



**Helping the Homeless Regain
Hope, Healing and Life**

Coordinated Entry System Policies and Procedures Continuum of Care - FL 519



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A. Purpose and Background

The U.S. Department of Housing and Urban Development (HUD) requires that Continuums of Care (CoCs) establish and operate a coordinated entry process under [24 CFR 578.7\(a\)\(8\)](#). Most recently, HUD's Notice [Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System](#) (CPD-17-01) established new requirements for coordinated entry that CoCs and projects funded by either the CoC Program or the Emergency Solutions Grants (ESG) Program must meet. Ideally, any local organization providing housing and services to households experiencing homelessness, regardless of funding source(s) supporting that organization, will participate.

The Coordinated Entry System (CES) improves service delivery for individuals and families experiencing homelessness and increases the efficiency of the crisis response system by simplifying access to housing and services for people experiencing homelessness, prioritizing housing assistance based on need, and quickly connecting households to the appropriate housing intervention.

1. Coordinated Entry Requirements

In accordance with the requirements provided in the Interim Rule for the CoC Program recorded in [24 CFR 578.7\(a\)\(8\)](#), the Coalition for the Homeless of Pasco County (CHPC) CoC has designed a Coordinated Entry System (CES). The coordinated entry process must:

- a. Cover the entire geographic area claimed by the CoC;
- b. Be easily accessed by individuals and families seeking housing or services;
- c. Be well-advertised;
- d. Include a comprehensive and standardized assessment tool;
- e. Provide an initial, comprehensive assessment of individuals and families for housing and services; and,
- f. Include a specific policy to guide the operation of the centralized or coordinated assessment system 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.

2. Disclaimer

CES is designed to ensure households experiencing homelessness have fair and equal access to the crisis response system. Households accessing coordinated entry are not guaranteed to receive a referral to housing and/or supportive services. Housing and service prioritization are described herein.

3. Version History

Version	Date Released	Key Changes
1.0	07/01/2017	Original Document.
2.0	01/10/2019	Document edited to include definitions and several key processes.

3.0	10/1/2020	Retooling of CES -Updated Key Elements including access, assessment, prioritization, and referral
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B. Definitions

Terms used throughout this manual are defined below:

1. Acuity

When utilizing the standard assessment tool, acuity speaks to the presence of a presenting issue based on the prescreen score. In the case of an evidence-informed common assessment tool like the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) acuity is expressed as a number, with a higher number representing more complex, co-occurring issues that are likely to impact overall housing stability.

2. Access Points

For the purpose of this document, Access Points are designated areas located within our continuum where individuals or families can go to for intake and assessment of homeless prevention and housing services for which they may qualify.

3. By-Name List (BNL)

The by-name list, or prioritization list, is thought of as a universal registry within the CoC for purposes of prioritization and housing placement. CoC and ESG funded agencies must make and take referrals from this list for their programs.

4. Common Assessment Tool (or Standard Assessment Tool)

A comprehensive and standardized assessment tool used for the purposes of housing prioritization and placement within a CoC Coordinated Entry System. The Pasco County CoC has adopted the VI-SPDAT as the common assessment tool.

5. Chronic Homelessness (Final Definition 24 CFR 578.3, effective January 15, 2016)

- (1) A "homeless individual with a disability," who: (i) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months
 - >Occasions separated by a break of at least 7 nights
 - >Stays in an institution of fewer than 90 days do not constitute a break;
- (2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or,
- (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

6. Coordinated Entry System (CES)

A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals across a geographic area. The system covers the geographic area (designated by the CoC), is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool (24 CFR 578.7). It is the responsibility of each CoC to implement Coordinated Entry in their geographic area.

7. Coordinated Entry System (CES) Workgroup

Entity responsible for implementation and upper level management of Coordinated Entry System. Members of the CES Workgroup are representatives from community providers and stakeholders within the service area. The committee is staffed by CHPC.

8. Crisis Response System

Within the CoC, the crisis response system is defined as the network of systems that services households at risk of, or experiencing, literal homelessness, and consists of coordinated entry, outreach, diversion, prevention, rapid re-housing, transitional housing, and permanent supportive housing.

9. Disabling Condition

- (1) a condition that: (i) is expected to be long-continuing or of indefinite duration; (ii) substantially impedes the individual's ability to live independently; (iii) could be improved by the provision of more suitable housing conditions; and (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or
- (2) a development disability, as defined in 24 CFR 578.3; or
- (3) the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV) (24 CFR 583.5).

10. Diversion

A strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

11. Family

The definition includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status:

- (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or
- (2) A group of persons residing together, and such group includes, but is not limited to: (i) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (ii) An elderly family; (iii) A

near- elderly family; (iv) A disabled family; (v) A displaced family; and (vi) The remaining member of a tenant family (24 CFR 5.403).

12. HEARTH

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) act of 2009 that includes Emergency Solutions Grant (ESG) and Continuum of Care (CoC) grants.

13. Homeless Management Information System (HMIS)

A centralized database designated to create an unduplicated accounting of homelessness that includes housing and services. ServicePoint is the HMIS system for this CoC. CHPC manages the HMIS for Pasco County. The HMIS staff is responsible for the administration of the HMIS software and providing technical assistance to participating agencies and end-users. Agencies that participate in Coordinated Entry System's HMIS are referred to as "participating agencies." Participating agencies are asked to follow certain guidelines to help maintain data privacy and accuracy.

14. Homeless – definition by category:

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

- (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (ii) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low- income individuals); or
- (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

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

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

Category 3: Homeless Under Other Statues- Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- (i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e 2), section 330(h) of

the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;

(iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and

(iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

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

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

(ii) Has no other residence; and

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

15. Household

Any configuration of persons in crisis, whatever their age or number (e.g. adults, youth, or children; singles or couples, with or without children).

16. Housing First

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

17. The Department of Housing and Urban Development (HUD)

The Department of Housing and Urban Development; the United States federal department that administers federal programs dealing with homelessness. HUD oversees HEARTH and CoC funded programs.

18. Lead Agency

The agency identified as the primary administrator of the coordinated entry system. For the purpose of this document that agency is the Coalition for the Homeless of Pasco County.

19. Participating Partner Agencies

Continuum of care providers who wish to, or are required to, participate in the coordinated entry system. Participating Partner Agencies sign a Memorandum of Understanding with CHPC outlining their roles and responsibilities.

20. Permanent Supportive Housing (PSH)

Permanent supportive housing means long term, community-based, permanent housing in which supportive services and rental assistance are provided to assist homeless persons with a disability to live independently. [24 CFR 578.3](#).

21. Prevention

Prevention includes programs or services designed to prevent homelessness for individuals or households at risk of eviction by providing short-term financial assistance.

22. Projects

Housing or supportive services programs funded through the CoC that help participants rapidly exit homelessness or prevent literal homelessness.

23. Rapid Re-Housing (RRH)

An intervention designed to help literally homeless individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve stability in that housing. Rapid re-housing assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household.

24. Receiving Program

All participating Rapid Re-housing, Permanent Supportive Housing, and Prevention programs are Receiving Programs and are responsible for reporting vacancies to CHPC in compliance with the protocols described in this manual. All programs that receive a referral from the Coordinated Entry System are responsible for responding to that referral and participating in case conferences, in compliance with the protocols described in this manual.

25. Recipients or Subrecipients

Organizations that serve program participants in projects funded by CoC Program or ESG Program grants.

26. Transitional Housing (TH)

Temporary residence to facilitate the movement of individuals and families experiencing homelessness into permanent housing within 24 months ([24 CFR 578.3](#)).

27. Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)

The Common Assessment Tool utilized by all Access Points in the Pasco County Continuum of Care to determine initial acuity (the presence of an issue) and is utilized for housing triage, prioritization and housing placement.

C. Coordinated Entry Overview

1. Participation Expectations

All CoC Program- and ESG-funded projects are required to participate in CES. The CoC aims to have all homeless assistance projects participating in CES and works with all local projects and funders in its geographic area to facilitate their participation in CES.

Procedure

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 CES.

2. CoC and Emergency Solutions Grant (ESG) Coordination

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

Procedure

The CoC will include at least one representative from the local ESG recipient in its membership of the CES Workgroup. 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 Workgroup so that the changes may be reflected in this document.

3. Guiding Principles

The CoC envisions a more effective crisis response system. The following guiding principles are to help all CoC stakeholders share a common understanding of system goals and priorities.

- a. CES will operate with a housing first, housing-focused approach.
- b. CES will work to break down systemic barriers, especially systemic racism, by providing an equitable CES through stakeholder feedback, centering people with lived expertise, and rigorous system analysis.
- c. CES and its participating agencies will reduce barriers so households can access housing and services as quickly as possible.
- d. CES will operate with a person-centered approach and person-centered outcomes.
- e. CES will ensure that participants quickly receive access to the most appropriate services and housing resources available.
- f. CES will incorporate cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.
- g. CES will implement standard assessment tools and practices and will capture only the limited information necessary to determine the severity of the household's needs and the best referral strategy for the household.
- h. CES will integrate mainstream service providers into the system, including local Public Housing Authorities and VA medical centers.

- i. CES will utilize HMIS for the purposes of managing participant information and facilitating quick access to available CoC resources.

4. Roles and Expectations

Table 1 describes the different roles required to implement and operate an effective CES.

Roles	
CoC Board	<i>Responsible for the general oversight of the CES, including the approval of the CE Policies & Procedures manual.</i>
CES Coordinator	<i>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 CES activity, and preparing CES monitoring and evaluation reports.</i>
CES Management Entity	<i>Responsible for the day-to-day operations of the CE system.</i>
CES Workgroup	<i>Primary governing body for coordinated entry. Meets at least monthly to oversee the implementation and evaluation of the CES.</i>
Collaborative Applicant	<i>Entity that must (at the request of the CoC Board) apply for HUD funding for coordinated entry, including planning grants.</i>
HMIS Lead Agency	<i>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.</i>
Participating Project	<i>Agency or organization that has agreed to provide homelessness supports/services on behalf of the CoC. A participating project must execute a Memorandum of Understanding 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 CES operations. For a project to receive CoC or ESG Program funding from HUD, it is required to participate in coordinated entry.</i>
Mainstream System Provider	<i>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.</i>

Table 1 - CES Roles

CES Management Entity, HMIS Lead Agency, Collaborative Applicant

Coalition for the Homeless of Pasco County

As the lead agency for the Pasco County CoC, CHPC is the designated entity responsible for ensuring the CES is operated in accordance with HUD guidelines. CHPC is responsible for the day-to-day administration of the CES including, but not limited to, the following:

- a. Creating and widely disseminating materials regarding services available through the CES and how to access those services;
- b. Designing and delivering training at least quarterly to all key stakeholder organizations, including the required annual training for CES staff;
- c. Ensuring that pertinent information is entered into HMIS for monitoring and tracking the process of referrals, including vacancy reporting and completion of assessments;
- d. Managing case conferences (also referred to as staffing) to review and resolve rejection decisions by Referral Partners and/or a household's refusal to engage in coordinated entry or accept referrals;
- e. Managing an eligibility determination appeals process in compliance with the protocols described in this manual;
- f. Designing and executing ongoing quality control activities to ensure clarity, transparency, and consistency to remain accountable to clients, referral sources, and homeless service providers throughout the CES process;
- g. At a minimum, evaluating efforts to ensure that the CES is functioning as intended;
- h. Making periodic adjustments to the CES as determined necessary;
- i. Ensuring that evaluation and adjustment processes are informed by a broad and representative group of CHPC CoC stakeholders, including people served by the CES;
- j. Updating policies and procedures; and
- k. Managing all informational requests related to Coordinated Entry.

5. Affirmative Marketing and Outreach

All persons participating in any aspect of the CES such as access, assessment, prioritization, or referral shall be afforded equal access to the CES 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.

Procedure

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

information.

6. Nondiscrimination

The CES 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 CES 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.

Procedure

The CoC has designated the CHPC the entity responsible for monitoring agencies on compliance with all CES 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.

7. Target Population

The Coordinated Entry System is open to all households who meet the HUD definition of homeless, imminent risk of homelessness, or at risk of homelessness. The CES uses vulnerability indices & locally developed prioritization factors (described further in Section F) to rank Applicants in order of vulnerability, with the most vulnerable households ranked at the top.

D. Access

Access Points are locations, either mobile or physical, which serve to help households seeking assistance from the crisis response system.

1. Access Points

CoC access points consist of CHPC and designated outreach teams. The CoC uses a Centralized Access model which covers the entire geographic area of the CoC (Pasco county). Access points

consist of CHPC (outreach, walk-in, and by phone) and street outreach teams serving people experiencing homelessness. Staff are both mobile and permanently located to ensure geographic coverage. Additionally, homelessness prevention providers serve as access points for households who are at imminent risk, or at risk of, homelessness. Access points are required to gather information about persons requesting homeless system services even if they do not enroll in a CoC project (e.g. persons diverted). This data helps the CoC understand who is coming into the system and what their needs are. Access points must:

- a. Utilize the same assessment approach and including standardized decision-making.
- b. Not deny access to the coordinated entry process on the basis that the household is or has been a victim of domestic violence, dating violence, sexual assault or stalking.
- c. Be easily accessible by households seeking housing assistance and/or homelessness prevention services.

Access points can also provide connections to mainstream and community-based emergency assistance services such as supplemental food assistance programs and applications for income assistance.

2. Emergency Services

People seeking assistance are able to access emergency services, such as emergency shelter, independent of the operating hours of CES. Emergency services include all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short-term crisis residential programs. Emergency service providers are encouraged, and in some cases required, to operate with as few barriers to entry as possible. CES initial screening and assessment services may only be available during business hours – 8:00am-5:00pm each day. When households in need present for services during non-business hours (5:00pm-8:00am the following day), households will still be able to access emergency services, including emergency shelter, when those emergency services are available.

Emergency services can be accessed after hours in the following ways:

- Calling CHPC after hours line that lists available emergency services
- Finding emergency services posted at each agency responsible for serving people at risk of homelessness or experiencing homelessness
- Through outreach teams distributing this information
- A list of emergency services is available in Attachment 2

If a household is able to access emergency shelter after hours, an assessor will attempt to screen and assess the household within three (3) days after entry to emergency shelter.

3. Homelessness Prevention Services

Prevention services are accessed by calling or presenting in person at an access point. Following an unsuccessful diversion screening, a prevention assessment will be conducted, if appropriate, and the household will either be referred to a community-based prevention provider or placed

into CES for prioritization for ESG or CoC-funded prevention programs.

Additional access points are available to households seeking homelessness prevention services. A list of those access points is available in Attachment 1.

4. Street Outreach

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

Procedure

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

5. Full Coverage

The CES access points cover and are accessible throughout the entirety of the geographic area of the CoC.

6. Accessibility

Physical 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. CHPC will monitor the physical access points for accessibility and ensure outreach teams are deployed sufficiently to advertise the CES to those least likely to access the CES.

Every effort will be made to ensure effective communication with individuals with disabilities. CHPC and other federally funded providers are responsible for coordinating access to appropriate auxiliary aids and services necessary to ensure effective communication (e.g. Braille, audio, large type, assistive listening devices, and sign language interpreters).

Access points will take reasonable steps to offer coordinated entry materials and household instruction in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP).

7. Safety Planning

The access process must ensure the safety of persons who are fleeing, or attempting to flee, domestic violence (as well as dating violence, sexual assault, trafficking, or stalking). Assessors should conduct a brief risk assessment on any individual who presents as fleeing domestic violence or reveals any information that implies they may be dealing with domestic violence issues. Assessors must have verbal consent to conduct the assessment. Households are not required to complete the assessment. Following the risk assessment or refusal of the risk assessment, survivors will be provided accurate information on domestic violence shelters and

non-victim providers that are best equipped to serve households experiencing domestic violence.

Procedure

Victim service providers should not enter data directly into the Homeless Management Information System (HMIS), but in some instances are required to enter data into a comparable database. When a household presents at an access point and is attempting to flee or experiencing literal homelessness having already fled domestic violence, the household shall be connected to a skilled assessor. The procedure is below.

- a. Request consent to participate from the household.
- b. Link household to a skilled assessor, if available, to review all consent options and begin the assessment process. A risk assessment should be conducted first to assess imminent danger.
- c. Offer the household victim- and non-victim service options available.
- d. Prioritize the household on a de-identified list for housing.

E. Assessment

HUD requires that each CoC incorporate a standardized assessment practice across its coordinated entry process. The CE process must collect sufficient information to make prioritization decisions consistently and facilitate access to housing and supportive services across the CoC's coverage area.

1. Standardized Assessment Approach

The CES will provide a standardized assessment process to all households accessing the CES, ensuring uniform decision-making and coordination of care for persons experiencing a housing crisis.

Procedure

The CoC utilizes the Vulnerability Index Services Prioritization Assistance Tool (VI-SPDAT). All households served by the CES will be assessed using the VI-SPDAT unless they are seeking prevention services. Additionally, access points will ask additional questions to assess for priority factors listed in the Section F. All access points must use the same assessment to ensure that all households served are assessed in a consistent manner, using the same process. The VI-SPDAT documents a set of household conditions, attributes, need level, and vulnerability, allowing the access point and/or assessment staff to identify a service strategy to CES staff who manage the CoC's prioritization list.

2. Phases of Assessment

All Access Points will follow the assessment and triage protocols of the CES. The assessment process will progressively collect only enough household information to prioritize and refer households to available CoC housing and support services.

Procedure

The CoC has adopted the following phased approach to engage and appropriately serve persons seeking assistance through the CES:

1. *Initial Triage (Immediately)*: This first phase will focus on identifying the immediate housing crisis and clarifying that the crisis response system is the appropriate system to address the potential household's immediate needs. If the household presents in a crisis or fleeing domestic violence, dating violence, sexual assault, stalking, or other danger the assessor should complete a danger/risk assessment. If the household is presenting in another kind of crisis (e.g. medical, behavioral health), the assessor will connect them to appropriate crisis services.
2. *Diversion or Prevention Screening (Immediately)*: The second phase of assessment can also happen immediately upon engaging with a household. During this phase, CE staff will examine existing CoC and household resources and options that could be used to avoid the household entering the crisis response system.
3. *Crisis Services Intake (Immediately)*: The third phase should also happen immediately, as it is intended to collect all information necessary to enroll the household in a crisis response project such as emergency shelter or other homeless assistance project.
4. *Vulnerability Assessment (Within 3 business days)*: During the fourth phase, assessors will collect information to identify a household's housing and service needs with the intent to resolve that household's immediate housing crisis. Note: this can be done on the same day a household is presenting but must be done within three (3) business days of the household presenting for help. There are three assessment tools based on the age and composition of the household.
 - a. Any individual who is at least 25 years of age and at least literally homeless must be assessed using the VI-SPDAT.
 - b. Any individual who is between the ages of 18 and 24 years of age and at least literally homeless must be assessed using the Transitional Age Youth (TAY)-VI-SPDAT.
 - c. Any family, or household with children, who are at least literally homeless, must be assessed using the Families (F)-VI-SPDAT.

3. Assessment Screening

Assessors, outreach staff, or other staff involved with the CES are prohibited from screening people out of CES due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of a 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. Agencies found to consistently screen people out of CES will be asked to complete additional training. If agencies continue to be found in noncompliance it

could impact their consideration for future CoC funding.

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

4. Assessor Training

CHPC provides training opportunities related to coordinated entry protocols at least once annually to organizations and or staff persons at organizations that serve as access points or administer assessments. 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 these coordinated entry written policies and procedures. All assessors are required to participate in training. Assessors who let their training expire will no longer be able to conduct assessments until the sufficient training has been completed. Training includes the following:

- Review of written coordinated entry policies and procedures
- Requirements for use of assessment information to determine prioritization
- Criteria for uniform decision-making and referrals
- Housing First and trauma-informed assessments
- Safety planning
- Culturally and linguistically appropriate services

5. Client-Centered Approach and Participant Autonomy

CES must allow people presenting to the crisis response system to refuse to answer assessment questions and to reject housing and service options offered without their suffering retribution or limiting their access to assistance. Assessment staff should always engage households in an appropriate and respectful manner to collect only necessary assessment information, but some households might choose not to answer some questions or could be unable to provide complete answers in some circumstances. The lack of a response to some questions potentially can limit the variety of referral options. When this is the case, assessment staff should communicate to those households the impact of incomplete assessment responses. **Assessment staff should still make every effort to assess and resolve the person's housing needs based on a household's responses to assessment questions no matter how limited those responses.** A household's unresponsiveness may not affect future assessments or referral options.

Assessment staff are required to do the following:

- a. *Use a person-centered approach.* Assessments are designed based in part on people's strengths, goals, risks, and protective factors. Assessment staff should show sensitivity to people's lived experiences and minimize risk, harm, and potential re-traumatization. Assessment staff should use language and tools that people can easily understand.

- b. *Incorporate cultural and linguistic competencies.* Assessment staff should use culturally and linguistically appropriate practices. These skills will be included in annual training. Assessment staff will be able and willing to work with special subpopulations in a trauma-informed manner, including immigrants, refugees, and other first-generation subpopulations; youth; persons fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking; and LGBTQ persons.

Physical assessment areas should be safe and confidential to allow for individuals to identify sensitive information or safety issues in a private and secure setting.

6. Documentation

Assessment staff and coordinated entry staff may require households to provide certain pieces of information to determine program eligibility **only** when the applicable program regulation requires the information to establish or document eligibility.

7. Nondiscrimination Complaint and Appeal Processes

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. All programs receiving Federal and State funds will comply with applicable civil rights and fair housing laws and requirements, and recipients and sub-recipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights law.

At any time during the coordinated entry process, individuals have the right to file a complaint, should they feel that this principle has been violated. All households, whether individuals or families, will be provided with the process for filing a complaint.

Procedure

All complaints will be addressed and resolved in a timely and fair manner. The following contacts will be provided to address discrimination concerns:

- a. For nondiscrimination complaints, there are two options.
 - i. Households can contact the Department of Housing and Urban Development:
 - Online: www.hud.gov/program_offices/fair_housing_equal_opp/onlinecomplaint
 - By phone: Speak with a Fair Housing and Equal Opportunity (FHEO) intake specialist by calling 1-800-669-9777 or 1-800-877-8339. Individuals can also call your regional FHEO office at the phone numbers on [this list](#).
 - Households can also complete the discrimination complaint located in Attachment
- b. For housing program related complaints, grievances will be directed to the appropriate housing provider for resolution.

- c. For complaints regarding Coordinated Entry policies or procedures, see Section H.

The CES household 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 households 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 CES staff and must be signed by each household member age 18 and older.

8. Privacy Protections

All information collected, stored, or shared from individuals and families in the operation of CES 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.

Procedure

The CoC must protect all collected 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 CES participating projects will ensure households' 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.

A household's request for housing 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 make every effort to obtain written client consent from the household when they present in person; however, there are certain circumstances where written consent is unavailable. In those circumstances, an agency's good faith effort meet privacy protection standards are sufficient. Uses, disclosures, and household rights can be found in Section J.2.

9. Disclosure of Disability or Diagnostic Information

Throughout the assessment process, households 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.

F. Prioritization

The CoC must use CES to prioritize households experiencing homelessness 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.

CES uses specific criteria and data collected through the CE process to prioritize households for Homelessness Prevention, Permanent Supportive Housing, and Rapid Re-Housing. CES does not currently prioritize households for other services such as transitional housing, domestic violence shelter, emergency shelter, and some veteran-assisted housing. Households can and will be referred to those resources as appropriate without prioritization.

1. Priority Factors

These policies and procedures are intended to make the prioritization criteria public availability to ensure it is consistently applied throughout the CoC. Prioritization factors vary based on the type of housing the household is being referred to. These CES Standards were written during COVID-19 and, as such, may be a deviation from previous prioritization standards. Since COVID, HUD has advised CoCs to ensure the CES is not using excessive prioritization standards in place that would slow down the process of obtaining housing. These standards are designed to be straightforward in helping households obtain permanent housing. Vulnerability to COVID-19 is defined by the most up to date [CDC guidance](#). The prioritization process uses a combination of factors including the following:

- a. VI-SPDAT score (See table below for individuals and families)

For Individuals and Families:

Intervention Recommendation	VI-SPDAT Prescreen Score
Permanent Supportive Housing	8+
Rapid Re-Housing	4-7
Community Resources/Diversion	0-3

- b. Length of time of homelessness
- c. Unsheltered homelessness or staying in non-congregate shelter
- d. Vulnerability to illness or death, including COVID-19
- e. Significant challenges or functional impairments, including any physical, mental, developmental, or behavioral health disabilities regardless of the type of disability, which require a significant level of support to maintain permanent housing
- f. High utilization of crisis or emergency services
- g. Vulnerability to victimization, including physical assault, trafficking, or sex work
- h. Risk of continued homelessness

Priority factors will be identified by information collected from the VI-SPDAT and other collateral information provided by the household or provider (e.g. physician, social worker, assessor, outreach worker, etc.).

Households who are unsheltered, or residing in non-congregate shelter, and vulnerable to COVID-19 will be a priority for housing. The following factors will apply as tie breakers when necessary:

1. Length of Time homeless
2. VI-SPDAT score
3. Presence of other priority factors (e-h)

Permanent Supportive Housing (PSH) will be reserved for chronically homeless individuals and families when it is available. If PSH is unavailable, households may be offered Rapid Re-Housing (RRH).

Rapid Re-Housing (RRH)

The prioritization for households 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 households for RRH:

Chronically Homeless Households

Chronically homeless households who are unable to access PSH.

Literally Homeless Individuals

Households who are unsheltered, or residing in non-congregate shelter, and vulnerable to COVID-19 will be a priority for housing. The following factors will apply as tie breakers when necessary.

1. Length of Time homeless
2. VI-SPDAT score
3. Presence of other priority factors (see above e-h)

If no unsheltered individuals can be identified, literally homeless individuals will be prioritized using the same criteria.

Literally Homeless Families and Youth

Families and youth who are sheltered or unsheltered, including non-congregate shelter, and vulnerable to COVID-19 will be a priority for housing. The following factors will apply as tie breakers when necessary.

1. Length of Time homeless
2. VI-SPDAT score
3. Presence of other priority factors (see above e-h)

Permanent Supportive Housing (PSH)

The prioritization for PSH is aligned with the [CPD-16-11](#) Notice on Prioritizing People Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. 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](#)):

Chronically Homeless Households

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. These households will be prioritized based on their priority factors determined by the VI-SPDAT.

Non-Chronically Homeless Households

In the event a chronically homeless household cannot be identified, households experiencing literal homelessness who are not chronically homeless but do have episodic homelessness and have severe service needs will be prioritized.

Homelessness Prevention (HP)

Prevention will be targeted to those households who are very low income and below, and meet other criteria demonstrating urgency and risk of becoming literally homeless.

Prioritization	VLI or below	ELI or below	Likelihood to enter homelessness	Urgency of the Situation
1st PRIORITY		X	X AND	X
2nd PRIORITY		X	X OR	X
3rd PRIORITY	X		X AND	X
4th PRIORITY	X		X OR	X

Factors related to likelihood that the HH will enter shelter or the street

- If the household has previously experienced homelessness
- If the household has any prior evictions (formal actions taken by the landlord that resulted in loss of housing)
- Households fleeing DV

Factors related to the urgency of the situation

- Households with eviction proceedings underway
- Vulnerability to illness/death in the time of COVID – CDC definition of high-risk includes people 65+ and those with underlying health conditions
- Households with high levels of rent and utility arrears and large sums that need to be paid immediately in order to keep housing

Veteran Housing

When a household presents as a veteran, they will be prioritized as a potential for veteran housing opportunities like Supportive Services for Veteran Families (SSVF) and Veterans Affairs Supportive Housing (VASH). Veteran referrals identified will be referred to veteran providers prior to being offered CoC/ESG housing resources. If a veteran referral is not eligible for the resource due to program eligibility requirements, then the household will remain on the BNL

for the next available resource

2. Prioritization List (By-Name List)

The CoC prioritizes household by the management of a prioritization list, also referred to as the “By-Name List” (“BNL”). The use of the BNL ensures that the CoC does not serve households on a “first come, first served basis,” but rather according to each household’s level of need, vulnerability, and risk of greater harm should the household not receive accelerated access to CoC assistance.

The CoC has established a BNL of all known homeless households who are seeking or may need CoC housing and services to resolve their housing crisis. The BNL is organized according to household need, vulnerability, and risk. The BNL provides an effective way to manage an accountable and transparent prioritization process.

Procedure

The BNL will be managed by the CHPC. This list is reviewed and updated regularly, bi-weekly at minimum, to ensure all recent household additions and placements have been captured according to the prioritization standards. This list includes an active and inactive list. Street outreach, housing providers, and relevant service providers are encouraged to participate in the BNL meetings to report vacancies and accept new referrals.

Active List

Households who have engaged with CE staff and/or Street Outreach teams and have been assessed are considered actively homeless and are part of the active list.

Inactive List

The Inactive Policy is a critical component of maintaining a real-time BNL as well as a robust CES. To ensure an efficient assessment and referral process, it is important to ensure that the CES staff have the ability to contact and connect with households as soon as a housing opportunity is available.

If a household has had no contact with any Coordinated Entry access points, CHPC staff, or Street Outreach for 90 days, AND they have had no services or shelter stays in HMIS for that same time period, the household will be removed from the Active List and placed on the Inactive List. Households re-engaging with CES may be placed on the Active List after an updated assessment.

G. Referral

All CoC Program- and ESG Program-funded housing projects must accept referrals exclusively through the CoC’s defined CE process as described below. All other CoC projects and services voluntarily participating in CES as evidenced by an active Memorandum of Understanding with CHPC to participate, will consider the CE process the sole source for referrals.

1. Notification of Vacancies

Once a project knows that a unit or service will become available, the project staff is responsible for informing CHPC of the upcoming availability as early as feasible. Project staff should strive to notify the CES Coordinator of vacancies at least thirty (30) calendar days in advance for enhanced coordination. The notification must include specific details of the vacancy, including the project name, unit size, location, and any funder-defined eligibility requirements.

2. Referral Identification

Once CHPC has been informed that a unit or service will become available, CHPC is responsible for identifying the highest priority household who is presumed eligible and interested in that opening from their assessment information. CHPC is then responsible for sharing this household's information with the program. At a minimum, this information must include:

- A summary of the household's presumptive eligibility
- A reasonable method (or methods) of contacting the household
- Documentation that the household has consented for the referral to be made

Project staff should confirm receipt of the referral to CHPC within two (2) business days.

3. Household Notification

Once a household's presumptive eligibility information has been shared with a project, the project is responsible for contacting the household to inform them of their potential services and to set an enrollment date to confirm their eligibility. Project staff are expected to contact households within two (2) business days and set an intake date within ten (10) business days of receiving the household's information. If a household cannot be contacted within the timeframe of ten (10) business days, then the CES Coordinator should be notified.

4. Engagement and Enrollment

Once project staff have engaged the household, they are responsible for verifying any required eligibility requirements before providing services. The enrollment process should include clear, detailed information about the project they are being enrolled in, what they can expect from the project, and what the project's expectations are of households.

5. Household-Declined Referrals

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

Procedure

Households 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, households 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 BNL until the next housing**

opportunity is available.

6. Provider-Declined Referrals

There may be instances when projects refuse to accept a referral from CES. When a provider agency declines to accept a referred prioritized household into its project, the agency must notify the CES Coordinator of the refusal and the reason for the refusal.

Procedure

Refusals by projects are acceptable only in certain situations. Agencies should refer to the nondiscrimination and low barrier sections prior to making refusals. Examples of acceptable refusals include:

- 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 household need (this should be a rare occasion).
- The project is at capacity and is not available to accept referrals.
- The project cannot locate or contact the household.

If a household does not actively refuse or decline a housing project, but the project reports the household is not accepting services or enrollment, the case should be staffed at the next BNL meeting. The agency must communicate the refusal to the CES Coordinator as soon as possible and within a reasonable timeframe. The agency must notify the CES Coordinator why the referral was rejected, how the referred household was informed, what alternative resources were made available to the household, and whether the project staff foresee additional, similar refusals occurring in the future. Provider agencies must have their own grievance process in place for these refusals. This information will then be shared by the CES Coordinator with the BNL Committee to discuss and decide on the most appropriate next steps for both the project and the household.

If a household is going to be marked inactive or refused through the staffing, the household must be explicitly informed that this action is occurring and what steps they can take to affect the outcome. Households must be informed of their right to file a grievance or complaint for any reason. Information on Grievances can be found in Section H below.

7. Documentation

While CES staff make great efforts to get households document ready prior to referral, the responsibility ultimately rests with project staff to collect only the documentation necessary to verify household eligibility and complete enrollment.

H. Grievances

Grievances occur when households or agencies do not agree with, and wish to appeal, a

service, decision, or action involving CES. Households must be informed of their right to file a grievance for any reason. Additionally, participating agencies also have a right to file a grievance. There is a separate process for discrimination complaints. See Section E.7. for instructions on filing a discrimination complaint. The process is also to be utilized for households who want to file a grievance regarding the improper use of their PII.

1. Coordinated Entry Grievances for Individuals and Families

If an individual wishes to file a grievance, the process is below:

- a. The individual can make a verbal or written complaint to the CES Coordinator. The CES Coordinator will attempt to make contact within three (3) business days.
- b. If the contact with the CES Coordinator does not resolve the problem, or if the individual does not feel comfortable making the complaint to the CES Coordinator, they may contact the CHPC Chief Operating Officer. An attempt to resolve complaint will be made within five (5) business days.
- c. If the individual is unhappy with the resolution and would like to file a formal written complaint, a Grievance Form will be provided and submitted to the Chair of the CES Workgroup.
- d. Within thirty (30) calendar days of receipt, the CES Workgroup will review the formal complaint and determine best course of action. The CES Workgroup may ask the individual issuing the complaint to meet with the CES Workgroup to discuss the complaint.
- e. Within seven (7) business days after review of the written complaint, the CES Workgroup will inform the individual of the resolution of the complaint. The decision will be a written letter documenting the original complaint and all measures taken to resolve complaint and the final decision. This letter will be issued to the individual via email or mail. The CES Workgroup will also call the individual to notify them. All decisions made by the CES Workgroup will be final.
- f. The above steps are provided in sequence; however, some steps may be eliminated if the individual wishes. The individual may also at any time complete a formal complaint or an anonymous complaint by completing a Grievance Form and returning it to a staff member in person, via email or mail. It is important to note that choosing not to submit personal information may reduce CES staff's ability to do further investigation of the grievance. After each step in the process, the individual will receive notice of the actions taken as a result of their complaint. All grievances reported will be documented and kept on file.

2. Coordinated Entry Grievances for Agencies

The grievance process is the same as the process for individuals. However, every effort will be made to discuss the grievance in person with the agency. Agencies can also eliminate the above steps or make an anonymous complaint using the instructions above.

I. Housing Navigation

Households prioritized for RRH or PSH may be provided housing navigation and stability assistance when it is determined it will help facilitate placement into permanent housing as quickly as possible and in a manner designed for long-term housing stability.

1. Housing Navigation Services

Households are provided housing navigation assistance to the degree necessary to facilitate housing placement. In particular, individuals and families who must be document-ready for housing placement and may require assistance with housing search and the application process. Housing navigation may be performed by Street Outreach or CE staff, as well as the receiving permanent housing project.

Housing navigation may include but is not limited to the following activities: providing/obtaining homeless verification documents; obtaining disability certification, proof of veterans status, proof of income or non-income; initiation of benefit applications; and housing search as well as accompanying them to all housing related appointments until such time that they are stably housed.

2. Housing Stability Services

During pre- and post-housing placement, households may receive stability services, which may be short to long-term depending upon the type of housing assistance provided (i.e. RRH or PSH). Such services are based on a housing first approach which helps households find permanent housing as quickly as possible, provides the necessary supports to keep housing over time, and supports client social and economic integration and connection to community-based services and community.

J. Data Systems

Throughout CES, 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 CES. It is crucial that the way data is collected and managed ensures households their information is protected and securely stored in a consistent and uniform manner, regardless of where or how the information is managed. The CoC utilizes some of the following data sources:

- HMIS or comparable database: CES utilizes HMIS and DV providers utilize a comparable database to collect personally identifiable information (PII) on households, as well as assessment and referral information.
- Prioritization list or BNL: May contain PII on households and includes 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.
- Staffing notes: Meeting notes from staffing will likely include household names and perhaps other identifying information such as assessment results and referral or location information.

1. Data Collection Systems and Standards

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

Procedure

Households must receive and acknowledge a “Participant Consent” form prior to the collection of data for CES. 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 household obtain housing and assistance and for other administrative purposes, and what data will be shared with others (if the household consents to such data sharing).

Participating agencies must collect all data required for CE including the “universal data elements” listed in HUD’s [HMIS Data Standards Manual](#) (Version 1.7).

2. Uses, Disclosures, and Participant Rights

Per the HMIS Data Standards Manual, CES must disclose PII when required to by HUD for oversight of compliance with HMIS data privacy and security standards. CES *may* use and disclose PII without participant consent for the following purposes:

- a. As required by law
- b. To avert a serious threat to health or safety
- c. To provide or coordinate services to an individual
- d. For functions related to payment or reimbursement for services
- e. To carry out administrative functions, including but not limited to legal, audit, personnel, oversight, and management functions
- f. For creating de-identified data from PII

Any other uses shall require participant consent.

Procedure

All participants within each household shall receive a copy of the Privacy Notice before going through the assessment process. CES staff must disclose PII about a participant when the participant asks for access to their own information. All participants shall be notified of their right to file a Grievance when they feel their PII is inappropriately disclosed.

K. Evaluation

The implementation of CES necessitates significant, community-wide change. To ensure that the process is effective and manageable for homeless and at-risk households and for the housing and service providers tasked with meeting their needs, the CoC anticipates adjustments to the processes described herein.

The CES will be periodically evaluated, not less than quarterly. The evaluation will include both provider and household feedback regarding the quality and effectiveness of the entire coordinated entry experience for both participating projects and households. Additionally, there will be evaluation of the impact of CES on system wide CoC outcomes and the effectiveness of CES in assisting the CoC to achieve its System Performance Measures (SysPMs). Specifically, the CHPC is responsible for:

- Leading periodic evaluation efforts, not less than quarterly, to ensure that CES is functioning as needed
- Making real-time adjustments to CES as determined necessary
- Ensuring evaluation and adjustment processes are informed by a broad and representative group of stakeholders, including people experiencing homelessness, people with lived expertise, Black people, Indigenous people, and people of color (BIPOC)
- Ensuring that CES follows all state and federal statutory and regulatory requirements

Evaluation efforts shall be informed by metrics established annually by CHPC, in conjunction with the CoC and CES Workgroup. These metrics shall include indicators of the effectiveness of the functioning of CES itself, such as:

- Wait times for initial contact
- Extent to which expected timelines are met
- Time from assessment to referral
- Time from referral to actual move-in
- Number/Percentage of referrals that are accepted by receiving programs
- Number/Percentages of Eligibility and Referral Decision appeals
- # of program enrollments not conducted through Coordinated Entry System
- Completeness of data on assessment and intake forms

These metrics shall also include indicators of the impact of CES on system wide outcomes such as:

- Reduction in lengths of stay in emergency shelter
- Reduction in BNL
- Reductions in chronic homeless

- Reduction in family homelessness
- Reductions in returns to homelessness
- Reduction in inflow (diversion and prevention)
- Increased outflow (exits to permanent housing)

On behalf of the CoC, the CES Workgroup and the CHPC will lead this evaluation. The CES Workgroup may designate new members or an ad hoc committee for the ongoing evaluation of CES. The committee(s) will develop updates to existing policies and procedures for adoption by the CoC board to address any identified concerns or issues. The CoC board and committee appointments include representation from persons with lived experience of homelessness, including youth and persons identifying as LGBTQ+.

L. Contact Information

For questions, comments, or concerns regarding this manual please contact the following:

Coalition for the Homeless of Pasco County
(727) 842-8605
info@pascohomelesscoalition.org

ATTACHMENTS

Note: Attachments are still being drafted.

1. Access Points
2. Emergency Services
3. Data Privacy Notice, Acknowledgment, and Consent Instructions
4. Participant Rights Information
5. In-Person Acknowledgment of Data Collection and Consent to Share
6. Verbal Acknowledgment of Data Collection and Consent to Share
7. HMIS Privacy Notice
8. Coordinated Entry Risk Assessment
9. HMIS Diversion Form for Households Seeking Crisis Services
10. Diversion Screening Script
11. Right to File Discrimination Complaints Notice and Form
12. Grievance Policy
13. HMIS Universal Data Elements Tool
14. Prevention Screening Tool
15. VI-SPDAT Tools (PDF Forms)