



ST. JOSEPH/ANDREW, BUCHANAN,  
DEKALB COUNTIES CONTINUUM OF CARE  
COORDINATED ENTRY POLICIES AND PROCEDURES

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## Overview and Scope

Coordinated Entry (CE) is a centralized or coordinated process designed to streamline participant intake, assessment, and provision of referrals. A Coordinated Entry System (CES) covers a specific geographic area, is easily accessed by households seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. The St. Joseph/Andrew, Buchanan, DeKalb Counties Continuum of Care (MO-603) (CoC) has formed a CE System to ensure that homeless assistance is allocated as effectively as possible and is easily accessible no matter where or how people present with a housing crisis. These Policies and Procedures will be used to guide the operation of the CoC CE System. The purpose of a CE System is to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, and connected to housing and homeless services based on their strengths and needs. It uses standardized tools and practices, incorporates a system-wide Housing First (no barriers to entry) approach, and, in an environment of scarce resources, coordinates housing support so that those with the most acute service needs are prioritized. The intention of the CE Policies and Procedures is to comply with all relevant HUD notices, rules, and regulations. All CoC- and ESG-funded programs are committed to implementing this program. These policies will be updated at least annually to comply with evolving regulations and any changes in the homeless system of care. For the purposes of these policies, the term household includes both an individual and family seeking services. Except as otherwise specified, CoC CE Policies and Procedures apply to all geographic areas, subpopulations, and housing and homelessness services within the CoC.

## Guiding Principles

The following are the Guiding Principles of the CoC CE System:

- The system will provide low-barrier, low-threshold points of entry that take into consideration transit issues and regional preferences.
- The system will be person-centered; will respect consumer choice, safety, and cultural preferences; will be informed by cultural competency and trauma-informed care; and will be flexible enough to respond to changing needs.
- The system will utilize a consistent assessment tool and process across all points of access in the CoC geographic area. The assessment will be made available via multiple methods, such as over-the-phone and in-person.
- The system will rely on a centralized and accurate database that has availability of housing resources.
- All access points will serve or refer all sub-populations with respect for their unique needs.
- The system will reduce barriers by increasing program accessibility, limiting restrictive program criteria and turnaways, and focusing on matching the household in need to the right resources.
- In rolling out the system, there will be a strong communication plan in order to educate consumers and providers about coordinated access.
- Trustworthiness and transparency will be fundamental principles of the system. As entry into the CE system does not guarantee housing, providers will offer consumers accurate information about the probability of obtaining housing through CE.
- The system will coordinate with other systems of care, including but not limited to, the health care system, the criminal justice system, and the different geographic areas of the CoC.

- The system will build on current infrastructure and will be mindful of cost and capacity.
- In order to ensure a high-quality coordinated access system, the CoC will implement policies and procedures, regular training and evaluation, and a standardized assessment tool.
- Performance metrics and data captured through the CE system will be used to evaluate the success of the CoC's homeless housing and services, driving continuous quality improvement.
- Providers in the CE system will take all reasonable steps to prevent households from falling out of housing, through coordination with all available resources.

## **System Overview**

The CoC CE System is a collaboration of multiple community, government, and faith-based agencies that, collectively, provide services ranging from prevention of homelessness to permanent housing placements. Consumers are linked to supports needed to obtain and sustain housing. The CE is uniform and coordinated for all beds, units, and services available at participating projects within the geographic area, with a targeted access point (YWCA of St. Joseph) for survivors of domestic violence. All vacancies in CoC and ESG-funded permanent housing shall be filled through the CE referral process. The CoC utilizes a Housing First approach.

## **Access Points**

CoC has a “many door” approach in which a homeless household can present at any homeless or housing provider in the geographic area.

All households encountered by street outreach workers are offered the same standardized process as households who access CE through site-based access points.

CoC access points provide opportunity for households experiencing a housing crisis to present for initial assessment screening.

CoC access points will take reasonable steps to offer CE materials and instructions to meet the needs of minority, ethnic, and groups with Limited Language Proficiency.

The CoC will provide appropriate auxiliary aids and services necessary to ensure effective communication.

## **Assessment**

CoC consistently utilizes one standardized assessment tool (VI-SPDAT) throughout the CoC in order to achieve fair, equitable, and equal access to services within the community.

Multiple points of entry are available into the CE system in regard to certification of homelessness and assessment which includes a scoring system. The answers provided result in a numerical score that determines what system resources are most appropriate for the household. The assessment and score is then entered into HMIS in an accurate and timely fashion. The assessment tool contains no items which would screen people out of the CE process due to perceived barriers to housing or services 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 a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

Any household with a mobility impairment may request a reasonable accommodation at a different assessment location in order to complete the CE process based on their needs.

All assessments are conducted using client-centered methods. Assessment areas are safe and private to allow households to identify sensitive information or safety issues in a private and secure setting.

All CoC coordinated assessment households are free to decide what information they provide during the assessment process, to refuse to answer assessment questions, and to refuse housing and service options without retribution or limiting their access to other forms of assistance or placement on the By-Name list.

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 referrals.

### **Prioritization and Match**

The CoC has established a community-wide list of all known homeless households who are seeking or may need CoC housing and services to resolve their housing crisis. The list generated during the prioritization process, referred to as the "By-Name list" or "Prioritization List", provides an effective way to manage an accountable and transparent prioritization process.

#### ***Prioritization for Permanent Supportive Housing***

The By-Name list will be sorted first by those households who meet the definition of chronically homeless, and then by score. Those scoring nine and above on the assessment tool qualify for PSH.

A semi-monthly meeting will be held to review the By-Name list, match households to PSH programs (after review of published program eligibility criteria), make appropriate referrals, and follow-up on past households.

Households selected for CoC-funded permanent supportive housing (PSH) shall be prioritized in the following order:

- A. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Households Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Households Experiencing Chronic Homelessness.
  1. *First priority* shall be chronically homeless households residing in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the household's service needs by By-Name List order.
  2. Where there are no chronically homeless households within the CoC's geographic area, such PSH beds will be prioritized based on the Section B below.
- B. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Households Experiencing Chronic Homelessness
  1. *First Priority*—Homeless Households with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs, as determined by the VI-SPDAT score. A household that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human

habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

2. *Second Priority*—Homeless Households with a Disability with Severe Service Needs, as determined by the VI-SPDAT score. A Household that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
  3. *Third Priority*—Homeless Households with a Disability coming from places not meant for human habitation, safe haven, or emergency shelter *without* severe service needs. A household that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the household has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
  4. *Fourth Priority*—Homeless Households with a Disability Coming from Transitional Housing. A household that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes households residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.
- C. Target Populations: Recipients of CoC Program-funded PSH shall follow the orders of priority above, as adopted by the CoC, while also considering the goals and any identified target populations served by the project.
- D. CE Prioritization: In addition to the prioritization of CoC-funded permanent supportive housing beds as stated above in Sections A and B, the CoC prioritizes entry to other housing and homelessness assistance programs through the CE system using any combination of the following factors to prioritize homeless households:
1. Significant challenges or functional impairments, including physical, mental, developmental, or behavioral health challenges, which require a significant level of support in order to maintain permanent housing.
  2. High utilization of crisis or emergency services to meet basic needs.
  3. Extent to which households, especially youth and children, are unsheltered.
  4. Vulnerability to illness or death.
  5. Risk of continued homelessness.
  6. Vulnerability to victimization, including physical assault, trafficking, or sex work

In cases where the assessment tool does not produce the entire body of information necessary to determine a household's prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions, the CoC allows case workers

and others working with households to provide additional information through case conferencing or another method of case worker input.

In the event that two or more homeless households within the same geographic area are identically prioritized for the next available unit, and each household is also eligible for that unit, the CoC selects the household with most months homeless in the determination of which household receives a referral to the next available unit.

#### ***Prevention Services/Rapid Rehousing (RRH) Prioritization***

ESG households are accessed for CE

Within the CoC, households selected for CoC-funded RRH shall be those who are not chronically homeless and then organized by the following:

1. *First priority*-Homeless households who have not been identified as having severe service needs.
2. *Second Priority*-Homeless households who have been residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for less than 90 days. The length of time in which households have been homeless should be considered when prioritizing households that meet the criteria, but there is not a minimum length or maximum length of homeless time required.
3. *Third Priority*-Homeless households who are actively seeking or have sustainable income to retain housing when the RRH program exits.
4. *Fourth Priority*-Homeless households who are coming from Transitional Housing. A household that is eligible for CoC program-funded RRH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes households residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

Households must pay 30% of their adjusted annual gross income while receiving rapid rehousing assistance.

#### ***Transitional Housing Prioritization***

No transitional housing assistance is available through the CoC funding hierarchy.

### **Referrals to Participating projects**

CoC's CE process includes uniform and coordinated referral process for all beds, units and services available at participating projects within the CoC's geographic area for referral to housing and services.

CoC and ESG-program recipients and sub-recipients use the CE process established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services funded by CoC and ESG programs

CoC maintains and annually updates a list of all resources that may be accessed through referrals from the CE process.

Each CoC project establishes and makes publicly available the specific eligibility criteria the project uses to make enrollment determinations

Upon referral, CoC households receive clear information about the project they are referred to, what households can expect from the project, and expectations of the project. If a household declines a referral to a housing program, their name remains on the By-Name List until the next housing opportunity is available.

If a household declines three PSH referrals in a twelve month period, the household will not be prioritized for PSH for the following twelve months. The household will be referred to other services.

If a household is prioritized for PSH but no PSH resources are available, that household is offered any other CoC resource available in the CoC's geographic area.

***Reasons for Denial by Programs:*** It is expected that provider agencies will only rarely reject a referral from the CE System. Reasons why a provider agency operating a CoC- or ESG-funded permanent housing program may reject a household referred by the CE system are if:

- The household is ineligible to participate in the program because of funding restrictions.
- The program lacks the capacity to safely accommodate that household.
- The household will not engage with housing provider after multiple attempts.
- Household presents with more people than referred and doesn't fit available unit.
- Program has a history of serving this household unsuccessfully.

## **Emergency Services**

People are able to access emergency services, such as emergency shelter, independent of the operating hours of the system's intake and assessment process. Emergency services include:

- YWCA (domestic violence shelter): 816.232.4481/800.653.1477
- The Salvation Army: 816.279.2101
- Help Me Hotline: 816.364.1131/800.365.7724
- Hope House in Leavenworth: 913.250.5790
- Green Hills Women's Shelter in Cameron: 816.632.4900

## **Incorporating Mainstream Services**

CoC access points provide connections and referrals to mainstream and community based emergency assistance services.

CoC includes relevant mainstream service providers in the following activities:

- Identifying people at risk of homelessness;
- Facilitating referrals to and from the CE process;
- Aligning prioritization criteria where applicable;
- Coordinating services and assistance; and
- Conducting activities related to continual process improvement.

## **Participant Autonomy**

CoC incorporates a person-centered approach into the referral process. A person-centered approach includes:

- Participant choice in decisions such as location and type of housing, level and type of services, and other project characteristics, including assessment processes that provide options and recommendations that guide and inform participant choice, as opposed to rigid decisions about what households need.
- Clear expectations concerning where households are being referred, entry requirements, and services provided.

## **Data Privacy and Safety Protections**

The CoC ensures adequate privacy protections of all participant information and complies with HUD's HMIS Data and Technical Standards and other legal standards. The CoC ensures all HMIS users are informed and understand the privacy rules associated with collection, management, and reporting of data, and obtain participant consent to share and store participant information for purposes of assessing and referring participants through the CE process.

The CoC prohibits denying services to households if the household declines to allow their data to be gathered or shared, unless federal statute requires collection, use, storage, and reporting of a household's personally identifiable information (PII) as a condition of program participation.

The CoC does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex age, familial status, disability, actual or perceived sexual orientation, gender identify or marital status.

People fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to the CE process and victim services such as domestic violence hotline and shelter.

## **Additional Safeguards for Survivors of Domestic Violence**

In addition to the safeguards described above, additional safeguards must be taken with any data associated with anyone who is known to be fleeing domestic violence, dating violence, stalking, trafficking and/or sexual assault, regardless of whether or not such people are seeking shelter or services from a victim service provider.

In compliance with State and Federal confidentiality provisions, victim services providers will not utilize HMIS, but will maintain victim-identifying information in a comparable database that protects confidentiality. When non-victim services providers become aware that the household they are serving is fleeing/attempting to flee domestic violence, dating violence, stalking, trafficking and/or sexual assault, they will ensure that the household is given information regarding the possible risks associated with having their information entered into HMIS and will give them the option of having their data excluded from HMIS. If the household chooses not to have their information entered into HMIS, the service provider will not enter their information into a shared database and will maintain any identifying information in an alternate manner that safeguards confidentiality.

Homeless households who are in need of supported housing and are fleeing/attempting to flee domestic violence, dating violence, stalking, trafficking and/or sexual assault, will have access to the CE process in the following manner:

- Information will be provided to the victim/survivor regarding the CE process and possible risks associated with being entered into a shared, prioritized list, including the possibility that protected data could be inappropriately disclosed or unintentionally breached.
- If the victim/survivor chooses to be entered onto the shared list, she/he will be referred to a non-victim services provider to complete the assessment tool for prioritization and be entered onto the shared list. The non-victim services provider shall ensure that the assessment tool is administered in a location that protects confidentiality and in a manner that incorporates trauma-informed practices. If the victim/survivor currently resides in a domestic violence shelter, the service provider entering the information for the shared list shall ensure that the location of the victim/survivor is not identified. Entering information in this manner will assist in protecting the location and safety of the victim/survivor.
- If the victim/survivor chooses not to be entered onto the shared list, a victim services provider will complete the assessment tool for prioritization and will present the case through the coordinated entry process using only non-identifying information. If the victim/survivor's case is approved for housing through the CE process, the victim services provider will obtain a signed, release of confidential information form before disclosing any victim-identifying information to the housing provider.

### **Non-Discrimination**

All aspects of the CE process will comply with all Federal, State, and local Fair Housing laws and regulations. CoC-funded providers shall not discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. CoC-funded housing shall be made available to all otherwise eligible households regardless of actual or perceived sexual orientation, gender identity, or marital status. The CoC and CoC agencies will ensure equal access to programs, for all households; provide housing, services, and/or accommodations in accordance with a clients' gender identity; and determine eligibility without regard to actual or perceived sexual orientation, gender identity, or marital status.

Some programs may be forced to limit enrollment based on requirements imposed by their funding sources and/or state or federal law. All such programs will avoid discrimination to the maximum extent allowed by their funding sources and their authorizing legislation. If a non-discrimination complaint is received, the CE provider in coordination with the CoC Executive Committee will complete an investigation of the complaint within 60 days by attempting to contact and interview a reasonable number of persons who are likely to have relevant knowledge, and by attempting to collect any documents that are likely to be relevant to the investigation. Within 30 days after completing the investigation, the CE Provider will write an adequate report of the investigation's findings, including the investigator's opinion about whether inappropriate discrimination occurred and the action(s) recommended by the investigator to prevent discrimination from occurring in the future. If appropriate, the investigator may recommend that the complainant be re-assessed or re-prioritized for housing or services. The report will be kept on file for two years.

## **Evaluation**

A random sampling of households will be offered a survey annually to evaluate the CE process. Results of the survey will be presented to the CE Committee and CoC Executive Committee for review and action. CoC ensures adequate privacy protections of all household information collected in the course of the annual CE evaluation.

The CoC will regularly review HMIS data and collect qualitative feedback to monitor and evaluate the performance of the CE System. Agencies participating in CE will annually evaluate the intake, assessment, and referral processes associated with CE, as well as to assess the quality and effectiveness of the CE experience. The process will be monitored for fairness and consistency through case notes, HMIS, and independent tracking. Findings will be presented to the CoC Executive Committee and CE Committee for review and discussion of changes and improvements to CE. CoC incorporates system performance measures into the annual CE evaluation plan. The CoC invites and welcomes feedback from all agencies, community partners and participants.

## **Marketing**

The CoC will affirmatively market housing and supportive services to eligible households who are least likely to apply in the absence of special outreach. The marketing may be conducted using methods such as brochures, flyers, community announcements, and websites. Marketing will be designed to ensure the CE process is available to all eligible households regardless of membership in any protected classes under federal and state law. Similarly, marketing and outreach efforts will be designed to ensure people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the CE process.

## **Training**

CoC provides training opportunities at least once annually through HMIS provider MAACLink to organizations and or staff persons at organizations that serve as access points or administer assessments. CoC updates and distributes training protocols at least annually through MAACLink. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's CE written policies and procedures.

All staff administering assessments use culturally and linguistically competent practices, including the following:

- CoC incorporates cultural and linguistic competency training into the required annual training protocols for participating projects and staff members; and
- Assessments use culturally and linguistically competent questions for all households that reduce cultural or linguistic barriers to housing and services for special populations.

All assessment staff are trained on how to conduct a trauma-informed assessment of households. Special consideration and application of trauma-informed assessment techniques are afforded victims of domestic violence or sexual assault to help reduce the chance of retraumatization. All assessment staff

are trained on safety planning and other next step procedures if safety issues are identified in the process of household assessment.

**Amendment**

Establish a 90-day inactive policy to remove clients from the Prioritization List if there has been no contact with them in 90 days. There will be a 60 day period to communicate this expectation with new clients and to make contact with any existing clients agencies are currently working with before the 90 day inactive policy goes into effect. *Approved by the Continuum of Care on May 29, 2024.*