



Calvert - Charles - St. Mary's

Continuum of Care

Dedicated to ending homelessness.

Coordinated Entry Policy and Procedures

Approved by the Charles-Calvert St. Mary's CoC Governing Board on December 7, 2017

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Overview

In accordance with 24 CFR 578.7(a)(8) and CPD-17-01, the Calvert Charles St. Mary's Continuum of Care (CoC) has established and operates a Coordinated Entry System (CES) that:

1. Connects people to appropriate services as quickly and effectively as possible.
2. Prioritizes referrals based on need and vulnerability.
3. Offers a system-centric, transparent and consumer-driven process.
4. Utilizes data for decisions, planning, resource allocation and performance evaluation.
5. Ensures the CoC knows all people experiencing homelessness by name.
6. Supports a Housing First approach.
7. Complies with HUD, VA and ESG policy and funding priorities.

The CoC Coordinated Entry System (CES) has four distinct elements: *access*, *assessment*, *prioritization*, and *referral*. Each of the four elements of CES is described in detail below.

The Calvert-Charles-St. Mary's CoC is comprised of three independent jurisdictions and our CES is a hybrid approach of local and regional operations.

Each jurisdiction is responsible for ensuring authorized members of the local community has 24/7 access to the CES process and will conduct an assessment of need and vulnerability for those requesting homeless services. Each jurisdiction will operate with clearly defined roles and responsibilities of local partners while utilizing one general CoC-wide policy and standardized Coordinated Entry tool.

Once need and vulnerability are assessed at the local level, households from all three jurisdictions are placed on one regional By Name List (BNL). Referrals to vacant government funded beds/units are made based on assessed priority need and vulnerability of those households on the BNL. Referrals can be made to any open bed/unit, even if that vacancy is in a different Southern Maryland county than the household requesting services currently lives. Being on the BNL is the only way households can be referred to government-funded Rapid Re-housing and Permanent Supportive Housing beds/units.

Housing providers who receive CoC, VA, or state Homelessness Solutions Program (HSP), which includes federal Emergency Solutions Grant (ESG) funds, are required to use the CES BNL as the only source of their referrals. The CoC strongly encourages other housing and service providers to refer to the CES BNL when openings occur, which will maximize the efficient and effective use of all community resources to end homelessness.

Access

The CoC partners with the local Department of Social Services (LDSS) in Calvert, Charles and St. Mary's counties for homeless crisis response. The local LDSS serves as the point of access for homeless prevention, diversion and housing services in each jurisdiction. The LDSS ensures that any person who is experiencing a housing crisis has access to the Coordinated Entry System (CES) and is screened for eligibility for all mainstream services.

During business hours (at minimum Monday through Friday 9:00 am – 4:00 pm), people experiencing a housing crisis or homelessness contact the Local Department of Social Services (LDSS) in their community for a single, streamlined assessment and referral process to meet their housing and service needs. Access to all government-funded housing programs requires every household seeking assistance to have gone through intake and assessment at the LDSS. If an individual or family is not physically able to access the LDSS site, staff will either go to the household in need or provide transportation for them to get to an LDSS location.

To ensure 24/7 access, each jurisdiction has designated a local housing partner to work closely with law enforcement, hospitals and others in the community to address a housing crisis outside of normal LDSS business hours. Each county also staffs a well-publicized non-emergency number to triage calls for assistance when LDSS offices are closed. Dispatchers refer callers in need of emergency housing assistance to the local housing partner. Households may also contact the local housing partner directly during non-business hours. Local housing partners in each county are CoC and/or HSP funded agencies.

Once emergency referrals are made, the local housing partner confers with the LDSS on call representative, other emergency housing providers, and local law enforcement, as needed, to assess need and provide temporary resolution, if possible, until the next business day. Households assisted during non-business hours must go to the LDSS office during business hours if they wish to receive continued assistance. CoC agencies should have a written non-discrimination and reasonable accommodation policy.

Street Outreach programs that receive government funding must be linked to the CES. Each jurisdiction conducts Street Outreach at least monthly to identify individuals in need of housing services. Street Outreach staff work to connect these individuals with the LDSS for assistance and access to the CES. If refused, Street Outreach staff enter what information they can into HMIS and the CoC will use this limited data to determine vulnerability and potential referral to housing, or other crisis services depending upon level of need.

Each local jurisdiction is responsible for dissemination and marketing to ensure the local community and target population are aware of and accessing the coordinated entry process. CES materials are up-to-date with the most recent process stated in clear and simple terms. Dissemination is ongoing and at minimum includes materials created for distribution during the Point in Time (PIT) count and each jurisdiction's Community Resource Day. Dissemination includes, but is not limited to, private and public agencies, 2-1-1, veteran serving agencies,

social service agencies, schools, childcare centers, hospitals, detention centers and jails, and local elected bodies. Materials on accessing the CES are also distributed in areas known to be frequented by people experiencing homelessness including but not limited to: 24-hour establishments, restaurants, food pantries, places of worship, grocery stores, schools and check cashing locations, and Wi-Fi accessible locations. Street outreach staff and volunteers receive training as needed from the CoC Administrator on the CES and BNL to ensure their ability to clearly explain to households how to receive services. CES information is also posted on the CoC and provider websites and other social media outlets. Outreach efforts cover the entire geographic region.

Safety Planning

For victims of domestic violence and those fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, the CoC provides several safeguards when accessing and utilizing the coordinated entry system:

1. Locations of domestic violence shelters are secure and non-published
2. Survivors receive immediate referral to victim services
3. When possible, participants can choose to be housed in any of the three jurisdictions
4. All personal identifying information is kept secure and confidential. HMIS record is ID number only
5. Providers adhere to CoC policy of non-discrimination for victims of domestic violence and those fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking
6. Non-victim service providers receive annual training in trauma-informed care, safety and planning protocols, data protection and confidentiality

Assessment

Individuals and families experiencing a housing crisis will be assessed at the local level for all available services that may address identified needs.

The LDSS assessment begins with the Universal Intake. This brief pre-screening tool gathers/updates information about the household's safety, contact information, income and housing status. Based upon answers to the Universal Intake, LDSS staff will determine if a household is in need of prevention or diversion services to stay housed or if the household meets the HUD definition of literally homeless. Individuals and households who are literally homeless are immediately referred to emergency shelter and other emergency crisis response services. Emergency shelter and services providers operate with as few barriers to entry as possible. Access to emergency shelter and services is not prioritized and is available 24/7 (see Access section, above).

Additionally, for those who are determined to be literally homeless, LDSS staff complete the Vulnerability Index - Service Prioritization Decision Assistance Tool (VISPDAT) for further assessment of need and vulnerability. The VISPDAT takes an average of 20 minutes to complete and all information is self-reported by the participant. Responses to the VISPDAT generate a score for each household. The higher the score, the more severe the need and more vulnerable the household.

Participant consent is required in order to share and store information for the purposes of assessing and referring through the CES. Verbal or written consent is obtained through the Universal Intake and the HMIS release of information, which includes the -VISPDAT. Without the client's consent, we are not able to place participants on the BNL or refer them to the appropriate resources.

After LDSS assessment and collection of available information, literally homeless households are referred to an ES provider. Additionally, literally homeless client information is shared with CoC Administrative Coordinator (AC), who manages the Coordinated Entry System. The CoC AC ensures household information is up-to-date in HMIS, including the Release of Information, and tracks housing status of all literally homeless referrals.

In addition to the self-reported VISPDAT, a case management VISPDAT may also be completed. Each local jurisdiction maintains an interdisciplinary team (IDT) comprised of LDSS staff, CoC and ESG funded agencies, school system representatives, mental health providers and other homeless service providers to address needs of households facing homelessness. The local IDT as an entity, or any of the team members of the IDT may supplement the self-reported VISPDAT score with its own VISPDAT assessment to help assess the full depth and/or urgency of the household's situation. The combination of the participant self-reported VISPDAT score and the IDT score provide an initial assessment of vulnerability. The self-reported VISPDAT score and the case management VISPDAT score will be added and then divided by 2 to

determine the household's initial placement on the regional By Name List (BNL). If the self-reported score is the only score available when program availability is determined, the self-reported score will be used to determine the ranking. Placement in a CoC government funded housing bed/unit is based on severity of need and vulnerability.

Verification of Homeless Status (Third Party Verification)

The CoC follows HUD's Order of Priority for verification of homeless status. All LDSS referrals are at a minimum self-certified and have additional verification of homeless status where possible.

Emergency Shelter staff assist residents in developing a housing plan, including third party verification of homeless status for the CoC's By Name List (BNL). Being on the BNL is the only way to access PSH and RRH programs.

For households that do not enter Emergency Shelter, the CoC AC works with DSS, Street Outreach, each jurisdiction's Interdisciplinary Team (IDT) to supplement information for those referrals with only a self-report of literal homeless status. Only those with verified literal homeless status can be added to the CoC's BNL.

Individuals and families retain the right to decide what information they provide during the CES process. This includes victims of domestic violence and those fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking whose identifying information is not submitted into HMIS. The CoC will not deny assessment or services to a participant if they refuse to provide certain pieces of information.

Prioritization

Assessment does not guarantee people housing and services, but does provide a consistent, objective and informative means to help the CoC prioritize people for resources as they become available.

The CoC Administrative Coordinator works with each LDSS and homeless service provider in each jurisdiction to ensure that all assessment information, including the VISPDAT and verification of homeless status, is complete. The household information from all three jurisdictions is combined to create one regional By Name List (BNL). Individuals and households are initially prioritized for housing based on the combined VISPDAT score, as above

VI-SPDAT SCORE RANGE	RECOMMENDED HOUSING INTERVENTION
Family VISPDAT	
8.5+	Permanent Supportive Housing (or Transitional)
3.5-8	Rapid Re-Housing (or Transitional)
0-3	No Housing Intervention/Diversion
Individual VI-SPDAT	
7.5+	Permanent Supportive Housing (or Transitional)
3.5-7	Rapid Re-Housing (or Transitional)
0-3	No Housing Intervention/Diversion

The CoC Administrative Coordinator convenes the CoC Services Sub-Committee monthly and communicates with all programs on a routine (weekly) basis. Meetings can be in-person or via phone. The purpose of the meeting is to review the regional list, address score “ties” and discuss additional information, as needed, to determine rank order on the BNL.

The BNL Sub-Committee can consider additional information to supplement the VISPDAT score, including:

1. A severe medical condition.
2. A severe mental health condition. This may either be diagnosed or observed by the assessor/case manager/outreach worker.
3. Evidence of self-neglect. Observation by the assessor/case manager/outreach worker is sufficient to meet this condition.
4. Evidence of chronic homelessness, veteran status, victimization risk.
5. Risk of illness or death.
6. Fleeing Domestic Violence

When two or more households have the same VISPDAT score, the Services Sub-Committee will consider the following to adjust the initial prioritization score:

1. Chronically Homeless status
2. Veteran status

3. Domestic Violence status
4. Highest severe needs
5. Sleeping unsheltered
6. Length of time homeless
7. Earliest enrollment in HMIS for current housing needs

It is the policy of this CoC that prioritized households will receive a referral from the LDSS that is effective for 90 days. Households that have not been in contact during those 90 days are assumed to have self-resolved and will be removed from the BNL. In the event the household presents for service again, a new VISPDAT assessment must be conducted.

In all cases, decisions made by the BNL Sub-Committee must be consistent with CoC Written Standards, which have been established in accordance with 24 CFR 578.7(a)(9) and the order of priority established in the HUD Prioritization Notice.

Services/Coordinated Entry Committee

The CoC BNL Sub-Committee is comprised of representatives from the CoC Lead Agency, the HMIS Lead Agency, each LDSS, IDT representatives and agencies receiving CoC, VA and HSP funding.

Not all cases will have immediate placement. In some instances, the Committee may determine that the initial score and position on the registry is correct given the severity of other cases. In other situations, the Committee may determine that a higher score is warranted, though immediate placement is still not feasible. In still other situations, the Committee may determine that immediate placement is needed to reduce risk of harm and or death.

Referral

The CoC maintains a list of all CoC and HSP funded programs, including number of beds, services available and eligibility requirements. This information is posted on the CoC website and shared with LDSS staff and service providers in all three jurisdictions via local homeless board and regional CoC meetings. This information is shared with LDSS so they can properly communicate such information to those requesting services.

Program provider staff update the CoC Administrative Coordinator as soon as openings become available. The CoC Administrative Coordinator provides the program provider with the contact information of the highest priority household likely to meet their program eligibility criteria based on the most complete prioritization assessment as determined by the Services Committee. Referrals also align with general program requirements (i.e. single, youth, disability status). The CoC Administrative Coordinator is not responsible for determining project eligibility or maintaining eligibility documentation after a referral is made. Individual programs have the ultimate responsibility for determining the eligibility of prospective participants and collecting and maintaining eligibility documentation.

Program/Providers Responsibilities

Programs are also responsible for working with each household to determine what percent or amount of rent each participant will pay while receiving rapid re-housing assistance. This determination is based on the amount and type of assistance that the individual or family will need to (re)gain stability in permanent housing.

Referred households make the final decision of which project or project type in which to enroll. For enrollment to be final, the provider must establish that the prospective participant meets its eligibility requirements.

All CoC and HSP programs operate under the Housing First model and offer low barrier housing. As such, unless risk of safety is an apparent concern, providers must not screen participants or disqualify based on the following:

- Having too little or no income;
- Active or history of substance abuse;
- Mental health status;
- Having a criminal record with exceptions for state-mandated restrictions; or
- History of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement)
- Resistance to receiving services;
- The type or extent of a disability-related service or support that is needed;
- History of eviction or poor credit;
- History of lease violation or history of not being a leaseholder.

Once enrollment is confirmed the provider contacts the CoC Administrative Coordinator. If the person(s) does not meet the project's eligibility requirements, the person(s) retain his/her priority placement on the BNL and is offered another referral when available.

Provider Denials

Providers shall accept all referrals of eligible households. Referred households may be denied only in the following circumstances:

1. If the household does not meet the project's eligibility requirements, as pre-established by the funder; or
2. If the household fails to complete the intake and eligibility process. See **Participant Right of Refusal or Failure to Engage**.
3. Providers have the right to release a client after the refusal of four housing choices.

Participant Right of Refusal or Failure to Engage

The CES is person-centered and based on client choice. Individuals and families have the right to refuse any housing resource that is offered to them. Refusing a resource does not impact eligibility for future referrals. If a person declines a referral to a housing project, their name remains on the BNL until the next housing opportunity is available. However, providers must ensure that participants understand that CES referrals are made to programs based on a household's eligibility and prioritization relative to other homeless households who need housing assistance. Households should not assume that they will be prioritized for future openings and plan accordingly.

While Providers are expected to make every effort to engage individuals and families referred to them, housing units must not stay vacant longer than needed. For this reason, housing programs may discontinue working with a referred household and ask for an additional referral if the household fails to complete an intake appointment and provide eligibility verification after a **total of four (4) contact attempts over the course of ten (10) business days** have passed since the initial attempt. If this occurs, Providers must notify the CoC Administrative Coordinator and document the dates and outcome of attempted contact. The household retains their place on the BNL unless no contact or no services are made for 90 days (see above).

Program's Grievance Policy

HSP & HUD requires all CoC programs have a fair and efficient process to present and resolve complaints and grievances. A written grievance policy must be provided to all program participants upon entry into their program. Grievances or appeals for program denials shall be made directly to the agency which conducts such program, according to the agency's appeal or grievance policy.



Procedure for complaints regarding the CoC

Any written complaint against the CoC will be reviewed by the Executive Committee within ten days of its receipt. Under the committee's direction, the Board Chair will respond within 30 days by:

- Assisting the complainant in articulating the problem, if needed
- Determining what action (if any) needs to be taken
- Responding in writing to the complainant with clear identification of the issue and the proposed steps for its resolution

If the proposed resolution is not satisfactory to the complainant, s/he will be advised to contact the CoC's HUD Field Office representative.

Procedure for complaints regarding a funded project

A first person written and/or documented complaint will be considered a formal grievance. Any verbal or second-hand/hearsay complaint will be considered a complaint. The person making the grievance or complaint will be asked to put the complaint in writing and submit it to the CoC Board Chair. If the complainant does not want his/her name attached to the complaint, their anonymity will be protected. If the complainant is unwilling to put the concern in writing, any CoC member may document what has been said.

Each situation will be treated seriously and with sensitivity, and will be documented for the record with date, time, program name, and nature of the complaint, as well as with any action taken towards resolution.

Once a complaint or grievance has been submitted, the Executive Committee will approach the alleged problem project's representative, explain the complaint or grievance, and ask for a response to the charge(s). Responses will be documented. The Executive Committee will determine at this time whether the matter should be brought before the CoC Board of Directors. A second complaint or grievance will be handled in the same manner.

If a funded project receives a third complaint or grievance, the Executive Committee will review the situation and recommend action to the project. The Executive Director of the project will be asked to respond to the Executive Committee, and the committee will then decide whether the matter warrants vetting before the full Board.

Continued unresolved complaints or grievances will be considered as adverse findings in project monitoring and during rating and ranking processes.

All complaints or grievances involving vulnerable adults or youth under age 18 will be immediately turned over to the appropriate local office (Adult Protective Services, Child Protective Services, DDA, etc.).

Procedure for complaints regarding programs not involved in or funded through the CoC

Any complaints received against programs that are components of the continuum but are not participants in the process will be recorded. Information will be shared with the Executive Committee and/or Board of Directors and any involved agencies.

All complaints or grievances involving vulnerable adults or youth under age 18 will be immediately turned over to the appropriate local office.

Nondiscrimination and Equal Opportunities

The CoC operates the coordinated entry system in accordance with all federal statutes including, but not limited to: The Fair Housing Act, Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, and Title II and Title III of the Americans with Disabilities Act. All CoC and HSP funded service providers, must ensure equal access to the HUD-assisted program in accordance with all General HUD Program requirement as specified in 24 CFR Part 5. An evaluation of agency specific policies is reviewed during the annual audit.

CoC requires service providers to practice a trauma-informed, person-centered model that incorporates participant choice and inclusion of all homeless subpopulations, including homeless veterans, youth, and families with children, individual adults, seniors, victims of domestic violence, and Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTQI) individuals and families. All CoC and HSP funded service providers must ensure that all people have fair and equal access to the coordinated entry process and all forms of assistance regardless of race, ethnicity, national origin, age, sex, familial status, religious preference, disability, type or amount of disability, gender identity, perceived gender identity, marital status, sexual orientation, or perceived sexual orientation.

Policies and procedures for addressing complaints against either a funded agency or the CoC are included in the CoC standards Manual, Section 2.8 and 2.9. See Appendix A.

Reasonable Accommodations

The CoC ensures that persons with disabilities have equal access to the Coordinated Entry System through compliance with the requirements of Title II and Title III of the Americans with Disabilities Act and providers do not discriminate against individuals with disabilities in the CoC's services, programs or activities. The CoC's written standards require all CoC and HSP service providers have written non-discrimination policies in place and these policies are reviewed during the annual audit.

All coordinated entry access points must be accessible for persons with disabilities, includes those who use wheelchairs and those who are least likely to access homeless assistance. Upon request, all agencies must provide appropriate and reasonable accommodations for persons with disabilities and/or Limited English Proficiency (LEP) so they can participate equally in the Coordinated Entry process. This includes qualified language interpreters, and other ways of making information and communications accessible to people who have speech, hearing or vision impairments, disabilities, or those with LEP.

Privacy Protections & Participant Autonomy

The HMIS Privacy Notice describes the privacy policy of the HMIS and the agencies participating in the Homeless Management Information System (HMIS). The notice outlines that personal information is collected only when appropriate, and no information may be used or disclosed for any purpose other than for that of the program. Information may only be used or disclosed to comply with legal and other obligations. Before conducting a Coordinated Entry assessment,

the Client Informed Consent and Release of Information Authorization form must first be signed, and the client must give consent to the exchange of information.

The CoC will not deny services to any participant based on that participant's refusal to allow their data to be stored or shared unless a Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information as a condition of program participation. Where appropriate, non-personally-identifiable information about participants who refuse consent to share personally identifiable data should be logged in an electronic case file that uses pseudonyms, e.g., "Jane Doe," to preserve as much non-personally-identifiable information as possible for statistical purposes.

Individuals are free to decide what information they provide during the assessment process, and agencies are prohibited from denying assessment or services to individuals who refuse to provide specific information, unless that information is necessary to establish program eligibility according to the program regulation. Individuals shall be allowed to refuse to answer assessment questions without retribution or limitations on their access to assistance.

The assessment process does not require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referral. Only those with a documented disability or receiving SSDI will be considered for PSH programs.

All data entered into or accessed or retrieved from the HMIS must be protected and kept private in accordance with the HMIS Data and Technical Standards as announced by the CoC Interim Rule at 24 CFR 578.7 (a) (8).

Training

CoC Administrator will provide at least one annual training opportunity, which may be in-person, a live or recorded online session, or a self-administered training, to participating LDSS staff that serve as access points or otherwise conduct assessments. One additional training opportunity, which may be in-person, a live or recorded online session, or a self-administered training, will be provided to all CoC and HSP service providers to increase their understanding of the CES system and to update them on any changes based on annual review. Annual training opportunities will be advertised directly to service providers in the CoC geographic area via multiple communication methods.

The CoC Administrative Coordinator will be available as needed throughout the year to support LDSS staff and program providers to ensure a full and effective implementation of the CES.

Training Protocols

Coordinated entry training will include:

- protocols for conducting assessments, using the CES Policies and Procedures Manual;
- a review of the Coordinated Entry Policies and Procedures, which include the requirements for prioritization and the criteria for uniform decision-making and referrals;
- an overview of the requirements for use of assessment information to determine prioritization in accordance with CoC written standards;
- review of safety planning for victims of domestic violence and those fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking; and,
- protocols for providing access to CES to ensure reasonable accommodations for all households seeking assistance.

All training is tailored to the individual needs of the service agencies. Training protocols may vary by agency. The general Coordinated Entry System training curriculum will be reviewed and updated by the CoC Administrator annually. Training may be conducted internally or by an external provider.

Ongoing Planning and Stakeholder Consultation

The CoC will engage stakeholders concerning the implementation of the CES to assure the specific data we collect will result in services being made available to all homeless persons.

In addition to committee meetings, the CoC solicits feedback annually from funded agencies and households that participate in coordinated entry to gather data regarding the quality and effectiveness of the entire coordinated entry experience. Data is gathered through the following methods:

- Surveys available on the LDSS website to gather data from individuals who have participated in the coordinated entry system. Clients are notified by their caseworkers that the survey is available and feedback is appreciated. Paper surveys will be made available at all times.
- A survey to gather data from funded agencies is sent during the month of January by the CoC. Agencies are notified via direct e-mail of the availability of the survey, and reminded that participation in the annual survey is mandatory.
- An annual focus group session conducted with representatives from households served over the last year, provider agencies and the CoC lead agency and at least one member of the BNL Committee Meeting.

Information gathered during the annual CES evaluation is afforded all necessary protections to ensure privacy of all participant information collected.

The CoC Administrative Coordinator and BNL Subcommittee evaluate the feedback received and make necessary updates to the coordinated entry process written policies and procedures, if necessary, to improve user experience.