



# **Coordinated Entry System Written Standards**

**January 2018**

## Introduction

The Department of Housing and Urban Development (HUD) published the Continuum of Care (CoC) Program Interim Rule that requires CoCs to establish and consistently follow written standards for providing CoC assistance. Most recently, the Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (CPD-17-01) established new requirements for coordinated entry that apply to all CoCs. Projects funded by either the CoC Program or the Emergency Solutions Grants (ESG) Program must meet and adhere to these requirements.

These standards must be applied consistently across the entire defined geographic area. Additionally, it is required that all CoC and ESG funded programs administer their assistance in compliance with the CoC's written standards. The CoC strongly encourages housing and homeless service providers that are not CoC or ESG funded to participate in the Coordinated Entry System (CES) and follow the policies and procedures outlined in this document.

To facilitate the operation of a high performing CES, the CoC governing body will review its policies and procedures annually to reflect national best practices and updated guidance from the U.S. Department of Housing and Urban Development (HUD).

The purpose of this document is to establish policies and procedures that ensure the provision of services in a consistent and streamlined manner. Additionally, this document will provide the community and participants information on the services that are available through the CoC.

The Greater Virginia Peninsula Homelessness Consortium (GVPHC) is a coalition of public and private organizations that maintains a current and viable process to end homelessness and provides services and resources to the most vulnerable households and individuals across the following six (6) jurisdictions: the cities of Hampton, Newport News, Poquoson, and Williamsburg, and the counties of James City and York. The GVPHC serves as the region's Continuum of Care organization, and is responsible for coordination and management of federal and state funding for homeless services. The Hampton Department of Human Services serves as the lead agency for the CoC. Coordination and facilitation is provided by The Planning Council.

## Coordinated Entry System Overview

The Coordinated Entry System is a centralized, community-wide process designed to identify, engage, and assist households experiencing, or at risk of experiencing, homelessness; coordinate the intake, assessment and referral for services that meet the level of assistance that is most appropriate to resolving their housing crisis; and prioritize the households with the most severe service needs for assistance in a timely manner.

**Housing resources are limited and therefore, immediate housing placement is not guaranteed.**

The implementation of a coordinated entry is considered a national best practice. When implemented effectively, the CES can:

- Prevent people experiencing homelessness from entering and exiting multiple programs before getting their needs met;
- Reduce the amount of research and the number of phone calls people experiencing homelessness must make before finding housing or services;
- Provide valuable information about service needs and gaps to help communities identify needed resources and strategically plan for their allocation;
- Foster increased collaboration between homelessness assistance providers;
- Reduce new entries into homelessness through coordinated system-wide diversion and prevention efforts;
- Reduce or erase entirely the need for individual provider wait lists for services; and
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes to make progress towards ending homelessness.

Per HUD Coordinated Entry Notice: Section I.B, it is prohibited for CoC or ESG-funded programs—with the exception of shelters—to accept households that have not gone through the Coordinated Entry System as operated by the CoC. This ensures equal access utilizing a standardized tool to appropriately assess and assign the level of need.

## Guiding Principles

To achieve these objectives, the GVPHC implements the CES based on the following guiding principles:

1. Housing First- The Coordinated Entry System implements a client-focused approach to ending homelessness that centers on providing permanent housing first and then implementing wrap-around support services as needed and requested. Service providers are trained annually in best practices for client engagement in areas including: mental health first aid; trauma-informed care; motivational interviewing and cultural competency.
2. Fair Housing – The GVPHC operates a coordinated system that requires recipients of federal and state funds to comply with applicable civil rights and fair housing laws and requirements, including the following:
  - Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
  - Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance.

- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving federal financial assistance.
  - Title II of the Americans with Disabilities Act prohibits public entities, which 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.
3. Prioritizing the most vulnerable – The GVPHC Coordinated Entry System fully implements the prioritization process included in HUD Notice CPD-016-11. Additionally, the community is committed to ending chronic and veteran homelessness. As such, those households are prioritized for referrals.
  4. Low Barrier – Households are not screened out for assistance because of perceived barriers to housing or services, including, but not limited to: lack of employment or income; drug or alcohol use; or having a criminal record. Housing and homeless programs agree to the low barrier screening criteria in partnership with the CES process.
  5. Non-discrimination: The CES is accessible by all households across the geographic area regardless of race, color, national origin, religion or any protected group. Additionally, the CoC provides housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the absence of special outreach.
  6. Data-driven Decisions – The CES process design and management utilizes data collected for households being served by the CoC, as well as nationally recognized evidence related to homeless housing and services.

## Definitions

**Access Point** – Locations, virtual or physical, where an individual or family in need of assistance initiates contact (including safety screening, diversion, prevention and basic assessment) with the CES.

**Assessment** – A series of standardized questions administered uniformly within the CES to determine a household's current housing situation, housing and service needs, risk of harm, acuity level, risk of future and continued homelessness, and other adverse outcomes.

By-Name List – A real time, up-to-date list of all people experiencing homelessness which can be filtered by categories including veteran and/or chronic status, length of time homeless, and more.

Chronic Homeless – A homeless individual, or head of household, with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness within the past three years.

Imminent Danger - Recent Occurrence (case by case); On-Going and Consistent; Threats by means of Sexual, Physical, Verbal, and Emotional violence; Threat and/or access to Weapons/Firearms; and/or Children experiencing Violence, Threat of Violence, and/or Witness of violence.

Homeless Management Information System (HMIS) – an online, software application designed to capture client-level, system-wide information over time on the characteristics and service needs of men, women and children experiencing homelessness.

Homeless – A household that falls within one of the following categories:

1. Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for 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 a place not meant for human habitation immediately before entering that institution;
2. Individuals and families who will imminently lose their primary nighttime residence;
3. Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; or
4. Individuals and families who are fleeing, or are 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.

Housing Interventions – Housing programs and subsidies including emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing programs.

Provider – An organization that provides services or housing to people experiencing or at-risk of homelessness.

## Key Components of the Coordinated Entry Process

### ACCESS

Households in the community access the CES through the Regional Housing Crisis Hotline, emergency shelters, designated homeless service providers, and outreach personnel canvassing streets and other places where homeless congregate. Once the household is engaged, a standardized assessment tool is utilized to identify the level of acuity and to help guide decisions around the appropriate type of housing and services needed.

Designated staff at access points then make a referral to the By-Name List (BNL) for eligible households. Households on the By-Name List are case conferenced at bi-weekly Service Coordination and Assessment Network (SCAAN) meetings and prioritized by level of vulnerability, then referred to housing programs as appropriate.

Housing programs that participate in the CES no longer maintain their own waitlists and do not actively recruit households for their respective programs. This ensures housing providers are able to serve the most vulnerable households in the community. Additionally, households no longer need to advocate for themselves at multiple agencies in order to access homeless services.

Access points, whether physical, via telephone or outreach—are avenues through which households experiencing a housing crisis within the geographic area can easily initiate the CES process for screening, assessment and connection to the most appropriate resources. The GVPHC has multiple access points to ensure housing and services are accessible to all.

#### 1. Regional Housing Crisis Hotline

The GVPHC has a Memorandum of Understanding (MOU) with the Regional Housing Crisis Hotline, an information and community referral system, to conduct preliminary eligibility screening. Households may contact the **Regional Housing Crisis Hotline** by calling **(757) 587-4202** or Toll Free at **866-750-4431** for an initial screening and referral to eligible services and other mainstream resources including diversion, homeless prevention, shelter or outreach.

Initial Triage and Safety Screening - The Regional Housing Crisis Hotline completes initial triage and safety screening with all callers. Upon initial contact, households seeking assistance are interviewed to determine, first, if a safety plan is in place, and if diversion strategies or prevention assistance is appropriate.

Domestic Violence Protocol - Households identified at access points as attempting to flee or fleeing domestic violence, dating violence, sexual assault or stalking situation are immediately connected to the community's 24-hour domestic violence hotline at (757)723-7774 or TTY/TDD (757)723-6862. If the DV hotline determines the household is not at imminent risk or if the household chooses not to utilize DV specific services, the household will be transferred back to a CES access point to be assessed and referred to the appropriate housing intervention.

Diversion – Households facing homelessness within three days or less—including those that are already experiencing homelessness— are offered diversion strategies to help them make immediate, alternative arrangements, or explore options for obtaining alternative housing.

Homeless Prevention – If a household is at imminent risk of homelessness—facing homelessness within 14 days-- the Hotline completes a screening to identify their eligibility for available programs within the GVPHC. Referrals are immediately sent to the appropriate agency to initiate contact and begin the application process.

Prioritization criteria: In order to prioritize resources for those with the greatest need, households that most closely resemble those that are already in emergency shelter are prioritized for prevention assistance. These characteristics include households that:

- Have a possession order in place
- Are income eligible
- Have previously entered the shelter system
- Are living in a hotel/motel/doubled up situation

Homeless Screening – Households that are in emergency shelter or are literally homeless are referred to access points within the CES for assessment and referral to appropriate housing interventions.

Households that are neither literally homeless, nor at imminent risk, are referred to mainstream community resources.

## 2. Emergency Shelter

Households may access emergency shelters by calling the Regional Housing Crisis Hotline. Outreach staff regularly visit the emergency shelters to engage with shelter stayers and complete assessments for housing services.

Domestic Violence Emergency Shelter - Households that are in imminent danger are eligible for domestic violence emergency shelter.

Prioritization criteria:

1. Client and/or her/his children are in imminent danger of domestic and/or sexual violence.
2. Client and/or her/his children have recently experienced domestic and/or sexual violence but are not currently in imminent danger.
3. Client and/or her/his children are homeless and are past victims of domestic and/or sexual violence but are not currently in imminent danger.
4. Client and/or children are homeless, have not experienced domestic and/or sexual violence and there are beds available.

Emergency Shelter - Households that are literally homeless are prioritized for emergency shelter.

### 3. Outreach

Community outreach staff from various social service and homeless service providers work to coordinate shelter placements, secure mainstream resources, and aid in the completion of assessments for further housing services. CES is directly linked to street outreach efforts to ensure households sleeping on the streets and those less likely to seek out services have equal access to the CES. Homeless households have continuous access to outreach workers through scheduled visits to local Day Services Centers as well as to seasonal/emergency shelter programs. Additionally, community outreach staff visit encampments, wooded areas and parks to build rapport with those least likely to engage in the CES process.

### 4. Departments of Human Services

Homeless and at-risk families may also present at the Hampton, Newport News or James City County Department of Human Services for a complete intake and assessment. Staff attempt to divert families from shelter when possible, coordinate shelter placements, and identify and secure mainstream resources. For households facing homelessness, diversion strategies are implemented in order to preserve their current housing situation or make immediate alternative arrangements. When diversion is not possible, prevention assistance funds are utilized, or the household is referred to the Regional Housing Crisis Hotline for additional screening to other available resources. At-risk individuals are also referred to other community resources and programs.

In other localities, households facing or experiencing homelessness are assessed by intake workers and connected to outreach staff or the Regional Housing Crisis Hotline for further assessment and assistance. Intake workers maintain relationships with homeless service providers and city/county staff who are able to assist with homeless housing and services.

## 5. Designated Homeless Service Providers

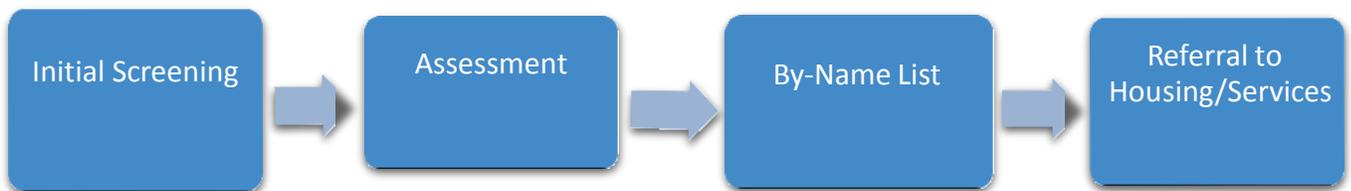
Designated homeless service providers in the community with an executed SCAAN Participation Agreement on file with The Planning Council serve as access points, providing assessment and referral to the By-Name List. Providers that do not serve as access points to the CES are expected to direct households to a designated access point.

### Accessing the CES after Hours

Households in need of emergency services after normal operating hours may leave a message with the access point and calls will be returned the next business day. Police departments, Child Protective Services and Adult Protective Services Hotlines are operated 24 hours. If a call for emergency services is received from an unsheltered family with a child under the age of one year, the hotlines will contact on-call personnel to provide emergency hotel/motel assistance. Calls to the Regional Housing Crisis Hotline will be prompted to leave a message that will be returned the next business day.

Households presenting to thermal/winter shelter will be offered a bed in the emergency shelter where they arrived, to the extent that space is available and the household is population appropriate. If they are not population appropriate, they will be referred to a shelter that is appropriate and has available space. If shelter space is not available, the household will be referred to other community resources.

All access points should provide consistent information to households seeking access to the CES. Providers that do not serve as access points direct households to the Regional Housing Crisis Hotline for screening and referral to community resources.



### Assessment

The assessment process is used to determine the most appropriate housing intervention for each household's immediate and long-term needs and ensures that resources are targeted to those who are most vulnerable.

Assessment and referral to homeless assistance services is conducted by designated outreach staff and assessment agencies with an executed SCAAN Participation Agreement on file with The Planning Council. Providers that do not serve as access points

to the CES are expected to direct households to the Regional Housing Crisis Hotline to be connected to outreach prior to receiving services.

The GVPHC employs a phased approach to assessment, gathering only enough participant information to:

- Determine the severity of need and eligibility for housing and related services; and
- Prioritize and refer participants to available services.

Designated service providers utilize the Vulnerability Index Service Prioritization and Assessment Tool for literally homeless households seeking assistance to determine the most appropriate housing intervention.

The Vulnerability Index-Service Prioritization and Decision Assessment Tool (VISPDAT) for singles, and the Vulnerability Index-Family-Service Prioritization and Decision Assessment Tool (VI-F-SPDAT) for families are conducted at the initial assessment, followed by the universal application completed by all agencies to quickly assess households for the most appropriate support and housing interventions that are available.

### Eligibility and Prioritization

The following housing interventions are available based on the household's needs and eligibility:

Transitional Housing (TH) - Transitional housing is designed to provide housing and appropriate supportive services to homeless households to facilitate movement to independent living typically within six to twenty-four months. Households must be homeless to be eligible.

Prioritization criteria: No priority

Rapid Rehousing (RRH) - Rapid Rehousing emphasizes housing search and relocation services and short- and medium-term rental assistance to move homeless individuals and families (with or without a disability) as rapidly as possible into permanent housing.

The amount of rent each program participant must pay is determined by the household's budget. The total amount of rapid re-housing assistance provided by the CoC must not exceed \$4,000 for singles and \$7,000 for families. Request for waivers will be allowable on a case-by-case basis and must be approved by SCAAN members.

In order to be eligible for RRH, households must meet the HUD definition of homeless and not have access to housing resources.

Prioritization criteria: Households with chronic or veteran status are prioritized for RRH followed by households with the most severe service needs (according to the VI-SPDAT score).

Permanent Supportive Housing (PSH) - Permanent supportive housing is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist households with a disability achieve housing stability.

In order to be eligible for permanent supportive housing, households must be literally homeless and have a documented disability.

Prioritization criteria: Chronically homeless households with the most severe service needs are prioritized for PSH.

## Referral

The referral process is informed by federal, state and local Fair Housing laws. The referral process functions according to low-barrier accessibility, housing first orientation, standardized assessment, inclusiveness and prioritization of the most vulnerable. Referrals to housing interventions are made based on the following factors:

- Results of the assessment tool (VI-SPDAT score)
- Available openings
- Established priority populations
- Program eligibility

## Vacancy Report

All shelter and housing providers are required to report vacancies to the CES via electronic notice no later than 10:00 AM each weekday morning. The Daily Vacancy Report is distributed to all housing providers as well as to the chairs of both SCAAN committees to ensure transparency and to confirm accuracy of openings.

SCAAN members use the daily vacancy report to submit referrals from the By-Name List. SCAAN members support the CoC efforts to coordinate service delivery and decrease the length of time a household experiences homelessness. Committees meet biweekly and are inclusive of designated access point staff, housing advocates, case managers, and participating members from social/human service departments, as well as other local service providers, to develop coordinated plans for homeless singles and families to expedite exits to permanent housing, including prevention and rapid re-housing assistance, prioritizing those most vulnerable for available housing placements within the CoC. Each committee maintains a By-Name List which enables referrals to be made to vacancies in between meetings, therefore reducing the time that an individual or family waits for a housing intervention.

## Referrals to the By-Name List

Access point staff generate referrals to RRH, TH, and PSH utilizing the electronic process in HMIS. Referrals include uploading the completed VI-SPDAT and signed consent to

exchange information. Referred households are then placed on the BNL. SCAAN committees meet to provide case conferencing for households on the BNL and make direct referrals into the most appropriate program, based on the availability of openings, program eligibility, and prioritization.

## Approved Referrals

Once a household is matched to a housing intervention, the access point staff that is navigating the household through the process will inform the household of the match. The receiving agency will attempt to make initial contact with the household and schedule an intake appointment within a reasonable amount of time. The receiving agency has seven days to update the committee on the outcome of the referral (i.e. accepted into program, declined, unable to contact) in HMIS.

## Denied Referrals

Receiving agencies may deny a referral in the following situations:

- The household does not meet the program's eligibility criteria; or
- The household is unable to be contacted for intake

When a referral is denied, it is the responsibility of the receiving agency to promptly update the committee on the outcome and the household will be returned to the By-Name List. The household will maintain their order on the list.

## Participant Rights

All individuals and families participating in the CES will be informed of their rights at the time of entry into the system.

## Client Choice

The CES is person-centered and recognizes households' rights to choice and takes steps to meet the needs of households engaged in the system. Households have the right to decline a referral to any housing program and refusing a resource does not impact eligibility for future referrals. There are no limits on the number of times a household may decline a referral. If a household chooses not to accept a referral to a housing intervention, the next eligible household on the list will be referred. Access staff will explore other options for the household and communicate that multiple declines might leave fewer community resources available for a housing match.

## Grievance Policy

All concerns and grievances must be resolved promptly and fairly, in the most informative and appropriate manner. Providers shall inform individuals and families of the following methods to file a grievance:

1. Housing Program Grievances are grievances that are related to the individual's or family's experience(s) with a homeless housing program. These grievances will be redirected back to the provider to follow the provider's grievance policies and procedures. The provider must respond in writing to all appeals



Grievances related to CE policies and/or procedures shall be directed to:

**The Planning Council**

5365 Robin Hood Road, Suite 700

Norfolk, Virginia 23513

757) 622-9268

[www.theplanningcouncil.org](http://www.theplanningcouncil.org)

## Marketing

The CoC affirmatively markets housing and supportive services to eligible households within the geographic area. Clients are able to access the Regional Housing Crisis Hotline through both a local and a toll free number. Clients are also able to make call requests through web forms on the CoC website. The numbers for the Hotline are made available at a number of local partners such as at Departments of Human Services. Business cards with the Hotline numbers are available at all CoC community events. Outreach workers distribute the cards at local gathering spots, 24-hour establishments as well as restaurants, hospitals, hot meal programs, churches, schools, check cashing locations and other places known to be frequented by the target population. In order to ensure access to all members of the community, interpretation services are also offered.

## CES Training

Assessment agencies are provided annual training opportunities, including Prevention and Emergency Shelter trainings and staff onboarding on how to complete VISPDATs. The training covers how the assessment should be administered with fidelity to the written policies and procedures, prioritization, uniform decision-making, and referrals. All SCAAN and Program Monitoring Committee documents are available in an electronic drop box. The SCAAN Participation Agreement will serve as certification that partners understand the process and agree to adhere to policy and procedures.

Staff are also trained on cultural and linguistic competency, Trauma Informed Care, and safety planning. All agencies and Hotline staff (DV, Community Service Board, Regional Housing Crisis Hotline, etc.) undergo training for Cultural Competency and Mental Health First Aid. The DV Hotline provides additional training on recognizing signs of DV and assault. Other trainings are provided as requested.

## Data Management

The Planning Council serves as lead agency for the Hampton Roads HMIS and functions as the primary liaison between participating agencies and Bowman Systems, the HMIS vendor. The Southeastern Virginia Homeless Coalition (SVHC), the Greater Virginia Peninsula Homelessness Consortium (GVPHC), the City of Virginia Beach CoC, the City of Portsmouth CoC, and the Central Virginia CoC share a merged HMIS known as the Hampton Roads HMIS. Participation is required for federally and state funded homeless service providers (with the exception of DV providers); other providers voluntarily participate.

The CES utilizes the Hampton Roads HMIS to track and manage all CES data. The HMIS Policies and Procedures ensure adequate privacy protections of all participant information per the [HMIS Data and Technical Standards at 24 CFR 578.7\(a\)\(8\)](#). All users of HMIS participate in mandatory training on the privacy rules associated with collection, management, and reporting of client data. The same privacy protections and

rules associated with the use of HMIS are applied in the handling and management of confidential personal information on the By-Name List.

Aggregate data, including Point in Time data, is provided on the CoC website ([www.gvphc.org](http://www.gvphc.org)) and is available for strategic planning purposes.

## System Evaluation

The CES process will be evaluated annually to ensure that it is operating at maximum efficiency. The CoC will conduct an annual evaluation of its intake, assessment, and referral processes by providing each participating project as well as households the opportunity to provide feedback in the form of anonymous surveys and/or focus groups to address the quality and effectiveness of the entire coordinated entry experience. Additional evaluations will be conducted by third party consultants.

CES policies and procedures will be reviewed annually and updated as necessary by the GVPHC governing body. The results of the surveys and/or focus groups will be used to update the existing policies and procedures, reflecting changes that result in improved performance and outcomes. Performance of the CES will be reported annually to the community through the GVPHC Annual Report with sections devoted to coordinated assessment and homelessness assistance system outcomes.