinated Entry Coordinator

All housing and services decisions and decisions associated with the management and oversight of coordinated entry system, made in accordance with the CoC Written Standards, and Coordinated Entry Policies and Procedures outlined in this document, must be followed. In the event that an individual/household feels that decisions were not made in a manner that followed the CE Policies and Procedures and in accordance with the CoC Written Standards, a grievance may be filed for further review without fear of retaliation.

Written grievances shall be filed within 30 days of the event and can be submitted to the Big Bend CoC Collaborative Applicant Executive Director, Written grievances should include the date of the potential policy infraction, the reason for filing the grievance, the specific policy/written standard that pertains to the grievance and follow up contact information to respond to the grievance. A formal review of the grievance will commence and a response to the grievance shall be submitted within 10 business days using the contact information provided. If the response is not satisfactory, notify the Executive Director in writing within 5 business days of receiving the response. If dissatisfaction remains, the grievance will be forwarded to the CoC Executive Committee where further review and response will occur for full presentation to the CoC Board of Directors at the next scheduled meeting (within 30 days). Board action will require a quorum of the Board Members to determine the outcome.

In instances where an agency, project or staff are recommended for removal from the coordinated entry system, the reasons for removal include: (1) refusal to comply with Coordinated Entry System Policies and Procedures, HMIS Policies and Procedures and CoC Written Standards, or (2) instituting practices that would be detrimental to client safety or severely impacts the CoC and/or agencies associated with coordinated entry. Parties will be notified in writing and given 30 days to correct, respond to violations or file a grievance. If the violation is substantiated, then the CoC Board of Directors will recommend further action with a final decision on further action or removal within 20 days of the initial action.

Clients who feel they have been discriminated against on the basis of race, color, national origin, disability, familial status, religion or sex under the Federal Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act of 1964, Section 109 or the Housing and Community Development Act, and the Age Discrimination Act of 1975, among others, may file a grievance with the Florida Office of Fair Housing and Equal Opportunity.

VIII. Programmatic Definitions and Key Terms

1. **Access Points –** specific locations where eligible participants can access CES.
2. **Acuity** – When utilizing the VI-SPDAT (triage tool), acuity speaks to the presence of a presenting issue based on the prescreen score. Acuity is expressed as a number with a higher number representing more complex, co-occurring issues that are likely to impact overall housing stability.
3. **Coordinated Entry Housing Priority List** – A list generated by Coordinated Entry and VI-SPDAT entry into the HMIS and managed by the CoC staff. The prioritization list is thought of as a universal registry within HMIS. Access Point staff will receive access via HMIS to enter completed VI-SPDATs for inclusion on the list for purposes of prioritization and housing placement. CoC and ESG funded agencies must make and take referrals from this list for their programs.
4. **Case Management** – The overall coordination of a household's use of services, which may include medical and mental health services, substance-abuse services, and vocational training and employment. Although the definition of case management varies with local requirements and staff roles, a case manager often assumes responsibilities for outreach, advocacy, and referral on behalf of individual clients.
5. **Chronically Homeless (Final Definition 24 CFR 578.3, effective January 15, 2016)**
   (1) Occasions separated by a break of at least 7 nights
   (2) Stays in an institution of fewer than 90 days do not constitute a break

   2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all the criteria in paragraph (1) of this definition, before entering that facility; or

   3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.
6. **Collaboration**: the action of work and partnerships between the CoC providers, mainstream assistance agencies (e.g., hospitals, and jails), funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing council (the Coordinated Entry Committee), scheduled meetings between partners, and consistent reporting on the performance of the coordinated entry process. Memorandums of Understanding between partners will also be used to facilitate information exchange.
7. **Coordinated Entry System** (CE/CES)– "A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals across a geographic area. The system covers the geographic area (designated 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." 24 CFR Section 578.7. It is the responsibility of each CoC to implement CE in their geographic area.
8. **CE Assessment Tool** – A comprehensive and standardized assessment tool used for the purposes of housing prioritization and placement within a CoC Coordinated Entry System. The BBCoC has adopted the VI-SPDAT (Vulnerability Index Service Prioritization Decision Assistance Tool) as the Coordinated Entry Assessment Tool.
9. **Disability** –
   1. a condition that:
      (a) is expected to be long-continuing or of indefinite duration;
      (b) substantially impedes the individual's ability to live independently
      (c) could be improved by the provision of more suitable housing conditions; and
   2. is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or

3. a development disability, with limitations as defined above.

10. Diversion – Diversion is a strategy that prevents households seeking emergency shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

11. Family/Households- includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status:

4. A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or
5. A group of persons residing together, and such group includes, but is not limited to:
6. 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); (ii) An elderly family; (iii) A near elderly family; (iv) A disabled family; (v) A displaced family; and (vi) The remaining member of a tenant family. 24 CFR 5.403.

12. Homeless – means

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

(1) 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;

(2) 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);

(3) An individual who is exiting an institution where they 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;

Category 2: Imminent Risk of Homelessness An individual or family who will imminently lose their primary nighttime residence, provided that:

(1) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
   (a) No subsequent residence has been identified; And
   (b) 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;

Category 3: (3) Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who:

(1) Are defined as homeless under the other listed federal statutes;
(2) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
(3) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and

(4) Can be expected to continue in such status for an extended period of time due to special needs or barriers

Category 4: Fleeing or Attempting to Flee Domestic Violence Any individual or family who:

(1) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

(2) Has no other residence; and

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

13. Homeless Management Information System (HMIS) - The Homeless Management Information System (HMIS) is a centralized electronic database/record keeping system designed to allow homeless service providers to produce unduplicated data.

14. Housing First – Housing First is an approach that offers permanent housing as quickly as possible for people experiencing homelessness. The approach begins with an immediate focus on helping individuals and families get housing. Income, sobriety and/or participation in treatment or other services are not required as a condition for getting housing. All services are voluntary and are not a condition for retaining housing.

15. Housing Interventions – Housing programs and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs.

16. Multi-Site Model for Access Points)– model where there are 2 to 4 centralized access points located throughout the CoC at high volume providers where participants can access CE services.

17. Participant- Person at-risk of or experiencing homelessness or someone being served by the coordinated entry process.

18. Permanent Supportive Housing (PSH) – means community-based housing without a designated length of stay paired with supportive services that are provided to assist homeless persons with a disability to live independently, as referenced in 24 CFR Part 578.3.

19. Program – A specific set of services or a housing intervention offered by a provider (e.g. HOPE Emergency Shelter for Families, The Emergency Shelter for Individuals at the Kearney Center, etc.)

20. Provider – Organization that provides services or housing to people experiencing or at-risk of homelessness (e.g. CESC, Inc., Big Bend Homeless Coalition, Refuge House, etc.)

21. Rapid Re-Housing (RRH) – Rapid re-housing is an intervention, informed by a Housing First approach that is a critical part of effective homeless crisis response system. Rapid re-housing rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

22. Severity of Service Needs –

For the purposes of HUD Notice (CPD-16-11), this means an individual for whom at least one of the following is true:

a) History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or

b) Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support to maintain permanent housing.

c) For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.

d) When applicable, the CoC and recipients of CoC Program-funded PSH may use an alternate criterion used by Medicaid departments to identify high-need, high cost beneficiaries.

e) Severe service needs as defined in paragraphs i.-iv. above should be identified and verified through data-driven methods such as an administrative data match or using a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a).

23. Transitional Housing (TH) – housing to facilitate the movement of individuals and families experiencing homelessness into permanent housing within 24 months. 24 CFR 578.3.

24. Voluntary Services – The term "supportive" in supportive housing refers to voluntary, flexible services designed primarily to help tenants maintain housing. Voluntary services are those that are available to, but not demanded of, tenants/participants, such as service coordination/case management, physical and mental health, substance use management and recovery support, job training, literacy and education, youth and children's programs, and money management.

Attachment 1:

Coordinated Entry Access Point

Hours of Operation

(Subject to Change)

Designated Access Points:

Access Point	Location	Assessment Hours
CCYS Going Places Drop in Center for Youth	654 Dunn Street Tallahassee, FL 32304	Tuesday-Thursday: 12 noon-7 pm Friday: 2 pm-7 pm Saturday: 12 noon- 5 pm
The Kearney Center Emergency Shelter for Individuals	2650 Municipal Way Tallahassee, FL 32304	Monday- Friday: 8:30 am- 4:30 pm
HOPE Community Emergency Shelter for Families	2729 West Pensacola St. Tallahassee, FL 32304	Monday- Thursday: 10am-7 pm Friday: 10 am-4 pm By-Appointment
Ability 1st	1823 Buford Court, Tallahassee, FL 32308	Monday, Tuesday, and Thursday:1 pm-4 pm Wednesday and Friday: 9 am- 12 noon

Street Outreach Teams

Dedicated outreach teams, including street outreach, will function as access points to the CE process by seeking to engage persons who may be served through CE but who are not seeking assistance via agencies that offer participate in CE. Each team will be trained to provide assessments while conducting outreach.

Attachment 2:

Big Bend CoC Coordinated Entry

Contact Information

Coordinated Entry Coordinator

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