Butte Countywide Homeless Continuum of Care

Homeless Management Information System / Coordinated Entry Committee Monday March April 8, 2024 1:00 p.m. – 3:00 p.m.
Butte County Employment and Social Services – Zoom Virtual Meeting
Zoom Link: https://us02web.zoom.us/j/89545820696?pwd=Y09KRzBCZHNkMmNyV2pyemQwT3Zodz09
Phone: (669) 900-9128   Meeting ID: 895 4582 0696   Passcode: 460277

HMIS/CE COMMITTEE MEMBERS (CHO Administrator, or designee):

Angie Little, HACB	Lisa Torres OSCIA	Karen Ramirez, True North Housing Alliance
Codie McCormack, Caminar	Shelly Watson, Jesus Center	Lynann Pillay, Oroville Rescue Mission
Nancy Jorth, Youth for Change	Tracey Gilliham, Butte 211	Kim Decker, Nation's Finest
Susan Wilson, Safe Space	Yoseb Afsharzadeh, BCDBH	Nick Fashing, DESS APS
Stephan Spirk, CAA	Ann Winters, Catalyst	TBD, Northern Circle Indian Housing Authority
Yesenia Gallgos, CHAT	Debbie Villasenor, Consultant	Tony Shafer, VECTORS
Cynthia Pesheck, Ampla	Elisa Rawlinson, DESS HHOME	
Cathryn Carhuff, Home & Heart	Jaymee McLaughlin, CUSD	
Rayna Bryson, DESS HSP	Maisue Thao, Butte College	

First Chairperson: Elisa Rawlinson, DESS HH

Second Chairperson: Sarah Frohock, BCDBH

AGENDA

1. Call to Order — Elisa

2. Approval of Minutes **- *ACTION*** — All
   a. HMIS CES Committee Meeting, March 11, 2021

3. Training — Elisa
   a. Adding Household member to enrollment
   b. EVA — Elisa

4. Coordinated Entry Policy and Procedures **- *DISCUSSION*** — Elisa

5. Self-Sufficiency Matrix **- *DISCUSSION***

6. Next Meeting:
   Monday, May 13, 2024; 1:00 – 3:00 p.m.

7. Adjourn

Butte Countywide Homeless Continuum of Care

BUTTE COUNTYWIDE HOMELESS CONTINUUM OF CARE
HMIS/CES COMBINED COMMITTEE MEETING MINUTES
MONDAY March 11, 2024 at 1pm-3pm
Zoom Meeting

COMMITTEE MEMBERS PRESENT:
Debbie Villasenor, Housing Consultant
Shelly Watson, Jesus Center
Stephan Spirk, CAA
Cathryn Carkhuff, Home and Heart
Karen Ramirez, True North Housing
Yesenia Gallegos, CHAT
Elisa Rawlinson, DESS HHome
Rayna Bryson, DESS
Lisa Torres, OSCIA
Kim Decker, Nation's Finest
Lynann Pilley, Oroville Rescue Mission
Sarah Frohock, BCDBH
Jaymee McLaughlin, CUSD

COMMITTEE MEMBERS NOT PRESENT:
Nick Fashing, DESS APS
Rocio Nakae, BCDBH
Tracey Gilliham, Butte/Glenn 211
Nancy Jorth, Youth For Change
Cynthia Pesheck, Ampla
Sara Sweaney, Nation's Finest
Meagan Smith, Northern Circle IHA
Kristopher Kuntz, Anthem
Codie McCormack, Caminar
Susan Wilson, Safe Space
Ann Winters, Catalyst
Trish Pittman, Health Net
Carolina Cruz, Catalyst
Rachel DeLeon, DESS
Cecily Kishbaugh, VECTORS
Keesha Hills, OSCIA
Maisue Thao, Butte College
Angie Little, Housing Authority – Butte County
Ann Winters, Catalyst
Daniel Celis, Butte College
Tony Shafer, VECTORS
Yoseb Afsharzadeh, BCDBH

OTHER ATTENDEES:
Javi Pineda, HACB
Kaitlin Sherrill, DESS HHome
Isabel Alaniz, DESS HHome
Gabrielle Beck, DESS HHome
Lorena Reed, BCDBH
Hilary Crosby, Safe Space
Eddie Abarca, Ampla MMU

Recording Secretary: Lisa Angle

1. **CALL TO ORDER:**

    Meeting called to order by Elisa Rawlinson, Chairperson at 1:01pm.

2. **APPROVAL OF MINUTES - ACTION**:
    a. HMIS/CES Committee Meeting, March 11, 2024

    Motion - approve meeting minutes for March 11, 2024 with the corrections to the spelling of Yesenia Gallegos, Cathryn Carkhuff and Lynann Pilley's name on the agenda and the 2/5/24 HMIS meeting minutes.

    Motion: Karen Ramirez
    Second: Lisa Torres
    Opposed: None
    Abstain: Debbie Villasenor and Stephen Spirk

3. **UPDATE ON THE SYSTEM PERFORMANCE MEASURES (SPM)**

    Elisa Rawlinson, Chairperson stated the System Performance Measures (SPM) is an annual report sent to HUD. The 2024 System Performance Measures (SPM) was completed in a new system and sent to HUD on February 14, 2024. Elisa Rawlinson, Chairperson stated there were no errors for the 2024 System Performance Measures (SPM).

4. **TRAINING**
    a. **Drag and Drop in HMIS**
    b. **Sorting Services**

    Elisa Rawlinson, Chairperson reviewed and explained how to use the drag and drop function in HMIS.

    Elisa Rawlinson, Chairperson reviewed and explained the functionality of the attendance module in HMIS and how it tracks services provided to clients.

5. **COORDINATED ENTRY POLICY AND PROCEDURES: PAGES 1-12 DISCUSSION**

    Elisa Rawlinson, Chairperson stated the Coordinated Entry Policies and Procedures are in need of an update.   The Coordinated Entry Policies and Procedures were first adopted in 2016, updated in 2018 and amended 2020.

    The Coordinated Entry Policy and Procedures were broken out into sections to review. The first 12 pages of the Coordinated Entry Policy and Procedures were discussed. There were several areas in the Coordinated Entry Policies and Procedures identified needing updates, corrections or additions along with a lot of grammar errors.

    Elisa Rawlinson, Chairperson requested everyone to read all of the Coordinated Entry Policies and Procedures before next meeting. Each CHO will receive at least 2-3 pages of the Coordinated Entry Policies and Procedures to review for revisions.

Elisa Rawlinson, Chairperson stated she has completed some minor updates in the marketing plan section of the Coordinated Entry Policies and Procedures.

Identified next steps:

1. Update the Coordinated Entry Policies and Procedures along with the Marketing Plan section to include comprehensive information on marketing, fair housing and reasonable accommodations and the ranking system.
2. Consider revising the language and content of document to make it more accessible and easier to understand.
3. Remove the amendment related to COVID – 19 from the Coordinated Entry Policies and Procedures.

It is hopeful to have the Coordinated Entry Policies and Procedures updated and approved at the May HMIS meeting and submitted to the May CoC all member meeting for approval. If needed an extra special HMIS committee meeting can be scheduled.

Discussion held on the Coordinated Entry Policies and Procedures

6. **ANNOUNCEMENTS:**

Hilary Crosby, Safe Space announced the Winter Shelter has ended. Safe Space has confirmed new office space for now for Case Managers.

Gabrielle Beck, HHome stated case management at Propect View has started and case management is being provided by Northern Valley Catholic Social Services. Prospect View is 100% occupancy.

Elisa Rawlinson, Chairperson shared and reviewed the new feature in the HMIS which allows for multiple option questions and how it aims to improve data collection regarding Veteran's in households.

7. **NEXT MEETING:**

Monday April 8, 2024 1:00pm – 3:00pm.

8. **ADJOURN:**

Meeting adjourned at 2:14pm.

How Do I Add a New Household Member to an Enrollment?

When enrolling a client into a program, you are prompted to select any household members who should be included in the enrollment. However, if a client was not in the household at the time of enrollment, or if a staff member did not select the household member for inclusion, you may need to add the client to the enrollment at a later date.

Before adding a new household member to an active enrollment, ensure the client has been added to the household.

Next, navigate to the client record for a household member included in the enrollment. Click the edit icon next to the active enrollment, either from the HISTORY tab or PROGRAMS tab.

Click the *Add* icon next to *Program Group Members* in the right sidebar.

An ENROLL ADDITIONAL MEMBERS pop-up box will provide the option to add any group member who is not already included in the enrollment. Click the toggle next to the client(s) you wish to add. Click ENROLL.
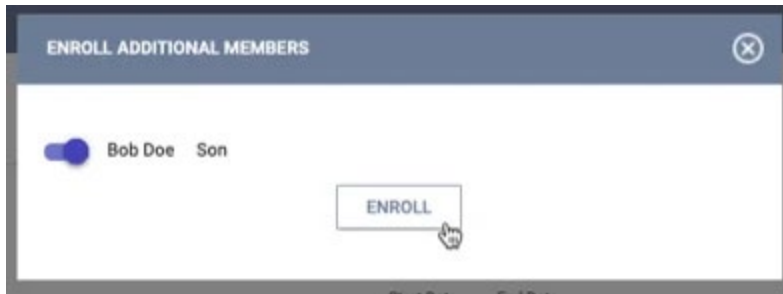
The client's *Enrollment Screen* will appear. If the added client entered the program on the same date as the other household member(s), check if the added client's *Program Date* matches the *Program Date* of the previously enrolled client(s). If it does not, then enter the actual date the client entered the program.

Remember to click *SAVE & CLOSE* to save the enrollment. A green banner indicates that the record was saved successfully.
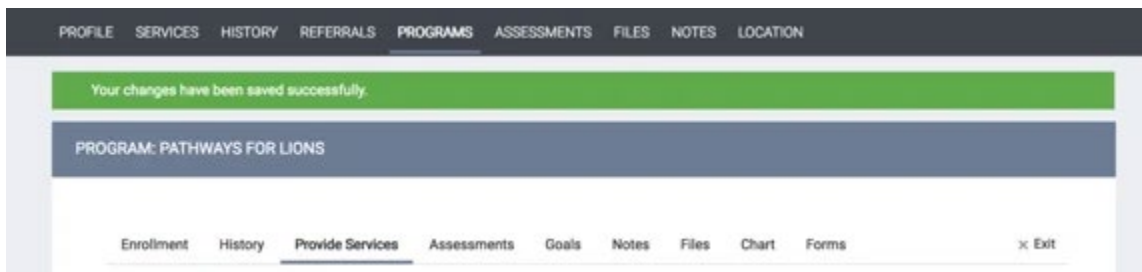
Note: *You can also use this process to re-enroll a client who exited the program, as long as the client is a member of a group with an active enrollment to the program.*

https://help.bitfocus.com/how-do-i-add-a-new-household-member-to-an-enrollment

Eva - Quick Start Guide Upload HMIS Data

Version 1.0 | February 2024

Overview

The purpose of this guide is to walk users through how to upload your HMIS data into **Eva,** a web-based tool that can help you assess the accuracy and completeness of the data collected within your Homeless Management Information System (HMIS), also known as data quality. Specifically, this guide will walk you through:

- Generating a hashed HMIS CSV export and storing it in a secure location.
- Launching **Eva**.
- Uploading your hashed HMIS CSV export to **Eva**.
- Understanding your upload status.
- Next steps after you've successfully uploaded data to **Eva**.

For more general information on **Eva**, and why you should use **Eva** to review your HMIS data quality and export file structure, please refer to the Eva Quick Start Guide.

Generating a hashed HMIS CSV export and storing it in a secure location

In your local HMIS system, generate and export a hashed HMIS CSV .zip file (also referred to as the HMIS CSV export) and store it securely on your computer per federal, state, and local rules and regulations, including the 2004 HMIS Data and Technical Standards.

If you are unsure of how to generate a hashed HMIS CSV export, contact your HMIS vendor.

What is a hashed HMIS CSV file?

A "hashed" file means personal identifiers (i.e., First Name, Middle Name, Last Name, SSN) are obscured in the Client.csv file when the export is generated.

HUD requires HMIS software to generate .csv files that can be used for applications like Eva. The HMIS CSV export is different from other exports such as the Longitudinal System Analysis (LSA) or the Annual Performance Report (APR), which are both at the aggregate level and do not contain the necessary Client.csv file.

Click here for more about comma-separated values (CSV) files.

Launching Eva

Navigate to https://hmis.abtsites.com/eva/ in your web browser to launch **Eva**. Launching **Eva** opens its Home page ("Welcome to Eva!").

Uploading your hashed HMIS CSV export to Eva

You need to navigate to the Upload HMIS CSV Export page to upload your HMIS CSV export. The red-orange "Click here to get started" button will take you to directly the Upload HMIS CSV Export page. Alternatively, you can directly click on the "Upload HMIS CSV Export" menu option on Navigation Menu.
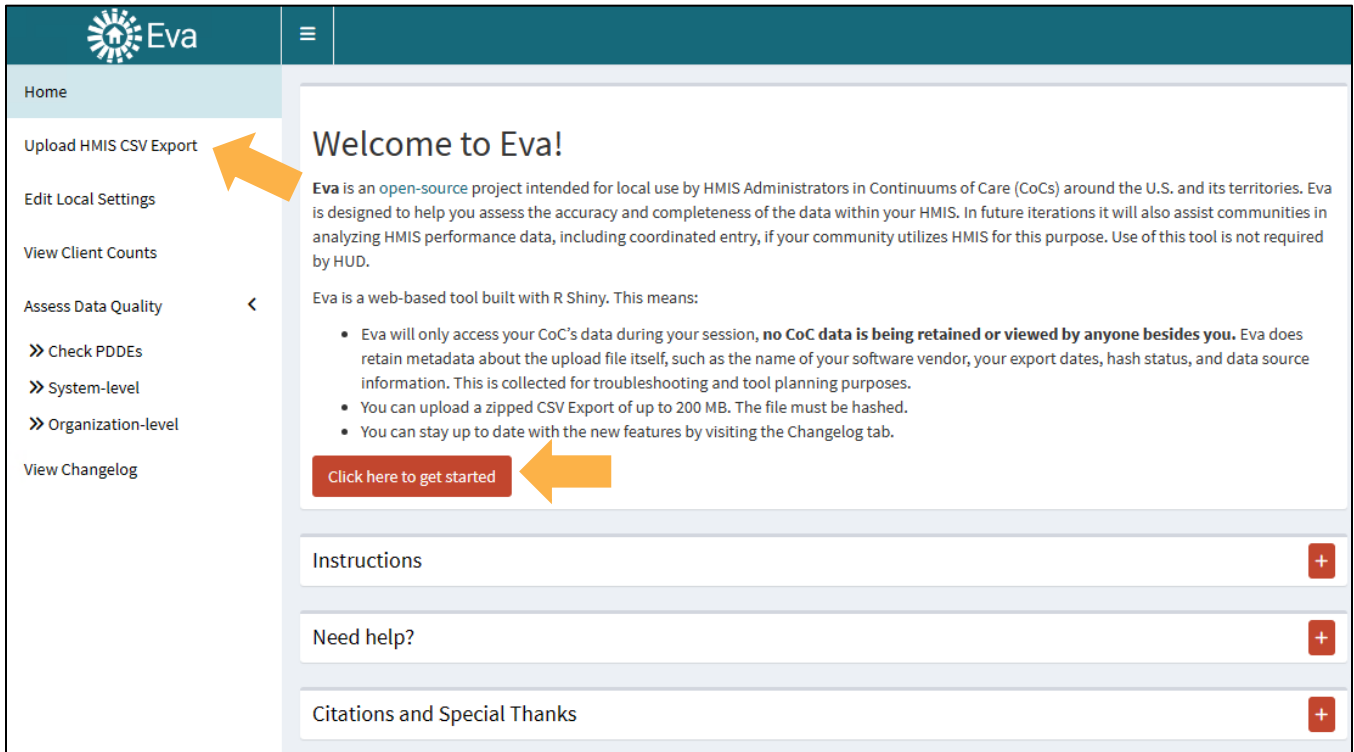
On the Upload HMIS CSV Export page, use the red-orange "Browse" button to navigate to the hashed HMIS CSV .zip file you generated and downloaded from your HMIS.
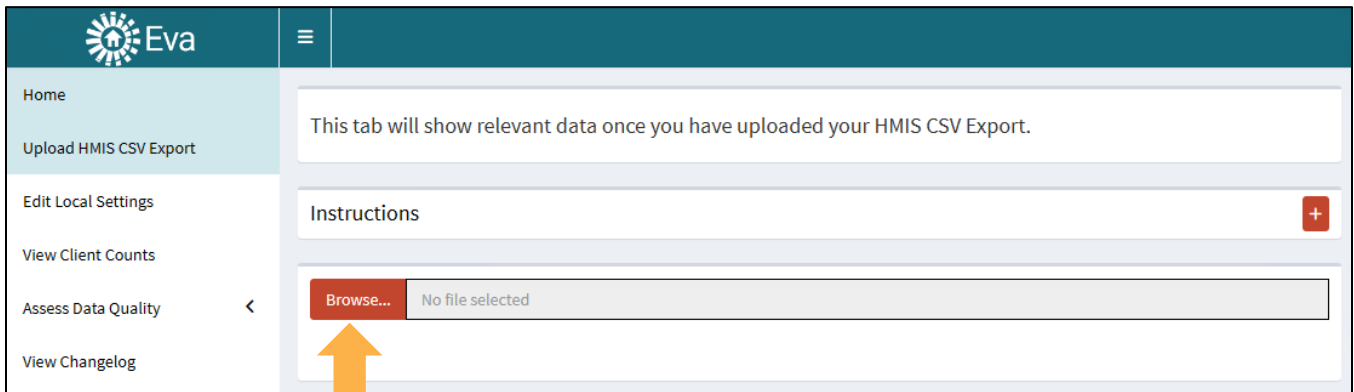
Once you have navigated to your file, click on it to select it, then click "Open" to begin the upload. During a session, Eva can access only one .zip file at a time.
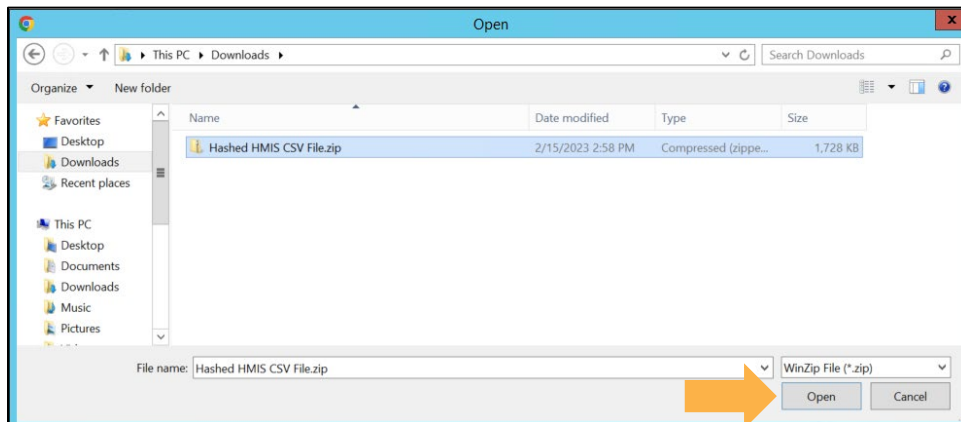
Eva might take a few moments to process your selected file. The upload progress bar below the browser button represents the progress on **Eva**'s check that your HMIS CSV Export file is hashed. 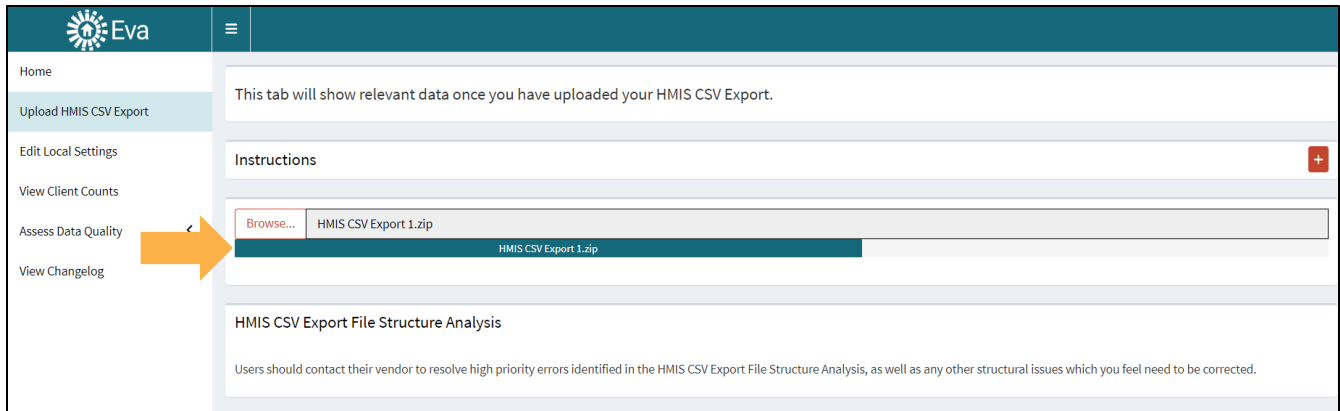If it is not, **Eva** will reject the file with an error message, and clear **Eva**'s memory until you upload a hashed HMIS CSV Export.

After confirming your export is hashed, **Eva** will review and process the file structure and data quality of your upload. A window depicting **Eva**'s progress processing your HMIS CSV Export file will pop-up at the bottom right-hand corner of your screen.
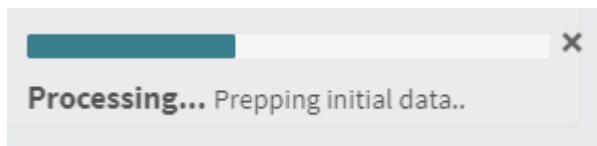
While processing your upload, **Eva** goes through multiple stages, including reading your files, checking file structure, prepping initial data, assessing your data quality, and checking your Project Descriptor Data Elements (PDDEs).

After processing your upload, **Eva** will notify the user with a pop-up indicating the official upload status stating whether the upload was successful or not.

Understanding your upload status

When users upload an HMIS CSV export to **Eva**, the .zip file goes through the File Structure Analysis. The File Structure Analysis assesses the structural components of the uploaded .zip file and determines if it meets **Eva**'s file structure requirements.

Once your upload is processed and **Eva** has finished assessing the file structure integrity of your upload, **Eva** will provide a pop-up message alerting you of your upload status. You can have either a successful upload or an unsuccessful upload based on the structural integrity of your HMIS CSV export. The key difference between a successful upload and an unsuccessful upload is if the upload has any High Priority File Structure Errors.

While any error identified during the File Structure Analysis represent components in the uploaded HMIS CSV export file that do not meet the most recent HMIS CSV Format Specifications, there are some file structural errors that are more relevant to the functionality of **Eva**.

- **High Priority File Structure Errors** are file structure issues that will cause **Eva** to not work.
- **General File Structure Errors** are file structure issues that will *not* impact **Eva**'s ability to work, but do not meet HMIS CSV format specifications.

High Priority File Structure Errors impact **Eva**'s ability to read the uploaded .zip file and result in an unsuccessful upload. **Eva** relies on certain column names and value formats etc. to be accurate so the analysis can be run. When these important, or high priority, structural factors of the HMIS CSV Export are not met, **Eva** cannot successfully run its analysis.

Upload Status	Description	Action
Unsuccessful Upload: Missing Files	The uploaded .zip file does not contain all of the required files to do an analysis of your HMIS data. Thus, **Eva** cannot read the .zip file.	If you receive this message, please check that you uploaded a *hashed* HMIS CSV export. If you did not, please upload again with the hashed .zip file. If you did upload the correct file—a hashed HMIS CSV export—and received this error, please contact your HMIS vendor and inform them of all the files listed in your upload status message that are missing in your .zip file.
Unsuccessful Upload: Your HMIS CSV export is not structurally valid	The uploaded .zip file, though it is not missing any files, has at least one High Priority File Structure Error that your HMIS vendor needs to resolve in order for **Eva** to read the .zip file.	If you receive this message, please download your file structure analysis and share it with your HMIS vendor to work out the listed file structure errors. The High Priority File Structure Errors must be fixed before users can utilize **Eva** to assess their HMIS data quality.
Successful Upload: No High Priority File Structure Errors	The uploaded .zip file has file structure errors, but none are High Priority File Structure Errors, and thus **Eva** can read the .zip file.	If you receive this message, please download your file structure analysis detail and share it with your HMIS vendor to work out the listed General File Structure Errors. Additionally, you can now navigate to the other tabs in **Eva** and assess your HMIS data quality.
Successful Upload: No file structure errors	The uploaded .zip file has no file structure errors that **Eva** checks for and thus **Eva** can read the .zip file.	If you receive this message, you can now navigate to the other tabs in **Eva** and assess your HMIS data quality. There are no file structure issues that **Eva** checks for that need to be resolved.

However, while **Eva** requires successful HMIS CSV export uploads to have no *High Priority* File Structure Errors, this does not mean the uploaded .zip file has no file structure errors at all. Both successful and unsuccessful uploads may have General File Structure Errors to address, they are just less disruptive to **Eva**'s analysis process than High Priority File Structure Errors.

Additionally, please note that the fields on the View Client Counts page and the Assess Data Quality pages will be blank until you have successfully uploaded a .zip file containing your hashed HMIS data.

For more information on what file structure errors Eva checks for, please refer to the EvaChecks files published on the Public Resources folder on **Eva**'s GitHub.

Review the File Structure Analysis Results

The results of the File Structure Analysis—or the identification of all High Priority File Structure Errors and General File Structure Errors in your uploaded HMIS CSV export—are available to review for both successful and unsuccessful uploads that are *not* missing files. The errors are listed in the File Structure Analysis Panel on the Upload HMIS CSV Export page and can be downloaded by clicking on the red-orange "Download Structure Analysis Detail" button.

HMIS CSV Export File Structure Analysis

Type	Issue	Count
High Priority	Incorrect Date Format	2
High Priority	Incorrect Columns	1
High Priority	Nulls not allowed or incorrect data type	1
Error	Nulls not allowed or incorrect data type	2
Error	Incorrect Columns	1
Error	Incorrect Date Format	1
Error	Invalid value in Client file	1

Users should contact their vendor to resolve high priority errors identified in the HMIS CSV Export File Structure Analysis, as well as any other structural issues which you feel need to be corrected.

⤓ Download Structure Analysis Detail

The Structure Analysis Detail and the File Structure Analysis Panel will show no data if there are no *structural* issues with the .zip file. However, this does not mean that there are no *data quality* issues.

Since the file structure of your HMIS CSV export file is determined and created by your HMIS vendor, **it is important to note that only your HMIS vendor can fix these file structure issues.** To fix file structure issues identified during the File Structure Analysis, please download the Structure Analysis Detail and share or review the errors with your HMIS vendor, prioritizing the High Priority File Structure Errors. If your upload resulted in any High Priority File Structure Errors, your HMIS vendor must resolve the problem(s) for you to be able to successfully upload your HMIS CSV export file to **Eva** and thus be able to review your HMIS data quality.

Next steps after you've successfully uploaded data to Eva

Edit Local Settings

Once you have successfully uploaded an HMIS CSV export file, you can make **Eva** reporting more useful at the local level by adjusting a couple local settings to better analyze your data in a way that is meaningful to your CoC. To edit these, click on the "Edit Local Settings" menu option on the Navigation Menu. This will take you to the Edit Local Settings page.
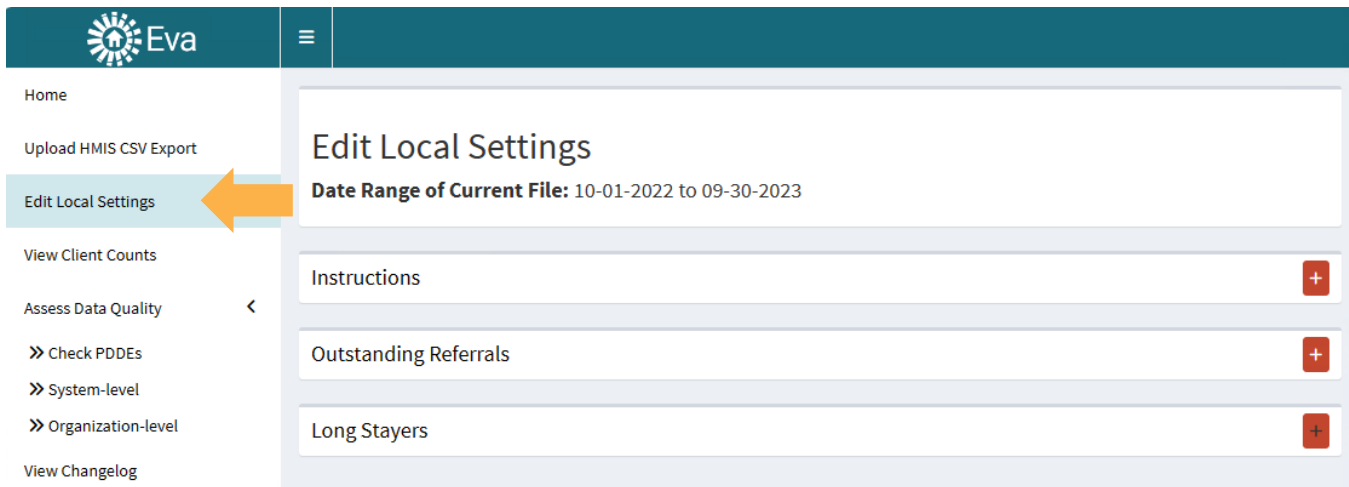
There are two key local settings you can adjust on the Edit Local Settings page based on your communities' data trends.

1) **Outstanding Referrals**: The maximum number of days a referral can stay open according to the CoC's Coordinated Entry Referral process.
   a. The default for the maximum days for an outstanding referal is 14 days, but users can update this to a value that more reflects their community. Please note this default does not imply any HUD recommendations.
2) **Long Stayers**: The expected maximum period of assistance envisioned for the project type, meaning the timeframe after which you would want an organization to confirm the client is still active in the project.
   a. The default for the maximum period of assistance for a variety of project types (Emergency Shelter (NbN only), Street Outreach, Day Shelter, Services Only, Coordinated Entry, and Other) is 90 days. Users can update these default values to more reflect their community. Please note this default does not imply any HUD recommendations.

The Edit Local Settings page also explains **Eva**'s long stayers flag logic for other project types where the user *cannot* specify or change the expected maximum period of assistance:

- For permanent housing and Permanent Supportive Housing projects, **Eva** will identify and flag the projects with the top 1% longest enrollments.
- For all other project types (Emergency Shelter – Entry/Exit, Safe Haven, Transisitonal Housing, Rapid Rehousing, and Homeless Prevention), **Eva** will identify and flag the projects with the top 2% longest enrollments.

Review your HMIS data quality

Navigate to the "View Client Counts" and "Assess Data Quality" menu options on the Navigation Menu to 1) check that your project-level client counts are accurate and 2) check for data quality issues at the at the project, system, and organization levels. For more information on these pages, please refer to their individual quick start guides:

- [Eva Quick Start Guide- View Client Counts](#)
- [Eva Quick Start Guide- Assess Data Quality: Check Project Data](#)
- [Eva Quick Start Guide- Assess Data Quality: System-level & Organization-level](#)

Additional resources and providing feedback

- Additional resources can be found on the [Eva](#) page of the HUD Exchange.
- For more general information on **Eva**, and why you should use **Eva** to review your HMIS data quality, please refer to the [Eva Quick Start Guide](#).
- For more information on **Eva** and its code, including a list of all data quality checks, visit the [Code tab on the Abt Eva GitHub](#).
- To provide feedback or report issues regarding **Eva**, visit the [Issue tab on the Abt Eva GitHub](#). To add a new issue, click the "New issue" button on the right-hand side of the page.

Outline for a Continuum of Care's Coordinated Entry "Policies & Procedures" Document

Providing a General Document Structure, Plus Sample CE Policies & Procedures

Disclaimer

This resource is a general outline for a coordinated entry policies and procedures document. It references all **required** coordinated entry elements established by HUD's 2017 CE Notice, but it does not necessarily contain the entire assortment of elements essential to address every policy or operational goal intended by a CoC. It can, however, be used as a starting point to develop locally specific CE policies and procedures that reflect the particular CoC's operational standards and management practices.

About This Resource

The U.S. Department of Housing and Urban Development (HUD) requires all Continuums of Care (CoCs) to adopt "written policies and procedures" to guide the general operations and day-to-day activities of their coordinated entry (CE) systems. HUD detailed these requirements in its 2017 Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System:

> *Each CoC must incorporate additional requirements into their written policies and procedures to ensure that its coordinated entry implementation includes each of the requirements described in [Section II.B].*

In this Outline, that HUD document is referred to as HUD's "Coordinated Entry (CE) Notice."

HUD intends this Outline to be used by CoCs as a foundation in drafting a CE "policies and procedures" (P&P) document that documents additional requirements and operational practices that each CoC adopts for its CE process.

Regulatory Sources

Throughout this Outline, when HUD's CE Notice **requires** a CoC to establish a specific policy or procedure, the pertinent portion of the Notice is cited. In other cases, this Outline includes elements of CE functionality, operations, or

Definitions

For the purposes of this Outline, a **policy** is a general guideline to help define the purpose or intent of something, whereas a **procedure** is a detailed, specific set of instructions or requirements to be adhered to.

Policies are critical for ensuring all stakeholders have a standard understanding of the rationale for guidance, whereas procedures help make sure that the guidance is implemented as the CoC intends.

Not every policy requires a procedure; some policy topics do not have direct, operational implications.

management that HUD **recommends** as good practice but does not require; it also includes **optional** elements. CoCs should consider these recommendations and options in order to ensure an optimal implementation of their CE process.

Format

The format of this Outline is intended to suggest:

- a structure that CoCs can adopt for their own coordinated entry P&P document;
- sample language for required and recommended/optional CE policies and procedures;
- types of specific policies and procedures to include; and
- potential appendices and additional resources.

This Outline offers both **sample policies** and **sample procedures**. Not every sample policy has a sample procedure identified for it, and vice versa.

When a sample policy is not followed by a corresponding sample procedure, HUD is not intending to suggest a procedure isn't warranted or necessary. In some instances a CE procedure would be so specific to local CE circumstances, geography, or structures that inclusion of an example here might be more confusing than helpful. Also in reality, many CoCs might define multiple procedures that correspond to a single policy. This CE Outline includes some examples of this practice.

Development and Maintenance

Some sample language provided in this Outline can be adopted verbatim to ensure all HUD required elements are addressed. Users will need to think critically about the sample language provided here and consider if and how the language could be edited or changed to reflect their CoC's intended CE design. Not all of the examples in this resource are necessary to implement in a CoC's own CE policies or procedures; this resource includes them, however, to provide a more comprehensive array of the options that CoCs have in designing their own local CE P&P document.

It is both necessary and critical that a CoC develop its CE P&P document in alignment with the requirements for local "written standards for providing Continuum of Care assistance" under the CoC Program and the Emergency Solutions Grants (ESG) Program. Additionally, in the spirit of clarity and transparency of CoC decision-making, a CoC's Governance Charter should identify what entity is responsible for planning and operating the CoC's coordinated entry process. That responsibility includes the development and ongoing maintenance of a CE P&P document, which can be delegated by the CoC to a coordinated entry planning group or other ad hoc groups or subcommittees as necessary.

Contents

List of Boxes

INTRODUCTION & OVERVIEW

Background & Purpose

Describe the key elements of the CE system, as well as any guiding principles, roles, and key terms for the document.

Topic 1: CE Participation Expectations

Description/Rationale for Policy and Procedure: Note any difference in expectations of projects that are required to participate in CE by a funder (such as those funded by HUD's CoC and ESG Programs) versus those projects that are not contractually obligated to participate in CE but opt to do so.

Sample CE Policy Text:

> All CoC Program- and ESG Program-funded projects are required to participate in the local CE. The CoC still aims to have all homeless assistance projects participating in its CE process, and will work with all local projects and funders in its geographic area to facilitate their participation in the CE.

Sample CE Procedure Text:

> As part of the annual CoC and ESG application processes, each project must submit a report that identifies the number of participants its project referred, accepted, rejected, and/or served from the CE process.

Topic 2: CoC and ESG Coordination

Description/Rationale for Policy and Procedure: Identify how CoC policies and procedures for CE will coordinate with written standards for providing ESG and CoC assistance.

Required: Each CoC and ESG recipient operating within the CoC's geographic area must work together to ensure the CoC's coordinated entry process allows for coordinated screening, assessment, and referrals for ESG-funded and CoC-funded projects.

Sources: CoC Program interim rule: 24 CFR 578.7(a)(9);
ESG interim rule: 24 CFR 576.400(d) and (e)

Required: The CoC, in consultation with recipients of ESG Program funds within the geographic area, must establish and consistently follow written standards for providing Continuum of Care assistance that can guide the development of formalized policies and procedures for the coordinated entry process:

- Written standards provide guidance for evaluating individuals' and families' eligibility for assistance under 24 CFR Part 578.
- Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive transitional housing assistance.
- Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance.
- Written standards provide guidance for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance.
- Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.

Source: CoC Program interim rule: 24 CFR 578.7(a)(9)

Sample CE Policy Text:

> The CoC is committed to aligning and coordinating CE policies and procedures governing assessment, eligibility determinations, and prioritization with its written standards for administering CoC and ESG Programs funds. A copy of the CoC and ESG written standards are included in Appendix XX of this P&P document.

Sample CE Procedure Text:

> The CoC will include at least one representative from the local ESG recipient in its membership of the CE Governing Committee. Additionally, at least annually, representatives from the CoC and the ESG recipient agencies will identify any changes to their written standards and share those with the CoC's CE Governing Committee so that the changes may be reflected in the CE P&P document.

Topic 3: Guiding Principles

Description/Rationale for Policy and Procedure: Define local guiding principles for the CE that capture the vision and mission of these system change efforts, such as promoting a more effective crisis response system. Guiding principles can help organize and structure local CE planning and management efforts and ensure that CoC stakeholders share a common understanding of system goals and priorities.

Sample CE Policy Text:

> The CoC establishes the following guiding principles for its CE:
>
> 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 for him or her.
>
> 6. The CE will integrate mainstream service providers into the system, including local Public Housing Authorities and VA medical centers.
>
> 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 periods in excess of 60 days.

Topic 4: Terms & Definitions

Description/Rationale for Policy and Procedure: Include a list of any federal, state, and local terms or acronyms that will appear throughout your CE P&P document. When an official HUD or federal partner definition of a term exists, CoCs are encouraged to use that definition, in lieu of creating their own.

Terms & Definitions	
chronically homeless	HUD's definition: *Chronically homeless* means: (1) A "homeless individual with a disability," as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who: i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND ii. Has been homeless continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (i) above.
case conferencing	Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication.
Continuum of Care (CoC)	Group responsible for the implementation of the requirements of HUD's CoC Program interim rule. The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.
Continuum of Care (CoC) Program	HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.

emergency shelter	Short-term emergency housing available to persons experiencing homelessness.
Emergency Solutions Grant (ESG) Program	HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.
Homeless Management Information System (HMIS)	Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.
Projects for Assistance in Transition from Homelessness (PATH)	Substance Abuse and Mental Health Services Administration (SAMHSA)–funded program to provide outreach and services to people with serious mental illness (SMI) who are homeless, in shelter or on the street, or at imminent risk of homelessness.
public housing authority (PHA)	Local entity that administers public housing and Housing Choice Vouchers (HCV) (aka Section 8 vouchers).
permanent supportive housing (PSH)	Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.
rapid re-housing (RRH)	Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.
release of information (ROI)	Written documentation signed by a participant to release his/her personal information to authorized partners.
transitional housing (TH)	Program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.

Topic 5: Roles

Description/Rationale for Policy and Procedure: Identify the key roles and responsibilities for stakeholders that are engaged in the design and implementation of the CE system.

Topic 6: Versions of Document

Description/Rationale for Policy and Procedure: Indicate which version of the CE P&P document is in effect, and describe the processes for reviewing and updating the document.

Sample CE Policy Text, Including a Sample Log:

> The CoC's CE Governing Committee shall be responsible for the revision, review, and approval of the CE Policies & Procedures. The revision process will be completed at least once annually, and anyone who is interested in submitting suggestions for revisions to the document should submit them to CEinfo@xxx.com.

Version	Date Released	Key Changes
1.0	January 1, 2016	N/A
2.0	July 30, 2016	• Updated assessment process on page 5. • Included new HUD guidance on CE requirements.

Roles	
CoC Board	Responsible for the general oversight of the CE system, including the approval of the CE Policies & Procedures document.
CE Coordinator	Staff position responsible for supporting or managing day-to-day functions of CE, which may include any combination of the following: maintaining a prioritization list, assisting with matching participants to available housing resources, communicating referrals, facilitating case conferencing meetings, assisting with grievance and appeal processes, monitoring CE activity, and preparing CE monitoring and evaluation reports.
CE management entity	Responsible for the day-to-day operations of the CE system.
CE Governing or Leadership Committee	Primary governing body for coordinated entry. Meets at least monthly to oversee the implementation and evaluation of the CE system.
Collaborative Applicant	Entity that must (at the request of the CoC Board) apply for HUD funding for coordinated entry, including planning grants.
HMIS Lead Agency	Operates the Homeless Management Information System on the CoC's behalf. Ensures the CE system has access to HMIS software and functionality for the collection, management, and analysis of data on persons served by coordinated entry. Entity designated by the CoC in accordance with HUD's CoC Program interim rule to operate the HMIS on the CoC's behalf. The HMIS Lead designated by the CoC may apply for CoC Program funds to establish and operate its HMIS.
participating project	Agency or organization that has agreed to provide homelessness supports/services on behalf of the CoC. A participating project must execute a CE Participation Agreement with the CoC. The Participation Agreement outlines the standards and expectations for the project's participation in and compliance with the policies and procedures governing CE operations. For a project to receive CoC or ESG Program funding from HUD, it is required to participate in coordinated entry.
referral partner	A type of participating project. Referral partner will receive and consider referrals to its project from the CE system. It will sign a Referral Partner Agreement with the CE management entity affirming it is aware of and will adhere to all expectations for coordinated entry.
mainstream system provider	Agency or entity that can provide necessary services or assistance to persons served by coordinated entry. Examples of mainstream system providers include hospitals, mental health agencies, employment assistance programs, and schools.
U.S. Department of Housing and Urban Development (HUD)	Federal agency responsible for administering housing and homelessness programs including the CoC and ESG Programs.
U.S. Department of Veteran Affairs (VA)	Federal agency responsible for providing health care and other services, including assistance to end homelessness, to veterans and their families.

INTRODUCTION & OVERVIEW, cont.

CE Process Definition

HUD requires each CoC to establish and operate a "centralized or coordinated assessment system," based on evidence that such systems increase the efficiency of local crisis response systems and improve fairness and ease of access to resources, including mainstream system resources. Participating projects use the coordinated entry process established and operated by the CoC to manage coordinated intake and assessment, standardize the prioritization process, and facilitate referrals to available housing and resources. Coordinated entry processes are intended to help communities prioritize assistance to ensure that persons who are most in need of assistance receive it in a timely manner. When appropriate data are collected, CE processes can also provide information to CoCs and other stakeholders about service needs and gaps, which helps communities to strategically allocate their current resources and identify the need for additional resources.

Topic 7: Full Geographic Coverage

Description/Rationale for Policy and Procedure: State that the CE process covers the full geography of the CoC (Sample #1 below). If the CoC has subdivided the CoC geography into separate referral zones to avoid forcing participants to travel great distances, or if the CoC has joined together with a neighboring CoC to establish a single coordinated entry process for the combined jurisdiction, this section of the CE P&P document must describe that coverage area (Sample #2). Identify the relationship of the geographic area(s) of the CoC(s) to the geographic area(s) covered by the CE process(es).

> **Required:** Multiple CoCs "that have joined together to use the same regional coordinated entry process, written policies and procedures must implement written policies and procedures that at a minimum describe the following: (a) The relationship of the CoC(s) geographic area(s) to the geographic area(s) covered by the coordinated entry process(es); and (b) how the requirements of ensuring access, standardizing assessments, and implementing uniform referral processes occur in situations where the CoC's geographic boundaries and the geographic boundaries of the coordinated entry process are different."
>
> *Source: HUD Coordinated Entry Notice, Section II.B.1*

Sample CE Policy #1 Text:

The CoC's CE process covers the CoC's entire geographic area.

Sample CE Policy #2 Text:

The Balance of State CoC covers an expansive geography that includes XX counties, XX distinct communities, and XX clearly defined regional areas.

The CE covers this full geography by identifying access, standard assessments, and uniform referral processes that are unique to each of those regional areas. These regions have been organized for other local coordination efforts (such as regional point-in-time counts of persons experiencing homelessness) and are suitable hubs for the implementation of the Balance of State's CE.

Topic 8: Affirmative Marketing and Outreach

Description/Rationale for Policy and Procedure: Identify how the CoC will ensure that there is fair and equal access to CE processes and functions such as access points, assessment processes, prioritization, and referral.

> **Required:** "The CoC Program interim rule at 24 CFR 578.93(c) requires recipients of CoC Program funds to affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities. Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105(a)(2)."
>
> *Source: HUD Coordinated Entry Notice: Section I.C.1*

Sample CE Policy Text:

All persons participating in any aspect of CE such as access, assessment, prioritization, or referral shall be afforded equal access to CE services and resources without regard to a person's actual or perceived membership in a federally protected class such as race, color, national origin, religion, sex, age, familial status, or disability. Additionally, all people in 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.

Sample CE Procedure Text:

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

Topic 9: Safety Planning and Risk Assessment

Description/Rationale for Policy and Procedure: State how the CoC will ensure that survivors of domestic violence and those attempting to flee domestic violence, dating violence, sexual assault, stalking, and human trafficking will have access to resources, regardless of which access point they initially contact seeking crisis services.

Required: CoC must have a specific written CE policy and procedure to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. At a minimum, people fleeing or attempting to flee domestic violence and victims of trafficking must have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter.

Source: HUD Coordinated Entry Notice: Section II.B.10

Sample CE Policy #1 Text:

All persons who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking shall have immediate and confidential access to available crisis services within the defined CE geographic area.

Sample CE Procedure #1 Text:

The CE system will include a local domestic violence hotline, which is staffed 24 hours a day, seven days a week, to ensure that all persons who are fleeing or attempting to flee domestic violence or sexual assault have immediate access to crisis response services. All persons will have access to this hotline regardless of which access point they initially contact for services and assistance through the CoC's CE.

Sample CE Policy #2 Text:

All CoC providers shall incorporate a safety risk assessment as part of initial CE triage and intake procedures, evaluating, to the greatest extent possible, the physical safety and well-being of participants and prospective participants.

Sample CE Procedure #2 Text:

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

Topic 10: Nondiscrimination

Description/Rationale for Policy and Procedure: Reinforce that the coordinated entry process will operate in compliance with all federal, state, and locally applicable civil rights and fair housing laws and requirements. In addition, projects participating in the CE that receive funding from federal, state, or local sources that have promulgated local civil rights and fair housing laws and requirements must also comply with all additional civil rights and fair housing laws and requirements. Identify how the CoC will monitor the CE process and applicable individual projects for compliance with these laws and requirements.

Required: "CoC must develop and operate a coordinated entry process that permits recipients of federal and state funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program- and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of federal civil rights laws, as specified at 24 CFR. 5.105(a), including the following: (a) Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status; (b) Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance; (c) 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; and (d) Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability."

Source: HUD Coordinated Entry Notice: Section I.D

Sample CE Policy Text:

> The CE system must adhere to all jurisdictionally relevant civil rights and fair housing laws and regulations.

Sample CE Procedure Text:

> The CoC has designated the CE Governing Committee as the entity responsible for monitoring agencies on compliance with all CE requirements, including adherence to civil rights and fair housing laws and regulations. Failure to comply with these laws and regulations will result in a monitoring finding on the project, which may affect its position in the local CoC rating and ranking process.
>
> - Fair Housing Act – prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.

- Section 504 of the Rehabilitation Act – prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance.

- Title VI of the Civil Rights Act – prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving federal financial assistance.

- Title II of the Americans with Disabilities Act – prohibits public entities, which include state and local governments and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing and housing-related services such as housing search and referral assistance.

- Title III of the Americans with Disabilities Act – prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

ACCESS

Topic 1: Access Model

Description/Rationale for Policy and Procedure: Define the CoC's local model for access to CE. If the CoC has defined different access models for different subpopulations as allowed by HUD's CE Notice, each separate access model must be described.

Required: "Access points are the places–either virtual or physical–where an individual or family in need of assistance accesses the coordinated entry process. These can include the following examples: (a) central location or locations within a geographic area where individuals and families present to receive homeless housing and services; (b) a 211 or other hotline system that screens and directly connects callers to appropriate homeless housing and service providers in the area; (c) a 'no wrong door' approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area but is assessed using the same tool and methodology so that referrals are consistently completed across the CoC; (d) a specialized team of case workers that provides assessment services at provider locations within the CoC; or (e) a regional approach in which '[referral zones]' are created within smaller geographic areas."

Source: HUD Coordinated Entry Notice: Section I.C.3

Sample CE Policy #1 Text:

> The CoC adopts a "no wrong door" approach to CE, which ensures that no matter which homeless assistance provider a person goes to for assistance, he/she will have access to the same resources, referrals, and assessment and prioritization processes.

Sample CE Policy #2 Text:

> The CoC has identified separate access points for the following groups: families, single adults, victims of domestic violence, and youth. Each one of these groups will have a distinct access point within the CE process that will function separately and independently.

Topic 2: Designated Access Points

Description/Rationale for Policy and Procedure: Identify the CoC's access points for CE. Include information on location type (in-person, virtual, etc.) and any special considerations for the access point (e.g., hours, staff availability), as well as a list of access point locations in the appendix of the CE Policies & Procedures document.

Sample CE Policy Text:

> The CoC has implemented a "no-wrong door" approach to CE. In doing so, participants are able to access CE by appearing at any homeless assistance agency within the community. Please see Appendix XX of this manual for a list and map of all access points in the community.

Sample CE Procedure Text:

> Each homeless assistance provider designated by the CE Leadership Committee will provide access to crisis response services for persons experiencing homelessness or at imminent risk of literal homelessness. All designated access points shall execute a CE Participation Agreement with the CE Leadership Committee; that is, an agreement that documents all required functions and responsibilities to ensure CE access.

Topic 3: Specialized Access Points for Subpopulations

Description/Rationale for Policy and Procedure: Identify any specialized access points for subpopulations.

> **Optional:** The coordinated entry process may, but is not required to, define separate access points and variations in assessment processes to the extent necessary to meet the unique needs of the following five populations: (1) Adults without children; (2) Adults accompanied by children; (3) Unaccompanied youth; (4) Households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and (5) Persons at risk of homelessness."
>
> *Source: HUD Coordinated Entry Notice: Section II.B.2.a*

Sample CE Policy Text:

> The CoC, recognizing that a growing number of families with very young children are seeking assistance through its CE process, has designated a separate access point for families to better address the unique needs of households with dependent children.

Sample CE Procedure Text:

> To ensure that there is sufficient coordination and specialized attention given to households with children, the CoC has identified a specialized access point at Agency ABC, to ensure that families experiencing homelessness receive the appropriate services and housing to resolve their housing crisis.

Topic 4: Access Coverage

Description/Rationale for Policy and Procedure: Describe how the CoC's access points cover and are accessible throughout the entirety of the geographic area of the CoC.

Required: "Provisions at 24 CFR 578.3 require that a CoC's coordinated entry process cover the CoC's entire geographic area; however, 24 CFR 578.3 does not prohibit multiple CoCs from joining together and using the same coordinated entry process. Individual CoCs may only have one coordinated entry process covering their geographic area; however, for CoCs, such as Balance of State CoCs, whose geographic areas are very large, the process may establish referral zones within the geographic area designed to avoid forcing persons to travel or move long distances to be assessed or served. This Notice further establishes that CoCs that have joined together to use the same regional coordinated entry process must implement written policies and procedures that at a minimum describe the following: (a) the relationship of the CoC(s) geographic area(s) to the geographic area(s) covered by the coordinated entry process(es); and (b) how the requirements of ensuring access, standardizing assessments, and implementing uniform referral processes occur in situations where the CoC's geographic boundaries and the geographic boundaries of the coordinated entry process are different."

Source: HUD Coordinated Entry Notice: Section II.B.1

Sample CE Policy Text:

The CoC's entire geographic area is accessible to CE processes either through defined location-specific access points or through a 211 community information and referral hotline that is accessible throughout the entire CoC geography.

Sample CE Procedure Text:

The 211 hotline provides access to basic CE intake services 24 hours a day and can be contacted from any location within the CoC.

Topic 5: Accessibility of Access Sites

Description/Rationale for Policy and Procedure: Describe how CoC ensures effective communication with individuals with disabilities. Recipients of federal funds and CoCs must provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters). CoC takes reasonable steps to offer CE process materials and participation instructions in multiple languages to meet the needs of minority, ethnic, and limited English proficiency groups.

Required: CoC's written CE policies and procedures must…. "(c) Document steps taken to ensure effective communication with individuals with disabilities. Recipients of federal funds and CoCs must provide appropriate auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters. Access points must be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. (d) Take reasonable steps to ensure the coordinated entry process can be accessed by persons with Limited English Proficiency (LEP). HUD's published Final Guidance to Federal Financial Assistance Recipients: Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (LEP Guidance) (72 FR 2732, published January 22, 2007) provides assistance and information regarding LEP obligations."

HUD Coordinated Entry Notice: Section II.B.5.c and d

Sample CE Policy Text:

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

Sample CE Procedure Text:

> The CoC designates the CE coordinating entity to serve as the primary point of contact for ensuring that all CE materials are available in English, Spanish, and [other locally common language]. In addition, CE participating agencies will, to the greatest extent practicable, provide communication accommodation through translation services to effectively and clearly communicate with persons who have disabilities, as well as with any person with limited English proficiency. The CE coordinating entity will provide visually and audibly accessible CE materials when requested by agencies or participants in CE.

Topic 6: Emergency Services

Description/Rationale for Policy and Procedure: Clarify how emergency services (ES) resources will be coordinated with access to coordinated entry.

Required: CoC's written CE policies and procedures must document a process by which persons are ensured access to emergency services during hours when the coordinated entry's intake and assessment processes are not operating. CE written policies and procedures must document how CE participants are connected, as necessary, to coordinated entry as soon as the intake and assessment processes resume operating.

Source: HUD Coordinated Entry Notice: Section II.B.7.b

Sample CE Policy Text:

> CE initial screening and assessment services may only be available during business hours—8:00 am to 5:00 pm each day. When prospective participants present for services during non-business hours—5:00 pm to 8:00 am the following day—participants will still be able to access emergency services, including emergency shelter, when those emergency services are available.

Sample CE Procedure Text:

> In the event prospective participants attempt to access designated access points during non-business hours, those persons will still be able to access emergency shelter without first receiving an assessment through coordinated entry. CE screening and assessment will be completed on all ES participants within 3 days after entry to ES.

Topic 7: Prevention Services

Description/Rationale for Policy and Procedure: State how the CE will coordinate with available homelessness prevention (HP) assistance services (either ESG Program funded or other homelessness prevention that is locally available).

Required: CoC's written CE policies and procedures must document a process for persons seeking access to homelessness prevention services funded with ESG Program funds through the coordinated entry process. If the CoC defines separate access points for homelessness prevention services, its "written policies and procedures must describe the process by which persons are prioritized for referrals to homelessness prevention services. To the extent to which other [i.e., not ESG-funded] homelessness prevention services participate in coordinated entry processes, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs."

Source: HUD Coordinated Entry Notice: Section II.B.8

Sample CE Policy Text:

> The CE system will ensure that all potentially eligible HP participants will be screened for homelessness prevention assistance, regardless of the access point at which they initially seek assistance.

Sample CE Procedure Text:

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

Topic 8: Street Outreach

Description/Rationale for Policy and Procedure: State how street outreach (SO) resources will be used to ensure access to CE.

> **Required:** Street outreach efforts funded under ESG or the CoC program must link to the coordinated entry process. Written policies and procedures must describe the process by which all participating street outreach projects, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized process as persons who access coordinated entry through site-based access points.
>
> *Source: HUD Coordinated Entry Notice: Section II.B.6*

Sample CE Policy Text:

Street outreach teams will function as access points to the CE process, and will seek to engage persons who may be served through CE but who are not seeking assistance or are unable to seek assistance via projects that offer crisis housing or emergency shelter.

Sample CE Procedure Text:

Street outreach teams will be trained on CE and the assessment process, and will have the ability to offer CE access and assessment services to participants they contact through their street outreach efforts. Street outreach teams will be considered an access point for CE.

ASSESSMENT

Topic 1: Standardized Assessment Approach

Description/Rationale for Policy and Procedure: Describe the CoC's standardized assessment process for CE:

- Ensure that assessment criteria reflect the prioritization process adopted to meet the requirements outlined in Section II.B.2 of HUD's CE Notice.

- If the CoC has different access points and different assessment tools for any of the populations allowed to have such items, then the CoC must document the criteria for uniform decision-making within those unique access points and assessment processes. (Populations that are allowed by HUD to have distinct access points within the CE system are identified in the "Specialized Access Points for Subpopulations" section of this Outline.)

- If the CoC has a separate access point and assessment process for any of the allowed subpopulations described in HUD's CE Notice, then it must identify how it will ensure that all adults without children are assessed in the same way, and how decisions made regarding where to refer those participants are made in a uniform way.

> **Required:** CoC's written policies and procedures must describe the standardized assessment process, including assessment information, factors, and documentation of the criteria used for uniform decision-making across access points and staff.
>
> *Source: HUD Coordinated Entry Notice: Sections II.B.2.g (1) and II.B.3*

Sample CE Policy Text:

> The CoC's CE process will provide a standardized assessment process to all CE participants, ensuring uniform decision-making and coordination of care for persons experiencing a housing crisis.

Sample CE Procedure Text:

> All persons served by CE will be assessed using the ***ABC Tool.*** All access points must use this tool to ensure that all persons served are assessed in a consistent manner, using the same process. The ***ABC Tool*** documents a set of participant conditions, attributes, need level, and vulnerability, allowing the access point and/or assessment staff to identify a service strategy to the CE staffer who manages the CoC's prioritization list. Please see Appendix XX of this CE P&P document for a copy of the assessment tool.

Topic 2: Phases of Assessment

Description/Rationale for Policy and Procedure: Describe how the CoC will design its assessment process in a manner that collects only the information necessary to assist participants to resolve their housing crisis and, potentially, identify a service strategy available within the CoC.

> **Recommended:** "The assessment component of the coordinated entry process may be implemented in phases in order to capture information on an as-needed basis as participants navigate the process, recognizing that trauma-informed approaches are necessary throughout these phases. For example, assessment phases may include the following: (a) screening for diversion or prevention; (b) assessing shelter and other emergency needs; (c) identifying housing resources and barriers; and (d) evaluating vulnerability to prioritize for assistance."
>
> *Source: HUD Coordinated Entry Notice: Section III.C.2*

Sample CE Policy Text:

> 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.

Sample CE Procedure Text:

> The CoC has adopted the following phased approach to engage and appropriately serve persons seeking assistance through the CE system:
>
> 1. *Initial Triage (Immediately):* This first phase will focus on identifying the immediate housing crisis, and clarifying that the CoC crisis response system is the appropriate system to address the potential participant's immediate needs.
>
> 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 Assessment (Within X 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. *Comprehensive Assessment (Within X business days after initial assessment):* In the fifth phase, the assessor will seek information necessary to refine, clarify, and verify a participant's housing and homeless history, barriers, goals, and preferences. Assessment information supports the evaluation of the participant's vulnerability and prioritization for assistance.

6. *Next Step / Move On Assessment (Ongoing):* The final phase will collect information revealed or known after an Initial Assessment is conducted when that new information might suggest a revised referral strategy. Or it will re-evaluate participants who have been stably housed for some time and who might be ready for less-intensive housing and service strategies.

Topic 3: Assessment Screening

Description/Rationale for Policy and Procedure: Describe how the CoC will ensure that assessment data are not used to screen out households for housing and services on the basis of a participant's membership in a protected class, such as a particular disability.

Required: CoC must maintain written policies and procedures that "prohibit the coordinated entry process from screening people out of the coordinated entry process 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."

Source: HUD Coordinated Entry Notice: Section II.B.4

Sample CE Procedure Text:

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

Topic 4: Assessor Training

Description/Rationale for Policy and Procedure: Identify how staff responsible for the completion of CE assessments will receive training on the assessment process.

> **Required:** CoC must provide training opportunities at least once annually to organizations and or staff persons at organizations that serve as access points or administer assessments. CoC must update and distribute training protocols at least annually. "The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry process, including its written policies and procedures."
>
> *Source: HUD Coordinated Entry Notice: Section II.B.14*

Sample CE Policy Text:

>The CoC is committed to ensuring that all staff who assist with CE operations receive sufficient training to implement the CE system in a manner consistent with the vision and framework of CE, as well as in accordance with the policies and procedures of its CE system.

Sample CE Procedure Text:

>The CoC will provide at least annual training for persons who will manage access point processes and conduct assessments for CE. Training will be offered at no cost to the agency or staff, and will be delivered by an experienced and professional trainer who is identified by the CoC. Topics for training will include the following:
>
>- Review of CoC's written CE policies and procedures, including variations adopted for specific subpopulations;
>
>- Requirements for use of assessment information to determine prioritization;
>
>- Intensive training on the use of the CE assessment tool; and
>
>- Criteria for uniform decision-making and referrals.

Topic 5: Participant Autonomy

Description/Rationale for Policy and Procedure: Describe the actions that will be taken to ensure that participants have the ability to refuse to answer questions during the CE assessment process, as well as the ability to refuse referrals made to them, without losing their place on the CE prioritization list.

Required: CoC coordinated assessment participants must be freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. CoC must describe the conditions for participants to maintain their place in coordinated entry prioritization lists when they reject options. (Note: Programs may require participants to provide certain pieces of information to determine program eligibility only when the applicable program regulation requires the information in order to establish or document eligibility.)

Source: HUD Coordinated Entry Notice: Section II.B.11

Sample CE Policy Text:

It is crucial that persons served by the CoC's 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. In both instances, the refusal of the participant to respond to assessment questions or to accept a referral shall not adversely affect his or her position on the CE's prioritization list.

Note that some funders require collection and documentation of a participant's disability or other characteristics or attributes as a condition for determining eligibility. Participants who choose not to provide information in these instances could be limiting potential referral options.

Topic 6: Nondiscrimination Complaint and Appeal Processes

Description/Rationale for Policy and Procedure: Identify how the CE policies and procedures address the process for participants in the system to file a complaint when they believe HUD's nondiscrimination requirements (as described in CE Notice Section I.D) have been violated, as well as their ability to participate in an appeal process regarding any decisions made using the results of their assessment.

> **Required:** "Participants must be informed of the ability to file a nondiscrimination complaint."
>
> *Source: HUD Coordinated Entry Notice: Section II.B.12.g*

Sample CE Policy Text:

> 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.

Sample CE Procedure Text:

> The CE participant information 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.
>
> 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.

Topic 7: Privacy Protections

Description/Rationale for Policy and Procedure: Describe how participant assessment data will be protected to ensure that participant privacy is upheld.

> **Required:** "CoCs must include written policies and procedures for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process."
>
> *Source: HUD Coordinated Entry Notice: Section II.B.12.a*

Sample CE Policy #1 Text:

CE participating agencies are required to notify and obtain participant consent for the collection, use, and disclosure of participants' personally identifiable information (PII).

Sample CE Procedure #1 Text:

A participant's request for housing crisis response assistance initiated through phone or email communication will be considered notification of intent and inferred to be client consent to collect, use, and disclose that PII collected via phone or email. CE participating agencies shall obtain written client consent from the participant when he or she comes in and additional data are collected during an in-person assessment.

Sample CE Policy #2 Text:

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

Sample CE Procedure #2 Text:

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

Topic 8: Disclosure of Disability or Diagnostic Information

Description/Rationale for Policy and Procedure: State that participants are not required to disclose specific disabilities or diagnosis information during the assessment process.

> **Required:** CoC must have established written policies and procedures establishing that "the assessment process cannot require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals."
>
> *Source: HUD Coordinated Entry Notice: Section II.B.12.f*

Sample CE Policy Text:

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

Topic 9: Updating the Assessment

Description/Rationale for Policy and Procedure: Describe any expectations for updating the participant assessment.

Sample CE Policy Text:

> Participant assessment information should be updated at least once a year, if the participant is served by CE for more than 12 months. Additionally, staff may update participant records with new information as new or updated information becomes known by staff.

Sample CE Procedure Text:

> Individuals who choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered into HMIS. Participant data in HMIS can be updated after an initial CE data collection period and throughout project enrollment to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. CoCs should continuously work to improve participant engagement strategies to achieve completion rates of required HMIS data elements that are as high as possible.

PRIORITIZATION

The CoC must use the coordinated entry process to prioritize homeless persons within the CoC's geographic area for access to housing and services based on a specific and definable set of criteria that are made publicly available and which must be applied consistently throughout the CoC for all populations.

Topic 1: Standardized Prioritization

Description/Rationale for Policy and Procedure: Identify and describe all factors and assessment information that are used to prioritize persons for homeless assistance.

> **Required:** "CoC's written CE policies and procedures must include the factors and assessment information with which prioritization decisions will be made for all homeless assistance."
>
> *Source: HUD Coordinated Entry Notice: Section II.B.3*

Sample CE Policy Text:

> CoC will use data collected through the CE process to prioritize homeless persons within the CoC's geography.

Sample CE Procedure Text:

> *Permanent Supportive Housing (PSH):*
>
> The prioritization for PSH is consistent with HUD's Prioritization/PSH Notice. Persons eligible for PSH will be prioritized for available units based on the following criteria (applying the definition of *chronically homeless* set by HUD in its December 2015 Final Rule):
>
> **1st Priority**—Chronically homeless individuals and families with the longest history of homelessness **and** with the most severe service needs.
>
> **2nd Priority**—Chronically homeless individuals and families with the longest history of homelessness but **without** severe service needs.
>
> **3rd Priority**—Chronically homeless individuals and families **with** the most severe service needs.
>
> **4th Priority**—All other chronically homeless individuals and families not already included in priorities 1 through 3.
>
> **5th Priority**—Homeless individuals and families who are not chronically homeless but do have a disability and severe service needs.

6th Priority—Homeless individuals and families who are not chronically homeless but do have a disability **and** a long period of continuous or episodic homelessness.

7th Priority—Homeless individuals and families who are not chronically homeless but do have a disability **and** are coming from places not meant for human habitation, Safe Havens, or emergency shelters.

8th Priority—Homeless individuals and families who are not chronically homeless but have a disability and are coming from transitional housing.

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

- a Veteran household

- longest length of homelessness

- lowest household income.

Transitional Housing (TH):

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

1. Households fleeing or experiencing domestic violence as the primary cause of their current housing crisis.

2. Households consisting of unaccompanied youth.

3. Participants seeking treatment services for behavioral health conditions such as mental illness and/or substance use disorders.

Rapid Re-Housing (RRH):

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

1. Households with a single parent and 3 or more dependent children under the age of 6.

2. Households experiencing domestic violence.

3. Households consisting of unaccompanied youth.

4. Households with a previous episode of homelessness within the most recent 12 months.

Topic 2: Emergency Services

Description/Rationale for Policy and Procedure: State which emergency services will not be part of the prioritization process.

> **Required:** "[CoC's] written CE policies and procedures must clearly distinguish between the interventions that *will not* be prioritized based on severity of service need or vulnerability, such as entry to emergency shelter, allowing for an immediate crisis response, and those that *will* be prioritized, such as [permanent supportive housing]."
>
> *Source: HUD Coordinated Entry Notice: Section II.B.7.a*

Sample CE Policy Text:

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

Topic 3: Prioritization List

Description/Rationale for Policy and Procedure: Describe how the CoC manages prioritization information. The intention of a *prioritization list* is to have a single, centralized list for the entire CoC, that includes all relevant participant-level information to identify which persons are most vulnerable and therefore most likely to be in the most immediate need for CoC assistance prioritized through CE. The use of a *prioritization list* ensures that CoCs do not serve persons on a "first come, first served basis," but rather according to each participant's level of need, vulnerability, and risk of greater harm should the household not receive accelerated access to CoC assistance.

Sample CE Policy Text:

> 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. The *prioritization list* will be organized according to participant need, vulnerability, and risk. The *prioritization list* provides an effective way to manage an accountable and transparent prioritization process.

Sample CE Procedure Text:

> The CoC's *prioritization list* will be managed by the CE coordinating entity. New participants will be added to the prioritization list and existing participants' rank order on the prioritization list will be managed according to the prioritization principles as established by the CoC's written policies and procedures governing CE operations and decision-making. Participating agencies are required to provide the following information about participants: assessment score, participant preferences for housing type and location, and any additional special housing needs such as physically accessible units or other accommodation needs.

REFERRAL

All CoC Program- and ESG Program-funded projects must accept referrals exclusively through the CoC's defined CE process as described below. All other CoC projects and services voluntarily participating in CE will consider the CE process the sole source for referrals.

Topic 1: Notification of Vacancies

Description/Rationale for Policy and Procedure: Describe how projects participating in CE are expected to notify the CoC about anticipated housing or service slot vacancies.

Sample CE Policy Text:

> 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.

Sample CE Procedure Text:

> When a TH, RRH, or PSH vacancy occurs or is expected to occur in the immediate future, the provider agency with the vacancy must alert the CE Coordinator via email within X business days of the vacancy. The notification must include specific details of the vacancy, including the project name, unit size, location, and any funder-defined eligibility requirements. The CE Coordinator will provide vacancy information to the CE Governing Committee, which will work to identify a prioritized household to fill the vacancy during the next regularly scheduled housing referral coordination meeting.

Topic 2: Participant-Declined Referrals

Description/Rationale for Policy and Procedure: Identify the process for handling situations when participants decline a referral from CE.

Sample CE Policy Text:

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

Sample CE Procedure Text:

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

Topic 3: Provider-Declined Referrals

Description/Rationale for Policy and Procedure: Identify the process for handling situations when agencies decline a referral from CE.

Sample CE Policy Text:

> There may be instances when agencies decide not to accept a referral from the CE system. When a provider agency declines to accept a referred prioritized household into its project, the agency must notify the CE Coordinator of the denial and the reason for the denial.

Sample CE Procedure Text:

> Refusals by projects are acceptable only in certain situations, including these:
>
> - The person does not meet the project's eligibility criteria.
>
> - The person would be a danger to self or others if allowed to stay at this particular project.
>
> - The services available through the project are not sufficient to address the intensity and scope of participant need.
>
> - The project is at capacity and is not available to accept referrals at this time.
>
> - Other justifications as specified by the "referred to" project.
>
> The agency must communicate the refusal to the CE Coordinator within X business days of making the refusal. The agency must notify the CE Coordinator why the referral was rejected, how the referred participant was informed, what alternative resources were made available to the participant, and whether the project staff foresee additional, similar refusals occurring in the future. This information will then be shared by the CE Coordinator with the CE Committee, which will discuss and decide on the most appropriate next steps for both the project and the participant.

DATA SYSTEM(S)

Throughout the CE system, there may be many different types of data and data systems that are used to collect, manage, and report out on the persons served by CE. It is critical that a CoC view all guidance in this section as applying to all of these systems. Only then can the CoC make sure that throughout each part of the CE process, participants can be sure their information is protected and securely stored in a consistent and uniform manner, regardless of where or how the information is managed. Examples of the types of data and data systems that are frequently used in CE systems are:

- **HMIS or comparable database:** Often used to collect personally identifiable information (PII) on participants, as well as assessment and referral information.

- **Prioritization list:** May contain PII on participants, and should include information necessary to prioritize and match persons for assistance.

- **Vacancies database:** Project-level information on the number of beds or units available for referral, as well as project eligibility and location information.

- **Case conferencing notes:** Meeting notes from case conferencing will likely include participant names and perhaps other identifying information such as assessment results and referral or location information.

Topic 1: Data System(s)

Description/Rationale for Policy and Procedure: Describe data handling protocols; specifically, how data will be securely stored, particularly any participant-level data that will be shared to implement CE.

Sample CE Policy Text:

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

Sample CE Procedure Text:

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

Topic 2: Data Collection Stages and Standards

Description/Rationale for Policy and Procedure: Identify the data elements that will be collected at each phase of the CE process (access, assessment, prioritization, and referral).

Sample CE Policy Text:

> 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.

Topic 3: Participant Consent Process

Description/Rationale for Policy and Procedure: Identify the CoC's consent policies for collecting participant information; entering participant data into HMIS or other comparable system (if applicable); sharing participant data (if applicable) for purposes of CE management, participant care coordination, CE evaluation, and other administrative purposes; and any other use of participant data in CE or other CoC reports.

> **Required:** CoC's written CE policies and procedures must include "protocols for obtaining participant consent to [collect,] share and store participant information for purposes of assessing and referring participants through the coordinated entry process."
>
> *Source: HUD Coordinated Entry Notice: Section II.B.12.a*

Sample CE Policy Text:

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

Sample CE Procedure Text:

> As part of the assessment process, participants will be provided with a written copy of the CoC's "Participant Consent" form, which identifies what data will be collected, what data will be shared, which agencies data will be shared with, and what the purpose of the data sharing is. Participants will have the option to decline sharing data; doing so does not make them ineligible for CE. Please see Appendix XX for a copy of the CoC's "Participant Consent" form.

EVALUATION

Topic 1: Evaluation of CE System

Description/Rationale for Policy and Procedure: Describe the local process for evaluating your CE.

Required: CoC must ensure through written CE policies and procedures the "frequency and method by which the [CE system] evaluation will be conducted, including how project participants will be selected to provide feedback, and must describe a process by which the evaluation is used to implement updates to existing policies and procedures."

Source: HUD Coordinated Entry Notice: Section II.B.15.c

Sample CE Policy Text:

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.

Sample CE Procedure #1 Text:

The CE will 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).

Sample CE Procedure #2 Text:

The CoC will evaluate the effectiveness of its CE System using participant feedback gathered via a web-based survey that each CE project must request participants complete at the time of entry and exit from the project. Indicators measured via the participant feedback survey will include:

1. appropriateness of questions asked on assessment;
2. effectiveness of process to find and secure referrals; and
3. satisfaction with placement.

Topic 2: Role of Participating Agencies in CE Evaluation

Description/Rationale for Policy and Procedure: Identify the key tasks and roles of participating agencies in the evaluation of CE.

Sample CE Policy Text:

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

Sample CE Procedure Text:

> At least one representative from each participating agency will be sent the draft results of the CE System evaluation, prior to its distribution to the CE Committee. Representatives will have X business days to review and provide feedback on the results. While reviewing the data, agency representatives are encouraged to communicate directly with the CE coordinating entity about any concerns or questions that they have, and to be detailed in their suggestions to the CE coordinating entity about how best to interpret and use the evaluation results.

OTHER CONSIDERATIONS

In addition to the content discussed in this resource, there are several planning and management considerations that communities are encouraged to integrate into their coordinated entry development and implementation processes. Not all of these considerations might be applicable to every CoC, but it is important that CoCs review these questions and identify those that would be helpful for them to consider.

☐ What is the extent and scope of homelessness, and what are the characteristics of people experiencing a housing crisis in the local community? How will CE provide access to available CoC services and housing to local population of persons who are experiencing homelessness as identified by the CoC?

☐ What types of access points are already in place? Should they be retained? Are they accessible to all persons throughout the geography of the CoC?

☐ Are there variations within the geographic area of the CoC that inform how the access points are designed, how they operate, or whom they target?

☐ What are the most frequently used points of entry into the crisis response system? How are prevention resources coordinated with these access points?

☐ How do access points interact with outreach projects? How will access points interact with shelters?

☐ How are shelter diversion and prevention activities incorporated into the CoC?

☐ What agencies and/or staff will operate the access points? What qualities or qualifications do they need to have to be designated as an access point?

☐ What are the staffing needs of each access point, and how much will it cost to operate the access points?

☐ What training is required for staff at access points?

☐ How will frequent users of crisis services (e.g., jails, hospitals, detox facilities, and other institutional settings) be integrated into coordinated entry? What special assessment features will be targeted to return CoC users or frequent users of crisis services?

☐ How will the access strategies and protocols reflect current conditions documented during coordinated entry planning, and then be updated after coordinated entry is operational?

☐ Do any special subpopulations have access points that only they can access?

☐ Do any of five subpopulations allowed by HUD to have a separate access point need to have one established because of safety or other concerns?

☐ How many phases of assessment does the CoC need?

☐ What is the focus of each assessment phase, and what does that phase expect to achieve?

- ☐ How does having multiple phases of assessment affect engagement?

- ☐ How does having multiple phases of assessment affect data accuracy?

- ☐ Does any data need to be re-asked/confirmed?

- ☐ How will inconsistent data be identified and reconciled during a multiple-phase assessment process?

- ☐ Who will have authority to verify and update inconsistent or incorrect data?

- ☐ What changes might be needed for HMIS or data collection and sharing protocols to support multi-phase assessments?

- ☐ What types of prioritization decisions are already being made? Are they based on level of need, time spent waiting for available resources, or provider agency preferences?

- ☐ Do variations in housing and supportive services availability and accessibility throughout the CoC's geography require varied prioritization strategies?

- ☐ Can prioritization be scored, quantified, or valued such that the priority list can be regularly reviewed and updated?

- ☐ How will prioritization determinations be documented and communicated among CoC housing and services providers?

- ☐ How will a person's priority level be updated when new information is revealed or becomes available after the initial assessment?

- ☐ Will frequent users of CoC resources and/or mainstream resources be prioritized differently; and if so, how?

- ☐ How will multiple existing and independently maintained waiting lists be consolidated into a centralized priority list?

- ☐ What are the potentially different prioritization requirements established by funders (e.g., VA prioritization expectations for the Supportive Services for Veteran Families program) that must be accommodated during the referral process?

- ☐ Which entity or entities will manage the referral process? What resources will be needed to ensure consistency and uniformity in the application of referral decisions?

- ☐ How will the CoC's change-management culture affect the complexity of the coordinated entry referral system and its accuracy?

- ☐ How will providers handle letting go of paper and other manual processes associated with the referral process? Will "backup" manual systems be tolerated; and if so, for how long?

- ☐ What are the expectations if the receiving agency takes too long to make a final eligibility determination about a potential program participant? Will there be exceptions for projects that are bound by eligibility verification requirements that cannot be quickly facilitated?

☐ What happens when the accepted referral ends up not being the best service strategy for that participant? Can the receiving agency send the program participant back to the referral entity or even back to assessment? If so, how will this process be documented?

☐ Do scenarios and protocols need to be put in place for making referrals to agencies that operate outside the CoC? What concessions on oversight, quality assurance, acceptance policies and timeframes, and the use of data might be needed in order to accommodate these additional resources? How will these protocols and exceptions be documented in policies and procedures?

☐ How might the referral process need to respond to assessment that collected inaccurate data about a potential participant, or to additional data disclosed by the program participant late in the process?

APPENDIX A

Emergency Solutions Grants (ESG) Program Interim Rule

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

(e) Written standards for providing ESG assistance.

(1) If the recipient is a metropolitan city, urban county, or territory, the recipient must have written standards for providing Emergency Solutions Grant (ESG) assistance and must consistently apply those standards for all program participants. The recipient must describe these standards in its consolidated plan.

(2) If the recipient is a state:

> (i) The recipient must establish and consistently apply, or require that its subrecipients establish and consistently apply, written standards for providing ESG assistance. If the written standards are established by the subrecipients, the recipient may require these written standards to be:
>
>> (A) Established for each area covered by a Continuum of Care or area over which the services are coordinated and followed by each subrecipient providing assistance in that area; or
>>
>> (B) Established by each subrecipient and applied consistently within the subrecipient's program.
>
> (ii) Written standards developed by the state must be included in the state's Consolidated Plan. If the written standards are developed by its subrecipients, the recipient must describe its requirements for the establishment and implementation of these standards in the state's Consolidated Plan.

(3) At a minimum these written standards must include:

> (i) Standard policies and procedures for evaluating individuals' and families' eligibility for assistance under Emergency Solutions Grant (ESG);
>
> (ii) Standards for targeting and providing essential services related to street outreach;

(iii) Policies and procedures for admission, diversion, referral, and discharge by emergency shelters assisted under ESG, including standards regarding length of stay, if any, and safeguards to meet the safety and shelter needs of special populations, e.g., victims of domestic violence, dating violence, sexual assault, and stalking; and individuals and families who have the highest barriers to housing and are likely to be homeless the longest;

(iv) Policies and procedures for assessing, prioritizing, and reassessing individuals' and families' needs for essential services related to emergency shelter;

(v) Policies and procedures for coordination among emergency shelter providers, essential services providers, homelessness prevention, and rapid rehousing assistance providers; other homeless assistance providers; and mainstream service and housing providers (see § 576.400(b) and (c) for a list of programs with which ESG-funded activities must be coordinated and integrated to the maximum extent practicable);

(vi) Policies and procedures for determining and prioritizing which eligible families and individuals will receive homelessness prevention assistance and which eligible families and individuals will receive rapid rehousing assistance;

(vii) Standards for determining what percentage or amount of rent and utilities costs each program participant must pay while receiving homelessness prevention or rapid re-housing assistance;

(viii) Standards for determining how long a particular program participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time; and

(ix) Standards for determining the type, amount, and duration of housing stabilization and/or relocation services to provide to a program participant, including the limits, if any, on the homelessness prevention or rapid rehousing assistance that each program participant may receive, such as the maximum amount of assistance, maximum number of months the program participant receive assistance; or the maximum number of times the program participant may receive assistance.

APPENDIX B

HUD Sources

Coordinated Entry (CE) Notice:

Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. Notice CPD-17-01. January 23, 2017. https://www.hudexchange.info/resource/5208/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system/

COC Program Interim Rule:

Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program Interim Final Rule, 24 CFR Part 578. July 31, 2012. https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf

Emergency Solutions Grants (ESG) Program Interim Rule:

Homeless Emergency Assistance and Rapid Transition to Housing: Emergency Solutions Grants Program and Consolidated Plan Conforming Amendments, 24 CFR Parts 91 and 576. December 5, 2011. https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendments.pdf

Final Rule defining *chronically homeless*:

Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Chronically Homeless," 24 CFR Parts 91 and 578. December 4, 2015. https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf

HMIS Data and Technical Standards:

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

Prioritization Notice (addressing Permanent Supportive Housing):

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

SELF-SUFFICIENCY MATRIX

DOMAIN	1	2	3	4	5
Income	No income.	Inadequate income and/or spontaneous or inappropriate spending.	Can meet basic needs with subsidy; appropriate spending.	Can meet basic needs and manage debt without assistance.	Income is sufficient, well managed; has discretionary income and is able to save.
Employment	No job.	Temporary, part-time or seasonal; inadequate pay, no benefits.	Employed full time; inadequate pay; few or no benefits.	Employed full time with adequate pay and benefits.	Maintains permanent employment with adequate income and benefits.
Housing	Homeless or threatened with eviction.	In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income).	In stable housing that is safe but only marginally adequate.	Household is in safe, adequate subsidized housing.	Household is safe, adequate, unsubsidized housing.
Food	No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.	Household is on food stamps.	Can meet basic food needs, but requires occasional assistance.	Can meet basic food needs without assistance.	Can choose to purchase any food household desires.
Childcare (0=N/A)	Needs childcare, but none is available/accessible and/or child is not eligible.	Childcare is unreliable or unaffordable, inadequate supervision is a problem for childcare that is available.	Affordable subsidized childcare is available, but limited.	Reliable, affordable childcare is available, no need for subsidies.	Able to select quality childcare of choice.
Children's Education (0=N/A)	One or more school-aged children not enrolled in school.	One or more school-aged children enrolled in school, but not attending classes.	Enrolled in school, but one or more children only occasionally attending classes.	Enrolled in school and attending classes most of the time.	All school-aged children enrolled and attending on a regular basis.
Adult Education	Literacy problems and/or no high school diploma/GED are serious barriers to employment.	Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment.	Has high school diploma/GED.	Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society.	Has completed education/training needed to become employable. No literacy problems.
Legal	Current outstanding tickets or warrants.	Current charges/trial pending, noncompliance with probation/parole.	Fully compliant with probation/parole terms.	Has successfully completed probation/parole within past 12 months, no new charges filed.	No active criminal justice involvement in more that 12 months and/or no felony criminal history.
Health Care	No medical coverage with immediate need.	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	Some members (e.g. Children) on AHCCCS.	All members can get medical care when needed, but may strain budget.	All members are covered by affordable, adequate health insurance.

DOMAIN	1	2	3	4	5
Life Skills	Unable to meet basic needs such as hygiene, food, activities of daily living.	Can meet a few but not all needs of daily living without assistance.	Can meet most but not all daily living needs without assistance.	Able to meet all basic needs of daily living without assistance.	Able to provide beyond basic needs of daily living for self and family.
Mental Health	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems.	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms.	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems or concerns.
Substance Abuse	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary.	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.	Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month.	Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	No drug use/alcohol abuse in last 6 months.
Family Relations	Lack of necessary support form family or friends; abuse (DV, child) is present or there is child neglect.	Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect.	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support.	Strong support from family or friends. Household members support each other's efforts.	Has healthy/expanding support network; household is stable and communication is consistently open.
Mobility	No access to transportation, public or private; may have car that is inoperable.	Transportation is available, but unreliable, unpredictable, unaffordable; may have care but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.	Transportation is generally accessible to meet basic travel needs.	Transportation is readily available and affordable; car is adequately insured.
Community Involvement	Not applicable due to crisis situation; in "survival" mode.	Socially isolated and/or no social skills and/or lacks motivation to become involved.	Lacks knowledge of ways to become involved.	Some community involvement (advisory group, support group), but has barriers such as transportation, childcare issues.	Actively involved in community.
Safety	Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement	Safety is threatened/temporary protection is available; level of lethality is high	Current level of safety is minimally adequate; ongoing safety planning is essential	Environment is safe, however, future of such is uncertain; safety planning is important	Environment is apparently safe and stable
Parenting Skills (0=N/A)	There are safety concerns regarding parenting skills	Parenting skills are minimal	Parenting skills are apparent but not adequate	Parenting skills are adequate	Parenting skills are well developed