

Capital Area Coalition on Homelessness (CACH)

Lead Agency for Harrisburg/Dauphin County

Continuum of Care (PA-501)

Coordinated Entry System Policies and Procedures

Completed by:

The CACH Coordinated Entry Committee

Completed for:

CACH- Lead Agency for Harrisburg/Dauphin County CoC (PA-501)

CACH Coordinated Entry Committee

Marilyn Bellesfield, Chair, Program Director, Brethren Housing Association

George Payne, CACH, Projects Director, The Redevelopment Authority of the City of Harrisburg

Deb Ritchey, HMIS Project Manager, CACH

Dennise Hill, Director of Housing and Homelessness, YWCA Greater Harrisburg

Yolanda Finger, Transitional Housing Case Manager, Gaudenzia The Delta Communities

Darrell Reinford, Executive Director, Christian Churches United

Rose Schultz, Deputy County MH Administrator II, Dauphin County MH/A/DP

Angela Susten, Grants Management Coordinator, Dauphin County MH/A/DP

Randie Yeager, Director, Dauphin County Human Services

April Rudick, Assistance Director of Quality Assurance, Dauphin County Human Services

Contents

TERMS AND DEFINITIONS

I. INTRODUCTION & OVERVIEW

- A. Regulatory Requirement and Background
- B. Overview
- C. Coordinated Entry Participation Requirements
- D. CoC and ESG Coordination
- E. Guiding Principles
- F. Roles and Structure
- G. Versions of the Document
- H. Affirmative Marketing and Outreach
- I. Domestic Violence and Safety Planning
- J. Non-discrimination

II. ACCESS

- A. Access Model
- B. Specialized Access Points for Subpopulations
- C. Access Coverage
- D. Accessibility of Access Sites
- E. Emergency Services
- F. Prevention Services

III. ASSESSMENT

- A. Standardized Assessment Approach
- B. Eligibility for the Coordinated Entry System (CES)
- C. Phases of Assessment
- D. Assessment Screening
- E. Assessor Training
- F. Participant Autonomy
- G. Non-discrimination Complaint and Appeal Processes
- H. Privacy Protections
- I. Updating the Assessment

IV. PRIORITIZATION

- A. Standardized Prioritization
- B. Emergency Services
- C. Prioritization List

V. REFERRAL

- A. Notification of Vacancies
- B. Participant-Declined Referrals
- C. Provider-Declined Referrals

VI. DATA SYSTEM(S)

- A. Data System(s)
- B. Participant Consent Process

VII. EVALUATION

- A. Monitoring and Evaluation
- B. Role of Participating Agencies in the CES Evaluation

APPENDIX A

- Appendix A.1 – Coordinated Entry Operating Standards
- Appendix A.2 – Non-Discrimination and Affirmative Fair Housing Policy
- Appendix A.3 – Fair and Equal Access Policy
- Appendix A.4 – Access/Barriers Policy
- Appendix A.5 – Domestic Violence, Dating Violence, Sexual Assault & Stalking Management Policy
- Appendix A.6 – Coordinated Entry System Grievance Policy and Procedure
- Appendix A.7 – Housing Prioritization Policy for All CoC and ESG Funded Programs
- Appendix A.8 – Evaluating and Updating Coordinated Entry Policies and Procedures

APPENDIX B

- Appendix B.1 – Dauphin County CES Screening Form
- Appendix B.2 – Screening Form Instructions for Access Sites
- Appendix B.3 – VI-SPDAT Assessment Tool
- Appendix B.4 – Length of Assistance Determination Assessment Tool
- Appendix B.5 – Grievance & Appeal Process for Participants in the CES
- Appendix B.6 – CACH Consent for Data Collection & Release of Information
- Appendix B.7 – Participant Letter Declining All Services Offered through the CES
- Appendix B.8 – Provider Declination Form

APPENDIX C

- Appendix C.1 – CoC Written Standards
- Appendix C.2 – ESG Written Standards

TERMS & DEFINITIONS	
Access Sites	Physical Places within a geographical area where households present to receive homeless housing and services.
Area Median Income (AMI)	The median (middle) household income amount for a household size (number in family) as compared to other households of the same size in the region, annually determined by HUD.
Chronically Homeless	<u>HUD'S definition:</u> <i>Chronically Homeless</i> means: (1) A "homeless individual with a disability," as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who: i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND ii. Has been homeless continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (i) above.
Case Conferencing	Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication.
Continuum of Care (CoC)	Group responsible for the implementation of the requirements of HUD's CoC Program interim rule. The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.
Continuum of Care (CoC) Program	HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.
Coordinated Entry System (CES)	An approach to coordination and management of a crisis response system's resources that allows users to make consistent decisions from available information to efficiently and effectively connect people to interventions that will rapidly end their homelessness.
Coordinated Entry	The process used to assess, prioritize and assist in meeting the housing needs of people experiencing homelessness.
Coordinated Entry Team	The members of the Coordinated Entry Committee for CACH are referred to as the Coordinated Entry Team.

TERMS & DEFINITIONS	
Crisis Response System	All the services and housing available to persons who are literally homeless or fleeing/attempting to flee domestic violence.
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 without entering the homeless system.
Emergency Services	Homelessness prevention, domestic violence and emergency services hotlines, drop-in service programs, domestic violence shelters, emergency shelters, and hotel/motel voucher programs.
Emergency Shelter	Short-term emergency housing available to persons experiencing homelessness.
Emergency Solutions Grant (ESG) Program	HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.
Family Group Conferencing (FGC)	Family Group Conference is a voluntary service planning opportunity for family, friends, and others to come together to make decisions with the individual and/or family using a language of strengths and concerns.
Homeless Management Information System (HMIS)	The database used to confidentially aggregate data on homeless populations. The system allows for a record of client-level information about the characteristics and service needs of people experiencing homelessness.
Homeless System	The services and housing available only to persons who are literally homeless.
Household	The term household is intended to cover any configuration of persons in crisis, whatever their age or number (adults, youth, or children; singles or couples, with or without children).
Housing Interventions	Permanent housing programs and subsidies, including, Rapid Re-Housing and Permanent Supportive Housing programs, as well as permanent housing subsidy programs such as Housing Choice Vouchers.
Housing and Urban Development (HUD)	A Cabinet department in the Executive branch of the United States federal government. Although its beginnings were in the House and Home Financing Agency, it was founded as a Cabinet department in 1965, to develop and execute policies on housing and metropolises.
Length of Assistance Determination (LOAD) Score	This is a set questions to assess housing barriers to determine the best housing intervention for each household served by the CES (See Appendix B.4 for the LOAD tool).

TERMS & DEFINITIONS

<p>PA 211 Database</p>	<p>Is part of the national 2-1-1 Call Centers initiative that seeks to provide an easy-to-remember telephone number and web resource for finding health and human services– for everyday needs and in crisis situations.</p>
<p>Permanent Supportive Housing (PSH)</p>	<p>A model that combines low-barrier affordable housing, health care, and supportive services to help individuals and families lead more stable lives. For PSH programs, households must meet the HUD definition of homelessness under Category 1 and have a disability. PSH typically targets people who are chronically homeless, experience multiple barriers to housing, and are unable to maintain housing stability without supportive services.</p>
<p>Personally Identifiable Information (PII)</p>	<p>The term “PII” refers to information that can be used to distinguish or trace an individual’s identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual. PII is any data that could potentially be used to identify a particular person. Examples include a full name, Social Security number, driver's license number, bank account number, passport number, and email address.</p>
<p>Prevention</p>	<p>Includes financial assistance, rental assistance, and services provided to individuals and families who are at imminent risk of homelessness.</p>
<p>Projects for Assistance in Transition from Homelessness (PATH)</p>	<p>Substance Abuse and Mental Health Services Administration (SAMHSA)–funded program to provide outreach and services to people with serious mental illness (SMI) who are homeless, in shelter or on the street, or at imminent risk of homelessness.</p>
<p>Public Housing Authority (PHA)</p>	<p>Local entity that administers public housing and Housing Choice Vouchers (HCV) (aka Section 8 vouchers).</p>
<p>Rapid-Rehousing (RRH)</p>	<p>Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing. The core components of Rapid Re-Housing are housing identification, rent and move-in assistance, and rapid re-housing case management and services</p>
<p>Release of Information (ROI)</p>	<p>Written documentation signed by a participant to release his/her personal information to authorized partners.</p>
<p>Violence Against Women’s Act (VAWA) And HUD Category 4 Homeless Definition (fleeing or attempting to flee domestic violence)</p>	<p>HUD housing protections and homeless programs apply to VAWA “survivors of domestic violence, dating violence, sexual assault, and stalking regardless of sex, gender identity or sexual orientation” and expounds or expands HUD’s Category 4 Homeless Definition of persons who are fleeing or attempting to flee domestic violence (https://www.govinfo.gov/content/pkg/FR-2016-11-16/pdf/2016-25888.pdf).</p>

COORDINATED ENTRY SYSTEM POLICIES AND PROCEDURES

I. INTRODUCTION & OVERVIEW

A. Regulatory Requirement and Background

- 1) A Coordinated Entry System (CES) is an evidence-based strategy that focuses on housing and service coordination to link homeless consumers to the most appropriate housing solution based on their needs. The U.S. Department of Housing and Urban Development (HUD) requires all homeless Continuums of Care (CoC) to utilize CES as stated in 24 CFR 578.7 (a)(8) of the CoC Program Interim Rule.
- 2) The Capital Area Coalition on Homelessness (CACH), the Designated Lead Agency for Harrisburg/Dauphin County Continuum of Care (PA-501) is charged with standardizing a Coordinated Entry System across its entire geographic region according to the priorities and needs of the community. These standards are intended to clarify and provide guidance around Coordinated Entry. As systems and accompanying documents are developed, CACH is committed to offering training and technical assistance as needed and determined. This Policy and Procedure Manual is a working document that will continue to be developed during the Coordinated Entry System implementation. Additions and adjustments to the document will be based on stakeholder input, data collected, and on lessons learned from experience.

B. Overview

The main purpose of the CACH Coordinated Entry System (CES) is to ensure that households with the most severe service needs, longest homeless history and most vulnerabilities are prioritized for housing assistance and receive those services within a limited timeframe. These policies and procedures will direct the implementation, governance and evaluation of coordinated entry in the CoC geographic area and will be reviewed no less than annually by the CACH Board of Directors. Only the CACH Board of Directors can make changes to this document based on recommendations from the CACH Coordinated Entry Committee. **(All policies approved and adopted by the CACH Board are included at the end of this manual as Appendix A.)** CACH is responsible for coordinating and implementing a system to the needs of the populations and subpopulations experiencing homelessness within the geographic area claimed by the CoC.

C. Coordinated Entry Participation Requirements

- 1) In accordance with the Emergency Solutions Grant (ESG) & Continuum of Care (CoC) regulations, all programs that receive ESG or CoC funding are required to participate in the CoC Coordinated Entry System (CES) and abide by the written Coordinated Entry policies and procedures. Further, these programs must use the Coordinated Entry System (CES) as the only referral source from which to consider filling vacancies in housing. Failure to participate and follow the CES Policies and Procedures could have a negative impact on future funding of that program. As part of the annual CoC and ESG application processes, each program must submit a report that identifies the number of participants its program referred, accepted, rejected, and/or served from the CES.
- 2) The CoC intends to have all Homeless Assistance Programs participating in its CES process and will work with all local programs and funders in its geographic area to facilitate their participation in the CES.

D. CoC and 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 Programs funds. **(A copy of the CoC and ESG written standards are included in Appendix C of this manual).**

E. Guiding Principles

1) Mission

The mission of the Capital Area Coalition on Homelessness (CACH) is to educate and mobilize the community and coordinate services to prevent and reduce homelessness in the Capital region. CACH adopted a blueprint strategy called “*Home Run: The Capital Area’s 10-Year Plan to End Homelessness*” as the community’s coordinated plan to make homelessness rare, brief and non-recurring in our community.

2) Goals

The goal of the Coordinated Entry System (CES) is to coordinate program participant assessment and provision of referrals. The CES will operate with a person-centered approach, and with person-centered outcomes which will help the CoC meet these goals.

H

3) Principles

- a. The CES will ensure that potential participants are aware of access point locations
- b. The CES will ensure that participants are referred to appropriate housing resources
- c. The CES will ensure that participants are connected to necessary mainstream resources
- d. The CES will reduce the stress of the experience of being homeless by limiting assessments and interviews to only the most pertinent information necessary to resolve the participant’s immediate housing crisis.
- e. The CES will incorporate cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.
- f. The CES will provide low barrier access to services and housing resources by operating programs that do not screen consumers 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;
- g. The CES will implement standard assessment tools and practices and will capture only the limited information necessary to determine the severity of the participant’s needs and the best referral strategy for him or her.
- h. The CES will utilize HMIS for the purposes of managing participant information and facilitating quick access to available CoC resources.
- i. The CoC will ensure that the CES does not unintentionally impede access to emergency shelter.

F. ROLES AND STRUCTURE

As required by HUD, each CoC and each ESG recipient operating within the CoC’s geographical area must work together to ensure the CoC’s Coordinated Entry System (CES) allows for coordinated screening, assessment and referrals for CoC and ESG programs. The CoC’s Coordinated Entry System (CES) has been designed and administered by the CoC in the following structure with duties for each stakeholder outlined on the following pages:

1) **CACH Board of Directors**

- a. Responsible for the administration and implementation of Coordinated Entry System (CES) throughout the CoC
- b. Designates the CES Lead Agency
- c. Designates CoC-wide priority populations
- d. Approves and adopts Policies and Procedures necessary for CES implementation
- e. Provides oversight to the Coordinated Entry Committee
- f. Monitors budgets of CES grants
- g. Approves designated Access Sites and Assessment Centers selected by the Coordinated Entry Committee
- h. Executes MOU's with each Access Site and Assessment Center
- i. Ensures the CoC CES is meeting HUD requirements
- j. Ensures a CES Marketing Plan is developed and provides universal marketing materials for local distribution
- k. Monitors data collection in the HMIS System, providing reports on outputs and outcomes for CES
- l. Overseeing eligibility determination, appeals processes, household placement declines/ provider placement rejections and grievance protocols described herein for CES
- m. Provides support to the Coordinated Entry Manager

2) **Coordinated Entry Committee**

- a. Convenes at least twice annually to evaluate and enhances the CES as needed
- b. Update the Coordinated Entry Assessment Tools and Scoring to reflect the CoC's priorities
- c. Reviews monitoring reports provided by the CACH Board of Directors to improve CES policies and procedures
- d. Coordinate with the HMIS Project Manager to make necessary changes to the online system/tools
- e. Monitors the CES to ensure the system meets HUD's regulations and to provide reports to the CACH Board of Directors
- f. Provides oversight to the CES and assists with implementation
- g. Develops CES Policies and Procedures for CACH Board of Directors approval
- h. Facilitate training at least twice per year to CoC membership organizations including but not limited to process training on CES, best practice service delivery strategies and CoC requirements
- i. Provides support to the HMIS Project Manager and the Coordinated Entry Manager

3) **HMIS Administrator/Project Manager**

- a. Coordinates with the CACH Board of Directors
- b. Provides CoC-wide Technical Assistance regarding the implementation of the CES
- c. Provides trainings and updates on the computer-based assessment tools
- d. Develops the computer-based assessment tools
- e. Develops monitoring and reporting functions in the computer-based tools

4) **Coordinated Entry Manager**

- a. Manage the Community Priority List for housing interventions
- b. Interpret and enforce CES policies and procedures
- c. Serve as the primary point person and lead to all CES participating programs and referral partners
- d. Oversee Access Sites and Assessment Centers
- e. Facilitate Community Priority List meetings
- f. Review and distribute PA HMIS CES reports
- g. Monitors designated Access Site and Assessment Centers to ensure compliance with CES policies and procedures
- h. Coordinates with the HMIS Administrator to make available CES trainings to all participating agencies
- i. Ensures each agency's policies and procedures meet the CoC CES procedural standards
- j. Ensures the CES is accessible for the entire geographical area of the (including 24/7 coverage for the entire county)
- k. Provide ongoing feedback to the CACH Board of Directors and Coordinated Entry Committee
- l. Serve as liaison to the HMIS administrator
- m. Conduct community outreach and education

5) **Coordinated Entry Specialists**

- a. Deliver uniform Coordinated Entry intake, assessment and referrals
- b. Deliver service through three modes; 1) Telephone, 2) Access/Assessment Site 3) Mobile Outreach
- c. Trained at least annually on the CES policies and procedures as well as updates to the HMIS system

6) **Required Participating Agency/Program**

- a. Required to participate in Coordinated Entry System due to receiving CoC or ESG Program funding from HUD
- b. Comply with all CES processes, policies and procedures detailed in the CoC Coordinated Entry System Policy Manual, including policies related to referral, grievance, prioritization, data sharing, and client confidentiality, among others.
- c. Comply with all HMIS privacy, security and data sharing processes, policies and procedures.
- d. Ensure that people experiencing homelessness understand how the CES system works.
- e. Make appropriate staff available for regular CES trainings and meetings.
- f. Distribute CES marketing and outreach materials.
- g. Maintain accurate and up-to-date agency and program information, including program eligibility requirements, in HMIS and the local 2-1-1 database.
- h. Comply with a non-discrimination policy which states that no discrimination of any person or group of persons on account of race, ethnicity, national origin, disability status, religion, marital status, sex, sexual orientation, actual or perceived gender identity, or age
- i. Sign a CES Participation Agreement with CACH
- j. Must use the CES as the only referral source from which to consider filling vacancies in housing program/program

- k. Adopt policies outlining the acceptable reasons a client referred to a program can be rejected/denied access to their program and this policy must be approved by the CACH Board of Directors on an annual basis

7) Voluntary Participating Agency

- a. Programs or organizations who are not required to participate in the CES but voluntarily agree to participate in the CES to ensure equitable and coordinated access for all households experiencing homelessness
- b. Sign a CES Voluntary Participating Agency Agreement with CACH
- c. Complies with the policies and procedures governing the CES
- d. Uses CES as the referral source from which to fill vacancies for at least 51% of clients served
- e. Ensure that people experiencing homelessness understand how the CES system works.
- f. Make appropriate staff available for regular CES trainings and meetings.
- g. Distribute CES marketing and outreach materials.
- h. Maintain accurate and up-to-date agency and program information, including program eligibility requirements, in HMIS and the local 2-1-1 database.
- i. Comply with a non-discrimination policy which states that no discrimination of any person or group of persons on account of race, ethnicity, national origin, disability status, religion, marital status, sex, sexual orientation, actual or perceived gender identity, or age
- j. Adopt policies outlining the acceptable reasons a client referred to a program can be rejected/denied access to their program and this policy must be approved by the CACH Board of Directors on an annual basis

G. Versions of the Document

Version	Date Released	Key Changes
1.0	4-12-2016	N/A
2.0		Compliance with HUD Program Interim Rule

H. Affirmative Marketing and Outreach

- 1) The Coordinated Entry System (CES) is publicly advertised through the Capital Area Coalition on Homelessness (CACH) website, through the local 2-1-1 system, and through community events. All Required Participating Agencies/Programs are also required to post or otherwise make publicly available a notice (provided by the CoC) that describes the CES. This notice should be posted in the agency waiting areas, as well as any areas where participants may congregate or receive services (e.g., dining hall).
- 2) The Access Sites are also advertised through trainings for service providers and information is passed along from emergency shelter and mobile staff+ directly to people sleeping on the street. This broad advertisement of the system ensures that all people within the CoC in need of homeless services will have fair and equal access to the system regardless of where or how the household presents at any Access Site. Outreach conducted by mobile staff ensures that people who are sleeping on the streets are equally prioritized for assistance as anyone else presenting with service needs.

I. Domestic Violence and Safety Planning:

- 1) All providers, including non-victim service providers, must provide safe and confidential access to the CES for all people, including those who are fleeing/attempting to flee and survivors of domestic violence (including dating violence, sexual assault, trafficking, and/or stalking). **(Please see Appendix A.5 for the Domestic Violence, Dating Violence, Sexual Assault & Stalking Management Policy).**
- a. All households accessing the CES are asked if they are fleeing/attempting to flee domestic violence during the screening procedure. If a household is identified as fleeing/attempting to flee domestic violence, the Coordinated Entry Specialist will offer an immediate referral to the state contracted domestic violence program for Dauphin County, which is the YWCA Greater Harrisburg's Violence Intervention & Prevention Services, for safety planning and accessing emergency services, such as domestic violence hotlines and shelters.
- b. The household has the right to decline any and all referrals to, or assistance with access to, these emergency services. Declining these referrals or assistance will not have a negative impact on the person's ability to obtain housing and services accessible via the CES. Safety planning will then be the responsibility of the Coordinated Entry Specialist.
- c. All Coordinated Entry Specialists are required to have Domestic Violence/Sexual Assault training on how to conduct safety planning from the YWCA Greater Harrisburg's Violence Intervention & Prevention Services
- d. The CoC Coordinated Entry Committee will have at least one representative from the YWCA Greater Harrisburg's Violence Intervention & Prevention Services at all times to provide policy and practice guidance on behalf of people who are fleeing/attempting to flee and survivors of domestic violence.
- e. The CoC CES will include a local domestic violence hotline provided by the state contracted domestic violence program for Dauphin County, which is staffed 24 hours a day, seven days a week, to ensure that all households who are fleeing or attempting to flee domestic violence or sexual assault have immediate access to crisis response services. All persons will have access to this hotline regardless of which access point they initially contact for services and assistance through the CoC's CES.

J. Non-Discrimination:

- 1) The CoC Coordinated Entry System (CES) complies with all jurisdictionally relevant civil rights and fair housing laws and regulations. The CoC has designated the CACH Board of Directors as the entity responsible for monitoring agencies on compliance with all CES requirements, including adherence to civil rights and fair housing laws and regulations. The CES Manager will monitor compliance, and failure to comply with the following laws, regulations and HUD requirements will result in a monitoring finding on the program, which will affect its position in the local CoC rating and ranking process. (Please see Appendix A.2 for the Non-Discrimination and Affirmative Fair Housing Policy.)
- a. Fair Housing Act – prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- b. Section 504 of the Rehabilitation Act – prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance.
- c. Title VI of the Civil Rights Act – prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving federal financial assistance.
- d. 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.

- e. 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.
- f. Equal Access Rule - HUD's Equal Access Rules requires that recipients and sub-recipients for HUD funding are open to all eligible individuals and families regardless of sexual orientation, gender identity, or marital status. People shall have equal access to emergency shelters and other facilities, benefits, accommodations and services in accordance with the individual's gender identity, and in a manner that affords equal access to the individual's family. **(Please see Appendix A.3 for the Fair and Equal Access Policy).**

II. ACCESS

Anyone experiencing homelessness in the Dauphin County CoC may contact the Coordinated Entry System (CES) for a single, streamlined assessment and referral process for housing and related services. All designated Access and Assessment sites shall execute a CES Participation Agreement with the CACH Board of Directors; that is, an agreement that documents all required functions and responsibilities to ensure access to the CES.

A. Access Model

The CoC designed the (CES) to follow a hybrid model to ensure fair and equal access to the homeless system for households experiencing homelessness. There are three ways a household may access the CES, which are described below:

- 1) A central location or locations within a geographic area where individuals and families present to receive homeless housing and services shall be designated as CES Access Sites.
 - a. **Access Sites** are the physical “front doors” into the Dauphin County CoC CES. Access Sites are the physical places within a geographical area where households present to receive homeless housing and services.
 - b. At each Access Site, trained Coordinated Entry Specialists will provide pre-screening, assessment, prioritization and referral to any household experiencing a housing crisis.
- 2) The local 2-1-1 Helpline will screen callers for eligibility for the CES and/or prevention services on a 24 hour/7-day basis.
 - a. The local 2-1-1 Helpline, operated by PA 2-1-1, is the virtual “front door” into the CoC Coordinated Entry System. The Call Center accepts toll-free, inbound calls and text messages 24 hours per day, 7 days per week. Trained Call Center Staff provide screening services for the CES. They refer households who are eligible for the CES to the closest CES Access Site for assessment, prioritization and referral to housing interventions. The Call Center has language translation services available for people experiencing a housing crisis who speak English as a second language in addition to support for people who are hearing impaired.
- 3) Mobile Staff will serve as Access Sites for the CES.
 - a. All participating agencies who have mobile staff funded by either HUD CoC Program Grants or Emergency Solutions Grants must participate in the Dauphin County CES, and all others are strongly encouraged to do so.
 - b. Mobile staff will act as Access Sites 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 programs that offer crisis housing or emergency shelter.
 - c. Mobile staff will be trained on the CES and the assessment process and will have the ability to offer CES Access and Assessment services to participants they contact through their outreach efforts.

B. Specialized Access Points for Subpopulations

- 1) The CoC recognizes the importance of confidentiality and safety for all persons fleeing from domestic violence seeking assistance through its CES.
 - a. To provide sufficient coordination and specialized attention given to individuals and families fleeing domestic violence, the CoC has identified a specialized access point at the YWCA Greater Harrisburg's Violence Intervention & Prevention Services, the VAWA provider for Dauphin County. They will ensure that individuals and families fleeing domestic violence receive the appropriate services and housing to resolve their housing crisis. (See Appendix A.5)
- 2) Homeless Veterans can be assisted through any Access Site, but they should quickly be referred to Veteran specific housing and service programs offered by the YWCA of Greater Harrisburg Supportive Services for Veteran Families (SSVF) and Veterans Program or Volunteers of America SSVF Program. If they have refused Veteran housing services or gone missing, they will be entered in the CES by the closest Access Site.

C. Access Coverage

The CES is accessible either through community-based Access Sites, mobile staff or through the PA 2-1-1 Helpline that is accessible throughout the entire CoC geographical area. The PA 2-1-1 hotline provides access to basic CES screening services 24 hours a day and can be contacted from any location within the CoC.

D. Accessibility of Access Sites

- 1) The Coordinated Entry Committee will ensure that all CES materials are available in English, Spanish, and other locally common languages. In addition, The CES Manager and all CES participating agencies will, to the greatest extent practicable, provide communication accommodation through translation services to effectively and clearly communicate with persons who have disabilities, as well as with any person with limited English proficiency.
- 2) The Coordinated Entry Committee will ensure visually and audibly accessible CES materials when requested by participating or referral agencies or participants in the CES.
- 3) Access and assessments for the CES are permitted to be conducted over the phone by an approved Access Site, if the consumer is unable to reach the appropriate access site due to a disability, lack of transportation, or other unexpected circumstance.

E. Emergency Services

- 1) Access to emergency services is not prioritized through the CES. Instead, the CES makes direct referrals to emergency services for anyone experiencing a housing crisis upon their request. Emergency services include, but are not limited to:
 - a. Domestic violence and other emergency service hotlines
 - b. Street Outreach programs
 - c. Emergency Shelters
 - d. Eviction prevention programs
 - e. Food pantries
 - f. Homeless drop-in centers
 - g. Motel voucher programs
 - h. Rental, mortgage and utility assistance programs
 - i. Crisis Intervention

- 2) **Diversion** is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternative housing arrangements and, if necessary, connecting them with prevention services to help them return to permanent housing. In the event that beds are not available for people seeking access to Emergency Shelter, Coordinated Entry Specialists will be trained in and practice diversion.
- 3) CES full intake and assessment services may only be available during business hours each day. When prospective participants present for services during non-business hours, participants will still be able to access emergency services, including emergency shelter, (when those emergency services are available) without first receiving an assessment through coordinated entry.
- 4) After CES business hours and on federal holidays, access to emergency services for anyone experiencing a housing crisis in Dauphin County will be available by calling 2-1-1 toll-free or Crisis Intervention at 717-232-7511 or toll free at 1-800-932-4616.
- 5) CES assessments will be completed within 3 business days for all households who are literally homeless or fleeing domestic violence who contact Access Sites, Call Centers, or mobile staff. CES assessments will be completed on all households placed in Emergency Shelter (ES) within 3 business days after entry to the Emergency Shelter.

F. Prevention Services

- 1) The CES will ensure that all potentially eligible Homeless Prevention (HP) participants will be screened for homelessness prevention assistance, regardless of the access point at which they initially seek assistance.
- 2) Access Sites will coordinate information and referrals to ensure households at imminent risk of literal homelessness are provided coordinated access to CoC homelessness prevention services regardless of where the household first contacts the CoC.

III. ASSESSMENT

Assessment is defined as the process by which Coordinated Entry Specialists determine the most appropriate housing intervention to resolve the person's experience of homelessness. Households contacting Coordinated Entry will receive the same uniform, professional and respectful screening, assessment and referral process regardless of whether they contact the Call Center, a local Access Site, or Mobile Staff. Assessment does not guarantee people housing and services, but instead provides a consistent and informative way to help providers prioritize people for these resources as they become available.

A. Standardized Assessment Approach

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

All households served by the CES will be assessed using the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT). The VI-SPDAT documents a set of participant conditions, attributes, need level, and vulnerability, allowing the assessment staff to identify a service strategy to the Coordinated Entry Manager who manages the CoC's prioritization list. **(See Appendix B.3 for the VI-SPDAT tool)**

B. Eligibility for the Coordinated Entry System (CES)

- 1) **Households who are eligible to enter the CES include people who are:**
 - a. Experiencing homelessness (literally homeless as defined by HUD)

AND/OR
- 2) Fleeing/attempting to flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking

- 2) Households who are not eligible for the CES include people who are:
 - a. Experiencing housing issues outside of these categories will be referred to other prevention-oriented resources available in the community. **(As described in Section II: E & F).**

C. Phases of Assessment

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

- 1) *Screening for CES*: This first phase will focus on identifying the immediate housing crisis and clarifying that the household is eligible for the CES and that CE is the appropriate system to address the potential participant's immediate needs. If an individual or family is experiencing a housing crisis, they will also be referred for emergency shelter placement as capacity allows during this phase. **(See Appendix B.2 for Screening Form)**
- 2) *Diversion or Prevention Screening*: The second phase of assessment can also happen immediately upon engaging with a participant. During this phase, a Coordinated Entry Specialist will examine existing CoC and participant resources and options that could be used to avoid the participant entering the homeless system of care.
- 3) *Emergency Services Intake*: The third phase should also happen immediately, as it is intended to collect all information necessary to enroll the participant in a crisis response program such as emergency shelter or other homeless assistance program to resolve that participant's immediate housing crisis.
- 4) *Comprehensive Assessment (Within 3 business days after screening for CES or placement in ES)*: In the fourth phase, the Coordinated Entry Specialist will search for or create a client record in HMIS and conduct the VI-SPDAT assessment and/or other appropriate assessments. These assessments will provide necessary information to refine, clarify, and verify a participant's housing and homeless history, barriers, goals, and preferences. Assessment information supports the evaluation of the participant's vulnerability and prioritization for assistance. The CE Specialist will then place the participant on the Priority List for housing interventions based on their score from the assessment.
- 5) *Next Step/Revised Assessment (Ongoing)*: The final phase will collect information revealed or known after a Comprehensive Assessment is conducted when that new information might suggest a revised referral and service strategy.

D. Assessment Screening

The CoC prohibits the CES from screening people out of the 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 abuse, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

E. Assessment Training

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

- 1) All Coordinated Entry Specialists must complete the following trainings before conducting any assessments:
 - a. CES Policy and Procedures Training
 - b. CoC Coordinated Entry HMIS Training
 - c. Domestic Violence/Sexual Assault training on how to conduct safety planning provided by the YWCA Greater Harrisburg's Violence Intervention & Prevention Services

- d. VI-SPDAT 2.0 Training Webinar (a free, self-guided webinar offered by OrgCode and available online to take anytime at: http://www.orgcode.com/vi_spdat).
- 2) The CoC will provide annual training for persons who will manage Access Sites and conduct assessments for the CES. Training will be offered at no cost to the agency or staff and will be delivered by an experienced and professional trainer who is identified by the Coordinated Entry Committee. Topics for training will include the following:
 - a. Review of CoC's written CES policies and procedures, including variations adopted for specific subpopulations;
 - b. Requirements for use of assessment information to determine prioritization;
 - c. Protection of all participant's personally identifiable information;
 - d. Intensive training on the use of CES assessment tools; and
 - e. Criteria for uniform decision-making and referrals.

F. Participant Autonomy

It is crucial that households served by the CoC's CES have the autonomy to identify whether they are uncomfortable or unable to answer questions during the assessment process, or to refuse a referral that has been made to them. In both instances, the refusal of the participant to respond to assessment questions or to accept a referral shall not adversely affect his or her position on the CES's Prioritization List.

- 1) The assessment process cannot require disclosure of specific disabilities or diagnoses.
- 2) Throughout the assessment process, participants must not be pressured or forced to provide CES staff with information they do not want to disclose, including specific disability or medical diagnosis information.
- 3) Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

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

G. 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 identity, or marital status.

- 1) The CES participant information packet includes a form that details who the point of contact is for filing and addressing any nondiscrimination complaints, which can be filed by participants if they believe the nondiscrimination policy has been violated in their case during the CES process.
- 2) Additionally, this form will describe and provide contact information on how to access the grievance and 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 participant. **(Please see Appendix B.5 for the Grievance & Appeal Process for Participants in the CES.)**

H. Privacy Protections

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

- 1) If a participant requests assistance for a housing crisis through phone or email communication, the Coordinated Entry staff will describe the informed consent process for

sharing their PII information. The staff will then ask for verbal consent to collect, use and disclose their PII collected via phone or email to refer them to the CES.

- 2) CES Access Sites shall obtain written client consent from the participant when he or she comes in and additional data are collected during the comprehensive assessment. **(See Appendix B.6 for the CACH Consent for Data Collection & Release of Information Form.)**
- 3) The CoC shall protect all participants' (PII), as required by HUD's HMIS Data and Technical Standards, regardless of whether or not PII is stored in HMIS. All CES participating programs will ensure participants PII will only be collected, managed, reported, and potentially shared if those data are able to be secured in compliance with HUD-established HMIS privacy and security requirements.

I. Updating the Assessment

- 1) Participant assessment information (including the VI-SPDAT) should be updated annually, if the participant is served by the CES for more than 12 months and/or if the participant changes programs.
- 2) Additionally, Coordinated Entry Specialists may update participant records with new information as new or updated information becomes known by providers. Examples include a diagnosis of a disability (new to the household or newly revealed to the assessor), changes in household size, and health related changes.
- 3) Households who choose not to participate in data collection upon initial assessment or program entry may later decide that their information can be collected and entered into HMIS.
- 4) Participant data in HMIS can be updated after an initial CES data collection period and throughout program enrollment to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions.
- 5) The CoC will continuously work to improve participant engagement strategies to achieve completion rates of required HMIS data elements that are as high as possible.

IV. PRIORITIZATION

The CoC will use the CES to prioritize households who meet the HUD Category 1 (literally homeless) and Category 4 (fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking) definition of homelessness in all CoC and ESG funded programs within the CoC geographical area for access to housing and services. The prioritization process will be 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.

A. Standardized Prioritization

The VI-SPDAT Assessment Tool provides scoring for homeless history, specific vulnerabilities, and subpopulations and determines the households overall supportive service need/score. This information is used to determine priority placement on the Prioritization List. (i.e. higher score = higher placement on the list). The CoC will use the data collected through the Prioritization Assessment Tool to prioritize households experiencing homelessness within the CoC's geographical area. The foundational ranking principles used for prioritization are:

History of Homelessness: Length of time experiencing homelessness and if unsheltered (VI-SPDAT History of Homeless score), and then by
Vulnerability (VI-SPDAT Total Score)

1) Permanent Supportive Housing (PSH):

Providers will utilize the Housing Prioritization List to offer housing placements to the household with highest score on the first. As a reminder, consumer choice is paramount to

this process. Households must meet both the HUD definition of homelessness under Category 1 (literally homeless) and have a disability to be eligible for PSH. Programs/Programs may not establish additional eligibility requirements beyond those specified in Category 1 (literally homeless) and those required by funders.

- 2) Safe Haven (SH):** All CoC Safe Haven programs are required to follow the CoC's foundational ranking principles which prioritizes households with the longest history of homelessness and with the most severe service needs. For SH programs, households must meet both the HUD definition of chronic homelessness and have a mental health disability.
- 3) Rapid Re-Housing (RRH):**

All CoC RRH programs are required to follow the CoC's order of prioritization which prioritizes households with the longest history of homelessness and with the most severe needs. ESG grantees should follow their current approved written standards on prioritization in conjunction with this policy. Providers will utilize the Prioritization List to offer housing placements to the household with the highest score first.

 - a. Coordinated RRH Placement: Placement into various RRH programs require coordination based on length of RRH assistance needed, and any subpopulation emphasis that is part of a program's focus population in their contracted service.
 - b. Length of Assistance Determination:
 - i. RRH can be utilized to provide short or long assistance for households. In addition to utilizing the VI-SPDAT Assessment Tool, the CES intake contains a section of housing barrier questions to determine the likely term of RRH assistance needed.
 - ii. RRH – LOAD (Length of Assistance Determination) Scoring:
 1. Short Term RRH (up to 6 months) – LOAD Score < 10 points
 2. Long Term RRH (up to 24 months) – LOAD Score = 10+ points
 - c. RRH Programs in the CoC will focus on assisting the following subpopulations:
 - i. Households with a large number of family members.
 - ii. Households experiencing domestic violence and human trafficking.
 - iii. Households consisting of unaccompanied youth.
 - iv. Households with a previous episode of homelessness in the last 12 months
 - v. Households with a veteran member served by dedicated SSVF RRH
- 4) Transitional Housing (TH):**

It is the goal of the Dauphin County CoC to place households experiencing homelessness into permanent housing as quickly as possible. The CoC recognizes that Transitional Housing is an important option for certain population groups (Youth, DV, etc.) and when no permanent housing is readily accessible. It is the CoC's goal that Transitional Housing be used as a bridge to permanent housing and that households remain in Transitional Housing for less than 12 months.

 - a. TH Programs in the CoC will focus on assisting the following subpopulations:
 - i. Households fleeing or experiencing domestic violence as the primary cause of their current housing crisis.
 - ii. Households consisting of unaccompanied youth.
 - iii. LOAD Score < 10 points

B. Emergency Services

Emergency services, such as emergency shelter, are a critical crisis response resource, and will not be prioritized through the CES.

C. Prioritization List

- 1) The intention of a *Prioritization List* is to have a single, centralized list for the entire CoC, that includes all relevant participant-level information to identify which persons are most vulnerable and therefore most likely to be in the most immediate need for CoC assistance prioritized through the CES. The use of a *Prioritization List* ensures that CoC's do not serve on a "first come, first served basis," but rather according to each participant's level of need, vulnerability, and risk of greater harm should the household not receive accelerated access to CoC assistance. The *Prioritization List* provides an effective way to manage an accountable and transparent prioritization process.
 - a. The CoC has established a community-wide list of all known homeless persons who are seeking or may need CoC housing and services to resolve their housing crisis. The Prioritization List will be based on the history of homelessness, participant vulnerability, need, and date of entry into the CES.
 - b. New participants will be added to the Prioritization List and existing participants' rank order on the Prioritization List will be managed according to the prioritization principles as established by the CoC's written policies and procedures governing CES operations and decision-making. **(See Appendix A.1 and A.7)**
 - c. Participating agencies are required to provide the following information about participants: assessment score, participant preferences for housing type and location, and any additional special housing needs such as physically accessible units or other accommodation needs.
- 2) All CoC Program and ESG Program funded programs must accept referrals exclusively through the CoC's defined CES as described below. All other CoC programs and services will utilize the CES as the source for referrals with a goal of accepting at least 51% of their clients from the Prioritization List.
- 3) At all times throughout the referral process, a member of the CES staff will work with the participant and service providers to ensure success in all areas of the participant's life. A member of the CES staff will also attempt to determine service needs and connect individuals and families with other agencies and service systems in a coordinated way fostering cross-systems communication, planning, and collaboration.

V. REFERRAL

A. Notification of Vacancies

All Coordinated Entry Required Participating Agencies will enroll new participants only from the CoC's CES referral process.

- 1) To facilitate prompt referrals and to reduce vacancy rates, participating providers must notify the Coordinated Entry Manager of any known and anticipated upcoming vacancies.
- 2) When a TH, RRH, or PSH vacancy occurs or is expected to occur in the immediate future, the provider agency must alert the Coordinated Entry Manager via email within 3 business days of the vacancy. The notification must include specific details of the vacancy, including program name, unit size, location, and any funder-defined eligibility requirements.

B. Participant-Declined Referrals

One of the guiding principles of Coordinated Entry is participant choice. This principle must be evident throughout the CES, including the referral phase.

- 1) Participants in the CES are allowed to reject service strategies and housing options offered to them, without repercussion.
- 2) Participants 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.

- 3) Of the options available, participants will be afforded their choice of which program to be referred to.
- 4) If a participant declines a referral to a housing program, they remain on the Prioritization List until the next housing opportunity is available.
- 5) If the participant declines a subsequent (second) referral to another housing program, the participant will be offered the opportunity to participate in an interagency meeting with a cross-systems approach or a Family Group Conference.
- 6) If the participant agrees to the interagency meeting and/or FGC referral, a member of the Coordinated Entry team will obtain consent(s) from the participant to contact the appropriate Dauphin County Human Services' departments (CYS for families with children and HSDO for others without children) to release information.
- 7) When a participant has declined all resources and has also refused to participate in an interagency meeting with a cross-systems approach and/or a Family Group Conference, the participant will be asked to sign a form that indicates that they have been offered multiple program referrals and connections to other resource providers and have declined all services. **(See Appendix B.7 for the Participant Letter Declining All Services Offered through the CES)**
- 8) After a participant denies all resources and services and signs the above form, they will be removed from the Prioritization List. A copy of the form is given to the participant, and the declination is documented in the CES notes. The individual can reapply in 30-days but will need to begin the process at step one with a screening and assessment and be placed on the prioritization list based on individual/family needs at the time of *that* assessment.

C. Provider-Declined Referrals

There may be instances when agencies decide not to accept a referral from the CES. When a provider agency declines to accept a referred prioritized household into its program, the agency must notify the Coordinated Entry Manager of the denial and the reason for the denial.

- 1) Refusals by programs are acceptable only in certain situations, including these:
 - a. The household does not meet the program's eligibility criteria.
 - b. The household would be a danger to self or others if allowed to stay at this particular program.
 - c. The services available through the program are not sufficient to address the intensity and scope of participant need.
 - i. When the concern of the housing program is that they do not have the services available to address the participants' needs, the Coordinated Entry Manager will be contacted.
 - ii. The Coordinated Entry Manager will ask the provider what it is that they need to help successfully maintain the participant and what, if any, other services are involved with the family.
 - iii. The Coordinated Entry Manager will attempt to gather a list of other resources that could support the participant and housing program and offer a Family Group Conference and/or interagency/team meeting.
 - iv. If accepted, the Coordinated Entry Team member will obtain consent to release/share information for appropriate referral for a Family Group Conference/interagency team meeting.
 - d. The program is at capacity and is not available to accept referrals at this time.
- 2) The agency must communicate the refusal to the Coordinated Entry Manager within 3 business days of making the refusal using the Provider Declination Form. **(See form Appendix B.8)**
- 3) The agency must notify the Coordinated Entry Manager why the referral was rejected, how the referred participant was informed, and what alternative resources were made available to the participant using the Provider Declined Services Form. This information will then be shared by the Coordinated Entry Manager to the Coordinated Entry Committee, which will discuss and decide on the most appropriate next steps for both the program and the participant.

- 4) The participant will be offered the opportunity to participate in an interagency team meeting with a cross-systems approach or a Family Group Conference. A member of the Coordinated Entry team will obtain the appropriate consent from the participant to contact the appropriate Dauphin County Human Services' departments (CYS for families with children and HSDO for others without children).

Once a program has refused more than 3 households within a 12-month period, the Coordinated Entry Manager will schedule a meeting with the program to discuss ways to increase the referrals accepted by their program.

VI. DATA SYSTEMS

Throughout the 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 the Coordinated Entry. Examples of the types of data and data systems that are frequently used in a CES are:

HMIS or Comparable Database: Often used to collect personally identifiable information (PII) on participants, as well as assessment and referral information.

Prioritization List: May contain PII on participants and should include information necessary to prioritize and match persons for assistance.

Vacancies Database: Program-level information on the number of beds or units available for referral, as well as program eligibility and location information.

A. Data System

- 1) CES participating agencies contributing data to the CES must ensure participants' data are secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically. Additionally, participants must be informed how their PII data are being collected, stored, managed, and potentially shared, with whom, and for what purpose.
- 2) Participants must receive and acknowledge a "Participant Consent" form prior to the collection of data for the CES. The form identifies what data will be collected, where the data will be stored/managed, how the data will be used for the purposes of helping the participant obtain housing and assistance and for other administrative purposes, and what data will be shared with others (if the participant consents to such data sharing).

B. Participant Consent Process

- 1) Participants must sign a written consent form, according to the defined privacy policies adopted by the CoC. If the participant does not give consent for PII to be collected and maintained in the data system, then the participant will be entered anonymously. Name, Social Security number and email address will be omitted from the Data Base.
- 2) As part of the assessment process, participants will be provided with a written copy of the CACH Consent for Data Collection & Release of Information Form, which identifies what data will be collected, what data will be shared, which agencies data will be shared with, and what the purpose of the data sharing is. Participants will have the option to decline sharing data; doing so does not make them ineligible for the CES. **(See Appendix B.6 for a copy of the CACH Consent for Data Collection & Release of Information form.)**

VII. EVALUATION

A. Monitoring and Evaluation

Monitoring and evaluation are critical for building a strong, evidence-based coordinated entry system around housing homeless individuals and families and for assessing the types of interventions being

implemented to address it. The monitoring and evaluation of this CES will be used to document gaps in services, successes of programs, services and approaches and tracking progress toward meeting the goals of the CoC 10-year plan to end homelessness. The CoC Coordinated Entry Committee, in conjunction with the CoC Governing Board will create a plan for the CoC to engage in ongoing planning with all stakeholders utilizing the Coordinated Entry System.

1) Monitoring specifics:

- a. The Coordinated Entry Manager will consult with each participating program at least annually to monitor compliance with the intake, assessment, and referral processes associated with coordinated entry.
- b. The Coordinated Entry Manager will regularly monitor the Coordinated Entry Tool and Prioritization List accuracy of placement, priorities, and ease of use.

2) Evaluation specifics:

- a. Annual evaluation will be conducted to ensure that improvement opportunities are identified, that results are shared and understood, and that the CES is held accountable.
- b. The Coordinated Entry Committee will solicit feedback regarding the quality and effectiveness of the entire coordinated entry experience for both participating projects and households.
- c. The CES will be evaluated using HMIS quarterly data reports. Results will be shared with the CACH Board of Directors and shared with participating and voluntary agencies, after they have been reviewed by the Coordinated Entry Committee. The Coordinated Entry Committee may utilize the following outcomes, as well as others deemed necessary, to make recommendations to the CACH Board for improvement:
 - d. Reduction in the length of time homeless (system and project level).
 - e. Reduction in the number of persons experiencing first-time homelessness (system and project level).
 - f. Increase in the number of placements into permanent housing (system and project level).

B. Role of Participating Agencies in the CES Evaluation

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

- 1) At least one representative from each participating agency will be sent the draft results of the CES evaluation, prior to its distribution to the Coordinated Entry Committee. Representatives will have 5 business days to review and provide feedback on the results.
- 2) While reviewing the data, agency representatives are encouraged to communicate directly with the Coordinated Entry Committee about any concerns or questions that they have, and to be detailed in their suggestions to the Coordinated Entry Committee about how best to interpret and use the evaluation results.