Greater Cincinnati/Hamilton County Continuum of Care

Coordinated Entry Policies and Procedures

Version 2.0 August 1, 2024

Contents

Introduction and Overview

The US Department of Housing and Urban Development's (HUD) primary goals for Coordinated Entry (CE) processes are that assistance be allocated as effectively as possible and that it be easily accessible where or how persons experiencing homelessness present. Coordinated Entry processes help communities prioritize assistance, especially federally funded homeless housing programs and prevention, based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated Entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

The HUD Coordinated Entry Policy Notice (https://www.hud.gov/sites/documents/17-01CPDN.PDF) describes all key qualities of an effective Coordinated Entry system, and it is our community's goal to achieve a high functioning and effective coordinated entry process that embraces a Housing First, low barrier, person-centered, fair, and equitable approach described in that document.

This manual is designed to be used for the operation of Coordinated Entry in Cincinnati, Hamilton County. All Emergency Solutions Grant (ESG) and Continuum of Care (CoC) Program funded projects must participate in the Coordinated Entry system and only take referrals from Coordinated Entry. Other programs utilizing Coordinated Entry that are not ESG or CoC funded should also follow this manual and provide the same person centered, trauma -informed and non-discriminatory services.

CoC and ESG Coordination[1]

The CoC is committed to aligning and coordinating CE 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 can be found on the Strategies to End Homelessness website (https://www.strategiestoendhomelessness.org/).

ESG subrecipients operating within the Hamilton County CoC's geographical area adhere to all elements of Coordinated Entry, including conducting coordinated screening and assessments and accepting prioritized referrals from the Coordinated Entry system following the policies and procedures in this manual. Both local ESG entitlement recipients participate on the CoC Board, the entity responsible for approving all policies and procedures, ensuring that Coordinated Entry policies and procedures approved by the CoC Board align with ESG written standards.

Versions of Document

The CoC's CE Workgroup shall be responsible for the revision, review, and approval of the Coordinated Entry Policies & Procedures prior to final approval by the CoC Board. The revision process will be completed at least once annually, and anyone who is interested in submitting suggestions for revisions to the document should submit them to the Coordinated Entry Manager or other Coordinated Entry staff.

[1] 24 CFR 578.7(a)(8), and 24 CFR 576.400(d) and (e),

Version	Date Released	Key Changes
1.1	January 2018	First version
1.3	September 2019	Removed VESTA language, other small revisions and updates
1.4	February 2020	small revisions and updates
1.5	February 2021	small revisions and updates
2.0	August 2024	Moved all individual policies into manual Edits based on STEH Monitoring in Dec 2022

Vision

The OH-500 Coordinated Assessment System, known locally as Coordinated Entry, will ensure that individuals and families experiencing homelessness will have an equitable and centralized process for access to appropriate resources, in a person-centered approach that preserves choice and dignity.

Guiding Principles

The Coordinated Entry system for Cincinnati/Hamilton County is:

- Collaborative
- Person-Centered
- Flexible
- Housing-focused
- Accessible
- Transparent and accountable
- Sustainable

Governance

The Coordinated Entry system is administered by Strategies to End Homelessness with standards and governance established by CoC Workgroups and approved by the Homeless Clearinghouse (CoC Board). Governance and development of the Coordinated Entry system is ongoing and feedback on the Coordinated Entry system is solicited from workgroup members each month. *See Evaluation section for further detail.*

Definitions

Access Points: the places–either virtual or physical–where an individual or family in need of assistance accesses the coordinated entry process

Adults without children: One of the 5 allowable population as designated by the HUD Coordinated Entry Notice. Refers to a household comprised of a single person over the age of 25

Adults accompanied by children: One of the 5 allowable population as designated by the HUD Coordinated Entry Notice. Refers to a household comprised of adults over the age of 18 and at least one minor under the age of 18 and unaccompanied youth aged 18-24 with a minor under the age of 18 in their care in the household

Assessment: the use of one or more standardized assessment tool(s) to determine a household's current housing situation, housing and service needs, risk of harm, risk of future or continued homelessness, and other adverse outcomes. HUD does not intend that the term be confused with assessments often used in clinical settings to determine psychological or physical health, or for other

purposes not related to preventing and ending the homelessness of persons who present to coordinated entry for housing-related assistance

Chronic Homelessness - A "homeless individual with a disability," as defined in the Chronically Homeless Final Rule (https://www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/) who lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

1. Has been homeless (as described above) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months
2. An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless

CoC Board: The CoC board is the collective of individuals designated to provide oversight and governance on behalf of the CoC. The CoC Board's responsibilities are defined by the CoC and HUD and must be described in the CoC's governance charter.

The CoC Board must be representative of the relevant organizations and of projects serving homeless populations and subpopulations within the CoC's geographic area. The CoC Board must also include at least one member with lived experience of homelessness.

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 Program: The Continuum of Care (CoC) Program is designed to promote community-wide commitment to the goal of ending homelessness; 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; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

Coordinated Assessment – According to HUD: "a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system that covers the geographic area, is easily accessible to individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool."

Coordinated Entry Workgroup: An open group that meets monthly to discuss topics related to the operation of the Coordinated Entry system. Challenges and new ideas are presented at this group and

are collectively discussed. Policies and Procedures related to Coordinated Entry are also approved in this group.

Determining eligibility: In the context of the coordinated entry process, determining eligibility is a project-level process governed by written standards as established in 24 CFR 576.400(e) and 24 CFR 578.7(a)(9). Coordinated entry processes incorporate mechanisms for determining whether potential participants meet project-specific requirements of the projects for which they are prioritized and to which they are referred. The process of collecting required information and documentation regarding eligibility may occur at any point in the coordinated entry process, i.e., after or concurrently with the assessment, scoring, and prioritization processes, as long as that eligibility information is not being used as part of prioritization and ranking, e.g., using documentation of a specific diagnosis or disability to rank a person. Projects or units may be legally permitted to limit eligibility, e.g., to persons with disabilities, through a Federal statute which requires that assistance be utilized for a specific population, e.g., the HOPWA program, through State or local permissions in instances where Federal funding is not used and Federal civil rights laws are not violated.

Disabled -A person shall be considered to have a qualifying disability if he or she has a disability that:

- Is expected to be long-continuing or of indefinite duration;
- Substantially impedes the individual's ability to live independently;
- Could be improved by the provision of more suitable housing conditions; and
- Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, posttraumatic stress disorder, or brain injury.

A person is considered to have a disability if he or she has a developmental disability, as defined by HUD. A person is also considered to have a disability if he or she has acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Emergency Solutions grant program: Emergency Solutions Grants (ESG) program authorizes HUD to make grants to States, units of general purpose local government, and territories for the rehabilitation or conversion of buildings for use as emergency shelter for the homeless, for the payment of certain expenses related to operating emergency shelters, for essential services related to emergency shelters and street outreach for the homeless, and for homelessness prevention and rapid re-housing assistance. ESG is a formula grant program. Eligible recipients generally consist of metropolitan cities, urban counties, territories, and states, as defined in 24 CFR 576.2.

Family – The community defines "family" as "two or more individuals, with or without minor children, related by biological ties, a legal relationship and/or expectations of loyalty and commitment for the foreseeable future. However, service placement may vary based upon agency structure."

HMIS – Acronym for Homeless Management Information System, is a class of database applications used to confidentially aggregate data on homeless populations served in the United States. Such software applications record and store client-level information on the characteristics and service needs of homeless persons.

Homeless - According to HUD, there are four categories of homelessness, listed below.

- Category 1 – Literally Homeless - People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided.
- Category 2 - Imminent Risk of Homelessness - People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled-up situation, within 14 days and lack resources or support networks to remain in housing.
- Category 3 – Homeless under other Federal Statutes - Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This applies to families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 days or more, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.
- Category 4 - Is experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized; have no other residence, and lack the resources or support networks to obtain other permanent housing. This category is similar to the current practice regarding people who are fleeing domestic violence.

Housing First - Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness instead of addressing predetermined treatment goals prior to permanent housing entry.

HUD: The United States Department of Housing and Urban Development is one of the executive departments of the U.S. federal government. It administers federal housing and urban development laws.

PATH: PATH Team (Projects for Assistance in Transition from Homelessness) focuses on outreach. They work with area shelters and go directly into the community to find homeless individuals and connect them to mental health and other services.

PHA: Public Housing Authority. Public housing was established to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities. Public housing comes in all sizes and types, from scattered single-family houses to high rise apartments for elderly families. Hamilton County's PHA is the Cincinnati Metropolitan Housing Authority

Prioritization: Refers to the coordinated entry-specific process by which all persons in need of assistance who use coordinated entry are ranked in order of priority. The Coordinated Entry prioritization policies are established by the CoC with input from all community stakeholders and must ensure that ESG projects are able to serve clients in accordance with written standards established under 24 CFR 576.400(e).

Progressive Engagement (PE): Progressive Engagement is an approach to helping households end their homelessness as rapidly as possible, despite barriers, with minimal financial and support resources.

More support is offered to those households who struggle to stabilize and cannot maintain their housing without assistance.

PSH: Permanent Supportive Housing (PSH) is designed to provide long-term housing assistance with supportive services if the Head of Household/or Household Member has a disabling condition per applicable grant/program guidelines.

Risk Assessment Tool – Central Access Point Phase 1 common assessment tool used to determine immediacy of need and vulnerability for shelter for families.

RRH: Rapid re-housing (RRH) is intended to assist persons experiencing literal homelessness to quickly obtain and sustain stable, permanent housing. Support and duration of services are tailored to meet the needs of each household but cannot exceed applicable grant funding guidelines. Participants are also connected to mainstream resources, as needed or appropriate, so they can sustain rent payments independently when financial assistance ends.

Safety Plan- A personalized, practical plan to improve safety while experiencing abuse, preparing to leave an abusive situation, or after leaving an abusive situation.

Severity of Service Needs – Used often in this manual, this term is quantified through the VI-SPDAT score.

Site Based/Scattered Site: A housing project is either a site-based or scattered site model. Site-based means the housing program utilizes a specific building or units that it either owns or leases and then leases to participants in its programs. Participants in scattered site programs, however, rent their own units in the rental market while the housing program provides a rental subsidy.

TH: Transitional Housing (TH) is designed to provide homeless individuals and families with interim stability and support to successfully move to and maintain permanent housing as quickly as possible, but for no more than 24 months.

TH/RRH joint: Combines the activities of a transitional housing project with those of a rapid re-housing project. This project type provides a new way to meet some of the pressing challenges that communities are facing. These projects provide a safe place for people to stay – transitional housing – with financial assistance and wrap around supportive services determined by program participants to help them move to permanent housing as quickly as possible.

Unaccompanied Minor- Any person who is under the age of 18 who presents for services alone and is not accompanied by an adult parent or guardian 18 years or older

Unaccompanied Youth: One of the 5 allowable population as designated by the HUD Coordinated Entry Notice. Unaccompanied youth are persons under age 25 who are not accompanied by a parent, guardian, or any other household member aged 25 or older, and who are not a parent presenting with or sleeping in the same place as his/her child(ren).

VA: The United States Department of Veterans Affairs (VA) is an agency of the federal government that provides benefits, health care and cemetery services to military Veterans

VI-SPDAT - Acronym for Vulnerability Index – Service Prioritization Decision Assistance Tool, created by OrgCode. The VI-SPDAT is the Cincinnati/Hamilton County CoC's Coordinated Entry common assessment tool.

Coordinated Entry Phases

The Cincinnati, Hamilton County's Coordinated Entry system identified three phases of Coordinated Entry, defined below. Throughout the manual, information relevant to all three phases is stated as Coordinated Entry or the Coordinated Entry System. Information relevant to specific phases is identified as the following:

Coordinated Entry Phase One —Access
Coordinated Entry Phase Two – Housing Intervention
Coordinated Entry Phase Three – Coordinated Exit

Coordinated Entry Phase One- Access

The first contact most people experiencing a housing crisis have with the crisis response system is through an Access Point. Access Points play a critical role in engaging people to address their most immediate needs through referral to emergency services. Access points also play a critical role in the initial determination of an appropriate housing intervention to rapidly connect them to housing. The purpose of designating access points is to ensure that all people have equal access to all crisis response system resources in the CoC.

Coordinated Entry Phase Two- Housing Intervention

The second phase of the Coordinated Entry System is the process by which people experiencing homelessness are connected to housing and assistance based on their level of need, the resources available, and the participant's personal choice. By coordinating the needs of the community with available resources, we are able to connect people experiencing homelessness quickly and efficiently to housing and services. This is the phase known as "Coordinated Entry".

Coordinated Entry Phase Three – Coordinated Exit

Through a partnership with the local Public Housing Authority, Cincinnati Metropolitan Housing Authority (CMHA), households are provided with "homeless preference points" for the Housing Choice Voucher (HCV) and Emergency Housing Voucher (EHV) programs.

This partnership allows for turn-over throughout the Coordinated Entry systems. As people successfully exit housing programs, those projects can take in new participants, and the system can serve more people who are in need.

Access

Coordinated Entry services are provided to all households presenting for services, regardless of actual or perceived race, sex, color, religion, national or ethnic regional origin, Appalachian regional origin, individuals with natural hair types and natural hair styles commonly associated with race, age, gender, gender identity or expression, pregnancy, citizenship, family or marital status, breastfeeding status, household composition, disability, veteran or military status, sexual orientation or transgender status. Further, Coordinated Entry shall make reasonable accommodations in rules, policies, and services to give persons with disabilities fair and equal inclusion in the Coordinated Entry process.

Coordinated Entry systems are designed to streamline and improve access to housing resources for individuals experiencing homelessness or housing instability. Access Points serve as the gateway to the broader crisis response system, playing a pivotal role in the overall effectiveness of the Coordinated Entry system. All homeless subpopulations are served or connected to an appropriate Access Point, including families with children, unaccompanied youth, individuals, and those fleeing domestic violence, regardless of the location or method by which they access the system. Please see the relevant sections of this document for additional Access Point details.

Full coverage[2]

CE covers the entire geographic area. The Coordinated Entry system covers the CoC's entire geographic area of Hamilton County and the City of Cincinnati with outreach teams and Access Points that are accessible and well-advertised to the people living there.

Safe and Confidential Access for Survivors[3]

Coordinated Entry addresses the needs of individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking but who are seeking shelter or services from non-victim services providers (VSP). When the Coordinated Entry System identifies a homeless or at-risk household in need of domestic violence services, or who is potentially a domestic violence survivor, that household is referred to a victim services provider immediately. Whether or not the household wishes to seek DV-specific services, the household will have full access to the Coordinated Entry System in accordance will all protocols described in this manual and policies and procedures pertaining to the Coordinated Entry System. Privacy protections adhere to VAWA requirements.

To facilitate an effective CE process for DV survivors, CE staff should be trained on the dynamics and the impact of interpersonal violence, as well as the need for privacy, confidentiality and safety planning. Because comprehensive safety planning is best left to experts in the DV field, CE program staff are trained annually in order to be equipped to discuss safety as it revolves around survivors' participation in Coordinated Entry. All Access Point agencies are required to send all staff who complete CE assessments to training on best practices in serving domestic violence survivors every calendar year and maintain record of attendance. At least two trainings per year are provided by the local VSP, the YWCA, which addresses best practices on safety and planning protocols in serving survivors of domestic violence. All agencies participating in Coordinated Entry are encouraged to attend the provided training.

[2] 24 CFR 578.3, HUD Coordinated Entry Notice: Section II.B.1
[3] 24 CFR 578.3, 24 CFR 578.7(a)(8), HUD Coordinated Entry Notice: Section II.B.12.e

The DV hotline serves as the Access Point for individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking. All DV CE hotline staff must complete a series of trainings coordinated with ODVN as part of their initial training upon hire, including trauma-informed care, lethality screening, safety planning and survivor-centered care. Survivors presenting at other CE Access Points are referred to the DV CE hotline, but they are not required to use it. All STEH CE staff are trained in safety planning and confidentially measures if a survivor chooses to access the system through access points that are not specific to survivors.

Safety Planning Protocols include lethality screening and assessments to identify safety risks and allow for immediate interventions including connection to emergency shelter and legal protection for survivors. Lethality questions are integrated into the standard Coordinated Entry assessment completed at each Access Point. DV hotline staff and DV emergency shelter staff provide specialized services such as safety planning. Data is stored in a separate instance of HMIS with strict measures in place for storing and sharing data, including using encryption service, password protection, two factor authentication, and passwords must never be shared.

Affirmative Marketing and Outreach[4]

To ensure fair and equal access to the Coordinated Entry system, providers must post participation in Coordinated Entry in a clearly visible location.

Access Point locations and services are widely publicized and marketed in areas where people experiencing a housing crisis may frequent through the CAP Annual Outreach Plan. The CAP Outreach Plan is a concerted effort that identifies community agencies, institutions and locations frequented by those experiencing a housing crisis and provides Access Point information and marketing materials. Each quarter, CAP staff identify a specific audience to increase Coordinated Entry visibility in the community and sends letters to providers who are identified. That list is updated yearly:

- Letters sent in the spring focus on community partner agencies,
- Summer letters focus on schools and educational facilities in preparation of back-to-school,
- Fall letters focus on heavy traffic areas, such as bus stations and libraries in anticipation of winter surge needs, and
- Winter letters target online audiences, through social media and marketing of the StreetReach app.

The Shelter Diversion program is marketed on the 513Relief.org website, which is one of the main sites being marketed to persons in need of shelter or prevention resources in Hamilton County.

Ensuring Effective Communication with Individuals with Disabilities[5] and Limited English Proficiency and Mobility Concerns[6]

All physical Access Points are accessible to individuals with disabilities, including individuals who use wheelchairs or other mobility devices. STEH ensures that CE services are physically accessible to persons with mobility barriers through annual Shelter Standards monitoring of ESG-funded shelters.

[4] 24 CFR 578.93(c), 24 CFR 576.407(a) and (b)
[5] HUD Coordinated Entry Notice: Section II.B.5.c
[6] HUD Coordinated Entry Notice: Section II.B.5.c and d

All people experiencing homelessness in Hamilton County have equal access to Coordinated Entry, regardless of their first spoken language. The Coordinated Entry system ensures all non-English speakers have the opportunity to complete the assessment tools and documents in their preferred language. In addition, all Access points must take reasonable steps to offer Coordinated Entry process materials and participant instructions in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP). This includes providing appropriate auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters.

Strategies to End Homelessness utilizes a third-party Language Line accessible to CAP Line Specialist as needed for non-English speaking callers who call the CAP Line.

When this service is needed at other Coordinated Entry participating agencies, the agency engaging with the client should utilize the interpretation/aide available within their organization. If the appropriate aide is not available, the agency should reach out to Coordinated Entry staff to facilitate connection to translation services (*see Appendix for list of available languages).*

All CE communications and documentation are accessible to persons with limited English proficiency. Assessment tools and releases of information are available in Spanish upon request and are distributed annually by Coordinated Access staff following the Annual training. If a household accesses the CE system and needs translation services or documents in another language, the provider working with the household should request accommodations from Coordinated Entry staff, who will utilize a translation service to communicate or translate essential documents to the appropriate language.
The documents included may be:

- Coordinated Entry Assessment tool(s) used for prioritization,
- Releases of information
- Other documents identified as essential to ensure equal access of the participant.

Nondiscrimination and Fair Housing[7]

Coordinated Entry services are provided to all households presenting for services regardless of actual or perceived race, sex, color, religion, national or ethnic regional origin, Appalachian regional origin, individuals with natural hair types and natural hair styles commonly associated with race, age, gender, gender identity or expression, pregnancy, citizenship, family or marital status, breastfeeding status, household composition, disability, veteran or military status, sexual orientation, or transgender status. Further, Coordinated Entry makes reasonable accommodations in rules, policies, and services ensure fair and equal inclusion of persons with disabilities in the Coordinated Entry process.

Cincinnati's Coordinated Entry system complies with all Housing and Urban Development's Fair Housing laws and regulations, including the Fair Housing Act of 1968 as amended. Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws, including the following:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.

[7] 24 CFR 100.5; 24 CFR 5.105 (a)(2); Cincinnati City Code Sec. 914-3, HUD Coordinated Entry Notice: Section I.D

- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance.
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance.
- Title II of the Americans with Disabilities Act prohibits public entities, which includes State and local governments and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing and housing-related services such as housing search and referral assistance.
- Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

Participants' Right to File Nondiscrimination Complaint[8]

All participants of the Coordinated Entry System are informed at the Access Point where they present, whether in person or over the phone, that they may file a nondiscrimination complaint in accordance with the following Grievance Policy and Procedure. The Grievance Procedure is also available on the Strategies to End Homelessness website.

Grievance Policy

A grievance is an expression of dissatisfaction about any aspect of Coordinated Entry service delivery. It is a process that clients can initiate orally or in writing. Upon receipt of a complaint, Agency staff involved provide reasonable assistance and may include supervisory or administrative staff to help obtain a satisfactory resolution to the concern. Coordinated Entry prohibits retaliation of any kind against individuals who have submitted a grievance.

All Access Points and Coordinated Entry participating agencies provide participants and potential participants with information about their ability to file a grievance at time of enrollment or at time of being denied enrollment in Coordinated Entry programs.

Agencies must post the Grievance process prominently at the agency location in an area seen by all person's seeking services if the location is physical. Participants who present at the CAP line, which has no physical location, are notified of the Grievance Procedure via the phone message that plays when the call is answered.

Housing Program Grievance – Grievances about experience(s) with homeless housing programs will be redirected back to the program to follow grievance policies and procedures of that organization. Housing Programs must maintain documentation of all complaints received. Housing Program agencies should not send this information to Coordinated Entry unless requested, either by the client or by Coordinated Entry. The foregoing procedures are in addition to, and not in lieu of, the anti-discrimination policies of Cincinnati Continuum of Care. If the participant is not satisfied with the housing program's response to their grievance, they should contact Strategies to End Homelessness verbally or in writing.

[8] HUD Coordinated Entry Notice: Section II.B.12.g

Coordinated Entry Program Grievance – Grievances about Coordinated Entry policies, procedures, process' or other matters related directly to Coordinated Entry and any of its access points should be provided to Coordinated Entry staff by one of the following means:

- sent to info@end-homelessness.org,
- calling Strategies to End Homelessness at 513-263-2780, or
- mailing to 2368 Victory Parkway, Suite 600, Cincinnati, OH 45206

For all grievances provided in writing, when possible, information should include:

1. Complainant's name and contact information
2. Date submitted
3. Contact information
4. The best times and ways complainant can be reached
5. An explanation of the concern/grievance
6. Complainant's signature

The appropriate entity, whether Coordinated Entry or Strategies to End Homelessness, who is not the person, or subordinate of that person, involved in the complaint will review and respond to the grievance in writing within 14 days. If the complainant is not satisfied with the response, they will be provided contact information for the chair of the Coordinated Entry Workgroup to schedule a grievance hearing with the Coordinated Entry Leadership Sub- committee, who will determine the final result. The Coordinated Access Manager will maintain records of grievance results.

Access Points[9]

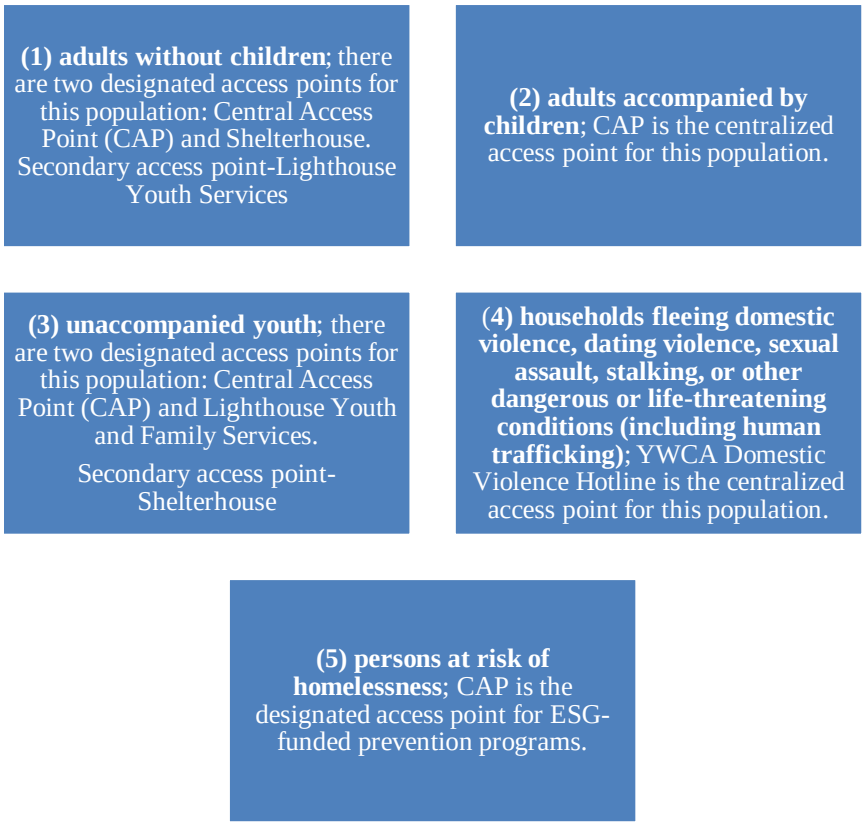
Access points are the places – either virtual or physical – where an individual or family in need of assistance accesses the Coordinated Entry process. Access Points complete a standardized assessment to assist in determining immediate needs through referral to emergency services or determining if other interventions, such as Prevention or Diversion, are appropriate. Designated community Access Points ensure that all people have equal access to all crisis response system resources in the CoC.

POLICIES and PROCEDURES:

Standardized Access and Assessment

To the extent possible and appropriate, the Coordinated Entry System offers the same assessment approach at all Access Points and all Access Points are usable by all people who may be experiencing homelessness or who are at risk of homelessness. However, to ensure removal of population-specific barriers and to account for variation in needs and risk factors, the Coordinated Entry System utilizes separate Access Points and variations in assessment processes for the following five populations, as allowable by Coordinated Entry Guidance from HUD:

[9] 24 CFR 578.3 & 24 CFR 578.7(a)(8), HUD Coordinated Entry Notice: Section II.B.5, Section II.B.2.f



The Coordinated Entry System ensures that households who present at any access point, regardless of whether it is an access point dedicated to the population to which the household belongs, can easily access an appropriate assessment process that provides the CoC with enough information to make prioritization decisions about that household. Similarly, Access Points can serve households included in more than one of the five populations listed above for which they qualify as a target population. For example, a parenting unaccompanied youth who is fleeing domestic violence can access Coordinated Entry by calling CAP or the YWCA hotline, or by presenting at Lighthouse Youth and Family Services; or a person aged 18-24 without children can be served when calling CAP or when presenting at Lighthouse or Shelterhouse.

See "Referral" section for Supplementary Access Point Document

Emergency Services Access

The Coordinated Entry process allows people experiencing a housing crisis to access emergency services with as few barriers as possible. Access to emergency services is not limited to certain populations. Access Points provide connections to all types of emergency services such as homelessness prevention assistance, domestic violence and emergency services hotlines, drop-in service programs, emergency shelters, and other short-term crisis residential programs.

There are four designated Access Points in the CoC that operate in compliance with HUD, the VA, and local Coordinated Entry requirements as applicable (*see Appendix for Access Point Contacts*):

- *Central Access Point (CAP)* completes initial screening and assessment services during its operating hours of 7am-5pm Monday-Friday and 10a-2pm Saturday and Sunday, and makes

direct, immediate referrals into all ESG-funded emergency shelter, VA funded emergency shelters, and Transitional Housing, and VA-funded Grant Per Diem programs. A phone recording message directs clients who contact CAP outside of normal business hours to emergency services, including drop in shelters that are available 24/7, who will ensure quick connection to Coordinated Entry as soon as the intake and assessment processes are operating.

- *Shelterhouse Hatton and Barron Center* completes initial screening and assessment services 24/7 for all single adults 18 and over and makes direct, immediate referrals into their onsite shelter for adults without children or will make connections to other emergency services, prevention resources, or Access Points.

- *Lighthouse Youth and Family Services* completes initial screening and assessment services 24/7 and makes direct, immediate referrals into their onsite shelter for 18 to 24-year-olds or makes connections to other emergency services, prevention resources, or Access Points.

- *YWCA Domestic Violence Hotline* completes initial screening and assessment services 24/7 and makes direct, immediate referrals into their onsite shelter for any survivor fleeing domestic violence, dating violence, sexual assault, stalking, or human trafficking or makes connections to other emergency services, prevention resources, or Access Points.

Emergency Shelter Access

Beds filled in Single or Unaccompanied Youth Emergency Shelters with a walk-in process are not prioritized based on severity of service need or vulnerability, allowing for an immediate crisis response.

Families with minor children who present for services are prioritized during CAP Line normal operating hours. Families who present at the Bethany House, the designated overflow shelter for families, after CAP Line hours will not be prioritized, allowing for an immediate crisis response.

The Mecum House serves unaccompanied minors seeking emergency shelter and are admitted on a first-come, first-served basis and are not prioritized based on severity of service need or vulnerability.

Outreach Access

Street outreach projects are a component of the Coordinated Access process. Street outreach workers refer people living in unsheltered locations to any designated Access Point for shelter, as well as provide assessments for access to housing resources at any time of day.

Clients can also access Outreach via the StreetReach application. The StreetReach application sends reports containing the client's location, location frequency and identifying traits to the Central Access Point via email, who then forward to the appropriate Outreach team by the next business day.

Prevention Services Access

Diversion is an important part of Access, helping potential program participants explore all safe and appropriate alternative housing options and only enroll in crisis housing projects such as emergency

shelter after exhausting all other alternatives. All Access points complete the standardized diversion assessment. ESG funded shelters that are not Access Points also conduct the standardized diversion assessment at intake to determine if shelter is the only option. If diversion is possible, the shelter will attempt to help the household with alternative housing. See Prioritization Policies for detail describing the homelessness prevention prioritization process. The CAP line is the primary Access Point for ESG funded Diversion programs.

Victims of Domestic Violence, Sexual Assault, Human Trafficking
If someone who is fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking or human trafficking presents at a non-VSP Access Point for services, the person will not be denied services, but the person will also be connected to a victim service provider for additional appropriate services, if the person is interested. If the person has already contacted the VSP and was unable to gain assistance, the Access Point will complete the Lethality screening. If the client has High Lethality (3 or more "yes"), the Access Point will contact the DV hotline and connect the client to the DV hotline again, with additional information regarding the screening outcome. If the client has Low Lethality (2 or fewer "yes"), the Access Point will utilize the non-DV presenting process.

Case managers and other staff in non-VSP locations for all phases are expected to be trained in basic safety planning best practices to accommodate people in dangerous domestic violence situations, and the CoC provides access to trainings on these issues annually.

Assessment[10]

The Coordinated Entry system utilizes a phased assessment approach consistently applied throughout the CoC to achieve fair, equitable and equal access to services in the community for all.

The Coordinated Entry system does not screen people out of the process due to perceived barriers related to housing or services, including, but not limited to;

- too little or no income,
- active or a history of substance use,
- domestic violence history,
- resistance to receiving services,
- the type or extent of disability-related services or supports needed,
- history of evictions or poor credit,
- lease violations or history of not being a leaseholder, or
- criminal record–with exceptions for state or local restrictions that prevent projects from serving people with certain convictions.[11]

Clients' Right to Self-Determination

CoC Coordinated Entry participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing offers without retribution or limiting their access to other forms of assistance. When a participant rejects any housing option, they maintain their place on the prioritization list at any phase of Coordinated Entry. See Review Panel section of this manual for further detail.

The Coordinated Entry assessment process does NOT require disclosure of specific disabilities or diagnosis. Coordinated Entry only obtains specific diagnosis or disability information for purposes of determining program eligibility to make appropriate referrals. [12] 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.

[10] 24 CFR 578.3 & 24 CFR 578.7(a)(8), HUD Coordinated Entry Notice: Section II.B.2.a, II.B.2.g.1 and II.B.3
[11] HUD Coordinated Entry Notice: Section II.B.11, Section II.B.4
[12] HUD Coordinated Entry Notice: Section II.B.12.f

Phases of Assessment

All projects participating in CE follow the assessment and triage protocols of the CE system. The assessment process progressively collects only enough participant information to prioritize and refer participants to available housing and support services. The CoC has adopted the following phased approach to engage and appropriately serve persons seeking assistance through the CE system.

Coordinated Entry Phase One – Access Point Assessment Tools

Diversion Conversation

Every person who presents at an Access Point completes the standardized assessment, the Diversion At the Front Door Assessment (*see DFD assessment in Appendix*). This assessment assists in determining the client's vulnerabilities and suggested appropriate intervention; diversion or prevention, emergency services or community resources. If clients can be diverted, the Access Point staff will connect the client to the appropriate services following that Access Point's diversion process. Clients who cannot be diverted will complete an enrollment into emergency shelter or will be referred to an appropriate Access point for that population if not served at the Access Point. Clients who are not at Imminent risk or experiencing homelessness are provided with appropriate community resources for supports and services.

Shelter Diversion Screening Assessment

The CAP line utilizes the Shelter Diversion screening to determine the eligibility and prioritization for households at imminent risk. Please refer to Shelter Diversion manual for additional information.

CAP Risk Assessment

When a household with minor children presents at an appropriate Access Point for that population and safe and appropriate housing is not identified through the Diversion at the Front Door Assessment, a Risk Assessment screening is completed to identify the immediacy of the emergency placement need, the appropriate placement for the caller's household composition and specific population considerations.

Coordinated Entry Phase Two – Housing Access Assessment Tools

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

The Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) has been identified as the Coordinated Entry common assessment tool used to determine the most appropriate housing intervention for persons currently experiencing homelessness.

All providers who receive CoC or ESG funding must participate fully in the Coordinated Entry system. All eligible households (families, youth, singles) encountered by street outreach staff or with an active intake in shelter must be offered the VI-SPDAT to assist in determining appropriate housing intervention. The tool should be administered within the first 7 days of a household entering a shelter or being engaged by an outreach worker; however, if a participant declines assessment, staff are able to divert from this timeframe. Attempts to complete assessment must be documented every 14 days.

The VI-SPDAT is located in the Cincinnati/Hamilton County CoC's HMIS. Designated staff at each Street Outreach and Emergency Shelter program must complete training prior to being granted access to the

program in HMIS. Other criteria for determining a staff person's eligibility to be granted access to this project in HMIS are:

- Excellent data quality
- Low error alerts
- Timeliness of data entry

Staff who have continuous issues with the above criteria may be asked to retrain or their HMIS access may be revoked until corrections are made.

The VI-SPDAT assessment takes approximately 7 minutes to administer (single/youth) or 10 minutes (family) and can be conducted by any provider who has been trained to administer the tool.

All users receive training on standardized messaging so that the assessment process and its results are communicated clearly and consistently across the community. Below is the suggested script to be used.

> *"I'd like to tell you about a short survey that we could do together that would help us learn more about you and will give us recommendations to help you move out of homelessness. It will help us identify your housing and service needs as we make a plan together. Would you like to hear more?" "The assessment will take about 7 minutes (single/youth) or 10 minutes (family). It only asks for a yes or no, or very short, one-word answers.*
>
> *"I want to make sure you know, this doesn't guarantee you housing, but it allows us to get a better sense of your needs and what resources I can refer you to. "It's also important for you to know that this process is meant to ensure equal opportunity for everyone, and you have the ability to file a non-discrimination complaint if you feel you have been discriminated against at any point in this process." (Must provide Coordinated Entry Grievance Policy and Procedure)*
>
> *"This tool also helps us as a community to better identify what housing resources we need to end homelessness.*

Below is a table showing the recommended housing interventions based on the VI-SPDAT score. It is very important to note that the VI-SPDAT score is only one piece of information that is used to make decisions around a person's housing needs, and ultimately does not determine a household's prioritization for housing.

VI-SPDAT Recommended Housing Interventions

	Singles	Youth	Families
Affordable Housing Options	0-3	0-3	0-3
Rapid Re—housing	4-10	4-10	4-11
Permanent Supportive Housing	8+	8+	9+

Please note, per the TH/RRH Joint Component Prioritization Policy, there is no recommended score range for those housing program interventions. Please see veteran manual for veteran specific information.

In situations where Housing openings are available in Transitional and Rapid-Rehousing programs and all clients on the Prioritization List within the recommended Housing Intervention score range have been matched, Coordinated Entry will match eligible, appropriate and prioritized clients who score in the next highest housing intervention range.

In situations where Housing openings are available in Permanent Supportive Housing programs and there are no eligible clients on the prioritization list, the Coordinated Entry and PSH workgroups may approve to temporarily lower the score range. Clients matched must still be otherwise eligible, appropriate and prioritized.

Choosing the correct VI-SPDAT Version

Single VI-SPDAT - Any individual aged 25 or older without minor children in their household. A couple (aged 25+) without minor children in their care should both receive a Single VI-SPDAT and be placed separately on the Prioritization List

Family F-VI-SPDAT - Any household with at least one minor child, regardless of the Head of Household's age. If the child(ren) is(are) temporarily out of the household due to Children Services involvement, they should still be included as part of the household.

Youth TAY-VI-SPDAT - Any individual aged 18-24 without minor children in the household

Coordinated Entry Phase Three –Coordinated Exit Assessment Tools

Moving-On Assessment
The Moving-On Assessment should be administered once clients are planning to exit a COC, ESG or identified partner agency housing program. The assessment assists providers in determining if a client is stabilized in services and ready to exit their housing program if not for the need of an ongoing subsidy in addition to assessing for CMHA HCV program eligibility.

Training[13]

CoC provides training opportunities at least once annually to organizations and or staff persons at organizations that serve as access points or administer assessments. The CoC updates and distributes training protocols at least annually. 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 Coordinated Entry written policies and procedures.

CoC's Coordinated Entry process training curricula covers all three phases of the Coordinated Entry System, and includes the following topics for staff conducting assessments:

- Review of CoC's written CE policies and procedures, including any adopted variations for specific subpopulations;
- Requirements for use of assessment information to determine prioritization;
- Intensive training on the use of the CE assessment tool; and
- Criteria for uniform decision-making and referrals.

[13] HUD Coordinated Entry Notice: Section II.B.14

Prioritization [14]

The CoC has established community-wide lists of all known persons experiencing homelessness who are seeking or may need CoC housing and services to resolve their housing crisis. These *prioritization lists* are organized according to participant need, vulnerability, and risk. The *prioritization list* provides an effective way to manage an accountable and transparent prioritization process.

The CoC's *prioritization lists are* managed by STEH Coordinated Entry staff. New participants are added to the prioritization list and existing participants' rank order on the prioritization list are managed according to the prioritization principles as established by the following Prioritization factors for each housing type.

Data collected from assessments will not be used to prioritize households for housing and services on a protected basis, such as on the basis of a diagnosis or particular disability. Note that determining eligibility is a different process than prioritization (see "Determining Eligibility" in Key Terms and Definition Section for clarification).

Prevention and Emergency Shelter Prioritization

Shelter Diversion Prioritization[15]

All households attempting to access shelter or prevention services are assessed utilizing a conversation-style Diversion assessment, regardless of which access point they choose to utilize. For the ESG funded Shelter Diversion program, the Access Point is CAP. CAP screens all callers for Diversion eligibility and need.

PRIORITIZATION: When a space becomes available, CAP will refer the household with the highest CAP Shelter Diversion Assessment Score who is eligible.

<u>Prioritization factors</u>
No Income
Income at or below 15% AMI
Eviction in past 5 years
Convictions likely to impact housing (drug, sex crime, arson, etc.)
Have stayed/slept in two or more places in last 30 days
Have not been employed in last 6 months or are currently receiving SSDI/ SSI for self or minor child
Have children under two years of age and/or pregnant
No high school diploma/ GED
Have 4 or more total household members
Head of household is age 25 or under

Because screening tools do not capture all client needs, CAP Intake Specialists who identify additional client barriers or screening discrepancies document the concern in HMIS and provide the client's situation and the original screening information to the CAP Coordinator and Diversion staff for review

[14] 24 CFR 578.7(a)(8), HUD Coordinated Entry Notice: Section II.B.3
[15] HUD Coordinated Entry Notice: Section II.B.8

and eligibility and prioritization determination. The CAP Coordinator and Diversion staff will review the situation on a case-by-case basis and determine eligibility and prioritization.

Emergency Shelter Prioritization

Adults without children
All adults without children who attempt to access emergency shelter at a designated access point will be provided an opportunity to complete the standard Diversion At the Front Door Assessment (see Assessment chapter for additional information).

PRIORITIZATION: Single shelter beds are not currently prioritized to allow for a crisis response when needed. Instead, all single individuals accessing the system who are screened as eligible will receive a referral.

Adults accompanied by minor children
Adults accompanied by minor children who attempt to access emergency shelter will be referred to the CAP Line, which is the designated access point for families. CAP will complete the Risk Assessment with all families looking for services.

PRIORITIZATION: When a space becomes available, CAP will place the household with the highest Risk Assessment score

Families who present for services are prioritized during CAP Line normal operating hours. Families who present at the Bethany House, the designated overflow shelter for families, after CAP Line hours will not be prioritized, allowing for an immediate crisis response. Bethany House will complete the Diversion at the Front door assessment with all families who present after CAP Line hours.

Unaccompanied youth
All unaccompanied youth who attempt to access emergency shelter will be referred to a designated access point for youth. The primary Access Point for youth is the youth shelter. The secondary access point for youth is Shelterhouse.

PRIORITIZATION: Youth shelter beds are not currently prioritized; instead, all unaccompanied youth accessing the system will receive a referral to the Youth Community Queue.

Households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking)
All households fleeing or attempting to flee domestic violence who attempt to access emergency shelter at a designated access point will first be referred to the domestic violence local hotline for safety planning and referral to the DV shelter. When space is not available in the DV shelter or the household does not want to utilize DV services, the household will be routed through the appropriate access point for general services. Safety planning will still be offered.

PRIORITIZATION*:* This intervention will not be prioritized based on severity of service need or vulnerability,[16] and instead is prioritized based on the DV Hotline assessment of danger level.

[16] HUD Coordinated Entry Notice: Section II.B.7

Please see veteran manual for veteran specific information

Housing Program Prioritization

Rapid Re-Housing Programs

CoC/ESG RRH Programs must fill all openings using the Coordinated Entry System. For households scoring 4-10 on the single and youth VI-SPDAT and 4-11 on the family VI-SPDAT, the following process will be used to prioritize for Rapid Re-Housing placement:

PRIORITIZATION: All households scoring 4-10 on the single and youth VI-SPDAT and 4-11 on the family VI-SPDAT will be prioritized for Rapid Re-Housing placement together. Within this range of scores, the following priorities will be used:

- First Priority: Households experiencing documented long-term homelessness with a self-reported qualifying disability as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act and the earliest date client aged into Chronicity

    - Definition of long-term homelessness includes:
        - Homeless as defined by living in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
        - Has been homeless continuously for at least 12 months or on at least 4 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 a homeless situation. Stays in institutional care facilities for fewer than 90 days will not constitute as break in homelessness, but instead, such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility.

    - Evidence of disability:

        - The shelter or outreach agency where the participant is originating shall furnish to the RRH agency within five business days of match, documentation of qualifying disability for matches or the match may be withdrawn at the RRH agency's request. Disability status may be documented utilizing the following:
            - Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long-term or of indefinite duration and substantially impedes the individual's ability to live independently;
            - Written verification from the Social Security Administration;
            - The receipt of a disability check (*e.g.,* Social Security Disability Insurance check or Veteran Disability Compensation);
            - Intake Staff Observation of Disability Form; or
            - By participant self-certification using the Self-Certification of Disability form.

- Second Priority: Coordinated Entry will utilize the following factors to prioritize households not experiencing chronic homelessness for RRH openings. Clients who have multiple priority factors will be given precedence over those with fewer factors.

- Evictions in the past 5 years (adults only)
- Has never been a leaseholder (adults only)
- Criminal History of arson, drug dealing or manufacture, sex offenses. (any household member)
- Does not have GED/HS Diploma (adults only)
- School aged children are not attending or enrolled in school
- On a fixed income or has no income (adults only)
- Has not had employment in past 12 months. (adults only)
- Formerly a ward of child welfare/foster care agency (any household member)
- English as a non-primary language (adults only)

When tiebreakers are needed, or there are no eligible households with second priority factors:

- *First Tiebreaker*- Households with the longest length of time homeless in shelter or on the street in the past 3 years.
- *Second Tiebreaker* - Household with the highest VI-SPDAT score
- *Third Tiebreaker* - Households that have no income.
- *Fourth Tiebreaker* - Households that have income below 30 percent AMI.
- *Fifth Tiebreaker*- Households without a history of utilizing Rapid Re-Housing Programs in the past.

If a further tiebreaker is needed, Coordinated Entry will contact RRH programs with the appropriate population focus to try to find openings for both (or all) households tied.

Exceptions for Special Populations

Domestic Violence Programs:
The community's Victim Service Provider (VSP) participates fully in the Coordinated Entry System and works closely with STEH. The VSP maintains their own Prioritization list and refers to their DV-specific housing programs using the same prioritization criteria listed in this manual. Coordinated Entry staff are also able to refer a household from the main prioritization list to a DV housing program if appropriate.

DV survivor clients with the highest lethality score will be prioritized first for DV housing openings.

Progressive Engagement RRH Programs:
Prioritization for Rapid Re-housing programs with the Progressive Engagement designation will always adhere to the current Permanent Supportive Housing Prioritization Policy, including all eligibility documentation requirements (i.e., chronic homelessness and disability documentation). Progressive Engagement provides housing and supportive services to assist persons experiencing homelessness with severe service needs quickly, utilizing a Rapid Re-housing intervention when no PSH is available.

Veterans:
Refer to vet manual

Permanent Supportive Housing Programs

Permanent Supportive Housing (PSH) projects provide housing and supportive services to assist homeless persons with a disability to live independently. The goal of this policy is to ensure that PSH is

targeted to the most vulnerable, with continued prioritization of chronically homeless individuals and families.

ELIGIBILITY CRITERIA: In order to be served in a PSH program the individual or family must:

- be literally homeless; and
- be a member of a household that contains at least one documented disabled adult or minor living with an adult legal guardian; and
- be a member of a zero to low-income household
- Documentation of disability must be maintained with client records.

Under some circumstances, congregate living facilities may include additional eligibility criteria. All projects are required to comply with HUD's Equal Access Rule and any additional eligibility requirements must be approved by Strategies to End Homelessness prior to inclusion into the community's Coordinated Entry System.

PRIORITIZATION: All PSH projects are dedicated to prioritizing households experiencing chronic homelessness. The Coordinated Entry System is required to follow this order of priority when making referrals to PSH projects. For eligible households scoring 8+ on the single and youth VI-SPDAT and 9+ on family VI-SPDAT, the following process will be used to prioritize for PSH placement:

- *First Priority*: Households experiencing chronic homelessness with the earliest date client aged into Chronicity
- *Second Priority*: PSH-eligible households who are residing and have resided in a place not meant for human habitation, safe haven, or emergency shelter for at least 12 months in the last three years but have not done so for 12 consecutive months or on four separate occasions.
- *Third Priority:* PSH-eligible households who are residing in a place not meant for human habitation, safe haven, or emergency shelter, who were admitted and enrolled in a permanent housing project within the last year but were unable to maintain a housing placement and who qualified as chronically homeless at the time of enrollment into that project.
- *Fourth Priority*: PSH-eligible households who meet the definition of Category 1 and 4 homeless. Clients who have multiple priority factors will be given precedence over those with fewer factors. Clients who have the same number of priority factors will be further prioritized by longest length of time homeless in the past 3 years. Clients who have the same number of priority factors with the same length of stay, will be further prioritized by highest Severity of Service Needs, measured by VI-SPDAT score.
    - Evictions in the past 5 years (adults only)
    - Has never been a leaseholder (adults only)
    - Criminal History of arson, drug dealing or manufacture, sex offenses (any household member)
    - Does not have a GED or High School Diploma (adults only)
    - School-aged children are not attending or enrolled in school.
    - On a fixed income or no income (adults only)
    - Has not had employment in past 12 months (adults only)
    - Formerly a ward of child welfare/foster care agency (any household member)
    - English as the non-primary language (adults only)
- *Fifth Priority*: PSH-eligible households exiting transitional housing (and resided on the street,

safe haven, or emergency shelter prior to entering transitional housing)

HIGH-RISK LIST: There are situations where the community's most vulnerable clients experiencing unsheltered homelessness may be unsuccessful in obtaining housing through the community's standard Coordinated Entry process due to their acute medical, mental, or emotional circumstances. These clients will be referred via email by the Street Outreach worker to the High-Risk List for immediate and zero barrier access to Permanent Supportive Housing. The following criteria must be met in order to be eligible for the High-Risk List.

- 3 or more failed housing matches through Coordinated Entry in the past five years
- Documented as chronically homeless (with at least 9 months of 3rd party documentation, up to 3 months of self-cert is acceptable).
- Documented disability prior to being added to the list.
- Currently enrolled in a Street Outreach project

Coordinated Entry will maintain the High-Risk List. When a client from the list engages with a street outreach worker and communicates a desire to be housed, the street outreach worker will contact Coordinated Entry; Coordinated Entry will contact PSH agencies to identify an opening for the client. If the PSH agency can accept the referral, they will enroll the client and begin housing search the same day, or no later than 1 business day.

TH/RRH Joint Housing Programs

Joint Transitional Housing/Rapid Re-Housing Program combines Transitional and Rapid Re-Housing into a single project to serve individuals and families experiencing homelessness. Coordinated Entry will take the agency's target subpopulation into account before the procedure below. Clients matched with TH/RRH will be given the choice between TH and RRH based on availability. CoC Joint TH/RRH Programs must fill all openings using the Coordinated Entry System.

Non-Victim Service Provider programs:

- First Priority- Head of households with the most shelter and outreach stays in the last three years as head of household
- Second Priority- Households with the highest VI-SPDAT score
- Third Priority- Households with the longest length of stay in their current episode of Homelessness

Victim Service Provider programs:

Victim Service Providers' joint Transitional Housing/Rapid Re-Housing Programs serving survivors of intimate partner violence will offer access to emergency housing for survivors and their children/legal dependents who are fleeing/attempting to flee domestic violence or who have become homeless due to domestic violence. When space is available in the housing project, applications for Category 4 homeless (fleeing/attempting to flee domestic violence) may be submitted to the Victim Service Provider and all applicants will be given a VI-SPDAT and placed on a separate prioritization list. Remaining openings will be filled by survivors who sought and entered shelter as a result of fleeing domestic violence. Applicants who are matched with the TH/RRH program are entitled to be given the choice between TH and RRH, but at any given time both may not be available. In that case, the survivor will be given the choice of the available unit type or to wait until their preference becomes available. All openings will be filled using this policy.

PRIORITIZATION: Applications will be prioritized as follows, only going to the next priority in order to break ties:

- *First Priority* - Applicants actively attempting to flee a domestic violence situation.
- *Second Priority* - Applicants with the most 'yes' responses to questions #9-13 on the Domestic Violence Housing Application.
- *Third Priority* – Applicants homeless due to domestic violence with the highest VI- SPDAT score
- *Fourth Priority* - Households with the longest history of category 1 and/or 4 homelessness.

Chronic Homelessness Assessment

Any shelter or outreach provider working with a household they believe is chronically homeless per the definition found in the Definitions section of this manual should complete a Chronically Homeless Assessment in the HMIS for that household. This is the only way for a household to be properly prioritized as chronically homeless per the relevant prioritization policies above. Coordinated Entry staff use the information provided in this assessment to confirm Chronic status. Appropriate and relevant documentation must be uploaded to the client file in HMIS so it can be confirmed before a match is made. In most cases CE is only able to refer a household as chronic if they have at least 9 of 12 months documented by third party, however if an agency notifies CE that they can take a household documented with more than 3 months of self-cert but still be under their 25% cap, CE may refer a household that has less than 9 months of third party.

Review Panel

POLICY

Assessment tools do not always produce the entire body of information necessary to determine a household's prioritization for various reasons. To ensure Coordinated Entry prioritizes the most vulnerable, the Coordinated Entry Review Panel is in place to allow service providers to have the opportunity to provide additional service provider input to ensure accurate prioritization and determination of vulnerability. This process must only be used in cases where the service provider feels the client's well-being is being adversely affected by their current suggested intervention, or lack thereof, because of the mental, cognitive, or physical state the client is presenting. Only information relevant to factors listed in the coordinated entry written policies and procedures are used by this body to make prioritization decisions. (Per Section II.B.3.Paragraph 4 of Notice CPD-17-01)

Membership: The Panel is made up of at least 8 members, at least one of which must have lived expertise of homelessness, and the other members must each represent at least one of the following areas of expertise: street outreach, single adult shelter, family shelter, PSH, RRH/TH, CE, VSPs, HIV/AIDS, mental health services/ SUD, veteran homelessness, and youth. Coordinated Entry staff shall serve in a non-voting, ex officio role. No single agency shall have more than one person sitting on the Review Panel at a given time. Vacancies on the panel shall be filled promptly by nominations from the respective workgroups. Where no specific workgroup exists for the area of expertise, the Coordinated Entry Workgroup will approve.

Frequency of meetings: The regular meeting schedule is monthly, but if no requests for review are submitted between meetings, the group will not meet for the month. When an expedited housing referral is being considered, the Panel may convene in person or virtually, including the use of e-mail

correspondence or other adjustments as necessary. Meetings must maintain a quorum of at least 50% of the seated membership to be held.

PROCEDURE

At Assessment (*Reference Transfers in "Referral" section for more info*)

Service providers have the responsibility to review the current living situation and external factors that impact their clients active in shelter or outreach. At the point of assessment or refusal to complete assessment, the service provider should assess for any missing or conflicting information that may aid with producing a more accurate representation of the client's service needs. Documentation such as DAFs, court records, or correspondence from community resources should be used to support changes in scores or interventions. Service providers must have easy access to Review Panel forms, guidance for completion and necessary trainings administered by the committee to provide an efficient and equitable process.

Service providers may consider bringing a client's situation to the Review Panel for the following reasons:

- Client refusal to complete assessment (in whole or in part) manager believes a change in intervention recommendation is needed based on a clinical assessment of need
- Rare and special circumstances that affect vulnerability and are not adequately captured in the assessment, for example a client that is almost completely blind may be extremely vulnerable but would not necessarily score high on a standard assessment.
- An assessment that was recently completed differs by more than 5 points from an older assessment
- A client's presentation of need is not acknowledged on the assessment due to under-reporting.

Completing a Review Panel Form

When a service provider recognizes that a client's needs are not being met by their recommended or current housing intervention, and their wellbeing is being adversely affected, the service provider must complete a Review Panel Form explaining the situation in detail.

Service providers must complete a Review Panel Form and provide in detail the reasons for why they believe the client should be considered for review and what 3rd party evidence they have to verify their assessment, if any. If the service provider requesting score change or change in intervention is not affiliated with the agency that completed the assessment or does not provide shelter/outreach support, there should be a collaborative effort between both agencies to complete the review panel form. Once the form is completed, it is to be submitted to the shelter/outreach service provider's Supervisor/Team Lead or equivalent for review. The Supervisor/Team Lead or equivalent will submit the form to Coordinated Entry staff, at least 48 hours prior to the monthly Review Panel meeting in order for it to be reviewed at the next scheduled meeting. In the case of a form needing expedited review, Supervisor/Team Lead or equivalent should reach out to Coordinated Entry staff to request review prior to scheduled Review Panel meeting.

Please see the CoC Housing PSH Transfer Policy and Procedure for PSH to PSH transfers.

Review Panel Meeting Process

A representative from the requesting agency must be present for the Review Panel meeting to answer questions or clarifications as needed. At the Review Panel meetings, the Review Panel will review each form submitted along with accompanying documentation. From there, they will make decisions based on what is the most appropriate for the client's current situation. Review Panel will only make decisions based on the information provided on the form and accompanying documentation. In the event that a client whose file is being reviewed is affiliated with the agency of a currently sitting Review Panel Member, said Panel member may be present for discussion, but must abstain from the vote. Review Panel decisions are to be made by majority vote. The Review Panel is empowered to do any of the following at their discretion:

- Determine appropriate action for situations when a client refuses to complete an assessment. Service provider should recommend appropriate housing intervention based on 3rd party evidence that is available and/or other clinical assessment.
- Adjust a client's assessment responses based on 3rd party evidence provided.
- Adjust the client's recommended housing intervention. This may include individuals who are in a shelter/outreach program who have scored into a range that is either higher or lower than the necessary intervention.
- Recommend a client for transfer from RRH program to a PSH program. In order for Review Panel to consider approving a transfer, service provider must complete an Acuity Tool with client at least 2 times (once per month) and submit results to Review Panel with request. Review Panel will consider the results of the Acuity Tool in their decision.
- Expedite the client's prioritization for their recommended housing intervention to the top of the prioritization list, or at such a prioritization that the Review Panel deems appropriate. (For example, rare and special circumstances that imply a high level of vulnerability such as blindness, deafness, barriers with mobility, allergies to water or sunlight, and severe developmental delays or cognitive barriers)
- Request additional documentation in order to make final decision.
- Decide that no change to the client's prioritization is needed.

Once decisions have been made, the service provider will be notified via email. Coordinated Entry staff will update any approved changes in HMIS, and document those changes, as well as any change to housing prioritization, in Coordinated Entry records.

The Review Panel may also develop and proctor appropriate trainings around utilization of the Review Panel, as well as create forms to be used in the process.

Racial Equity Considerations

The community recognizes the potential for a disparity of demographics in this process through potential implicit biases held by staff or within agency policies and practices. Coordinated Entry staff will track demographics of clients whose cases have been reviewed including the number and agency origin. Outcomes will be reported to workgroups and the Homeless Clearinghouse at least annually. The expectation is that the demographics of reviewed client situations will mirror the demographics of the general homeless population, and if trends to the contrary are identified, strategies will be implemented to respond to and correct disparities. Depending on the particular disparity identified, these strategies may include but are not limited to providing trainings for case managers, developing additional policies, or making edits to current ones, and research on best practices from outside sources. Technical

Assistance may be sought in an effort to address disparities identified. The Racial Equity Workgroup may be engaged to assist in the process.

Appeals

If a service provider is not satisfied with the Review Panel's decision, they may request to attend the next meeting to appeal. They must bring any additional relevant documentation to support their assessment of need. If the Review Panel still denies the request, Service Provider must wait at least 90 days to submit a new request, unless a significant change to the client's situation occurs before that, in which case a Review Panel form may be submitted early.

Coordinated Exit Prioritization

Emergency Housing Vouchers

The Emergency Housing Voucher Program (EHV) partners CoC and PHA's to provide vouchers with expanded eligibility. These vouchers assist individuals and families who are:

- Experiencing homelessness;
- At risk of experiencing homelessness;
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or
- Were recently homeless or at high risk of housing instability.

PRIORITIZATION: Coordinated Exit is required to follow this order of priority when making referrals to the EHV program:

- First Priority-Eligible individuals and families who meet the homeless definition in section d. who are otherwise ineligible for a Housing Choice Voucher through the established homeless preference.
    - Any household member who has engaged in, beyond the previous 12 months, but within the previous 36 months:
        1. Violent criminal activity.
        2. Other criminal activity which may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity.
    - Any household member currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act.
    - The family would otherwise be prohibited admission under alcohol abuse standards established by the PHA in accordance with §982.553(a)(3).
    - The family would otherwise be prohibited admission under drug-related criminal activity in which any household member is currently engaged in or has engaged in during a reasonable time before the admission, drug-related criminal activity.
- Second Priority-Literally homeless individuals and families who meet the homeless definition in section a1 of this policy and score within the PSH and RRH range with the longest history of homelessness in excess of 60 days on the Coordinated Entry Prioritization list, or who have at least 6 months of homelessness documented in HMIS within the past 12 months. Precedence

within this priority will be given to individuals with the most days homeless within the prior 12 months.

- Third Priority- Individuals and families who meet the criteria of At Risk or Imminent Risk as defined in Section a2, and b1 of this policy.
- Fourth Priority- Individuals and families fleeing or attempting to flee domestic violence who meet the criteria of Section c of this policy.
- Fifth Priority- All other eligible individuals and families

Providers can appeal any screening determination by contacting Coordinated Entry via email and providing information regarding the client's situation and documentation of eligibility discrepancy within 30 days of referral status determination. Clients screened as ineligible per the PHA guidelines who later resolve the reason for the ineligibility can complete subsequent screenings if otherwise eligible.

Referral

The Coordinated Entry system makes referrals to all projects receiving Emergency Solutions Grants (ESG) and CoC Program funds, including emergency shelter, RRH, PSH, and transitional housing (TH), as well as other housing and homelessness projects. Projects in the community that are dedicated to serving people experiencing homelessness (CoC/ESG) fill all vacancies through Coordinated Entry referrals, while other housing and services projects determine the extent to which they rely on referrals from the Coordinated Entry process.[17] The Coordinated Entry process incorporates participant choice, which is facilitated by the information given in the match emails and in training with staff to ensure they communicate to the client the client's ability to choose where and how they live.

Housing Opening Availability

All providers who enter housing openings must complete the HMIS Housing Opening training prior to completing in HMIS. Please see the Appendix for additional information.

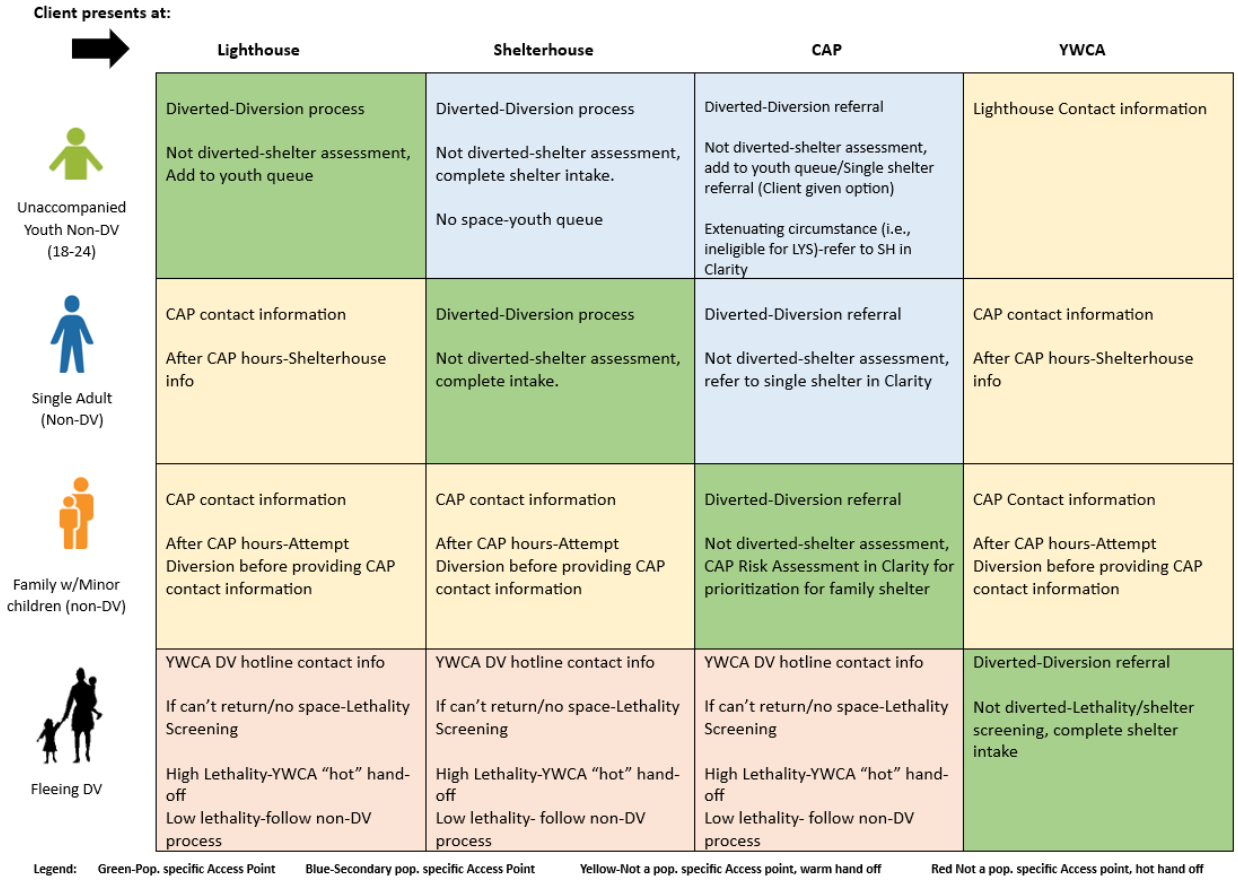
Referral Process[18]

Programs that participate in the CoC's Coordinated Entry process accept all eligible referrals. Coordinated Entry will not screen out clients based on perceived barriers to housing stability such as lack of income, disability, drug or alcohol use, criminal history, rental history, or any other factor not included in eligibility criteria set forth by HUD and the CoC workgroups. [19] In addition, Coordinated Entry will work with programs in partnership to lower their screening barriers when appropriate.

[17] HUD Coordinated Entry Notice: Section I.B
[18] HUD Coordinated Entry Notice: Section II.B.3
[19] HUD Coordinated Entry Notice: Sections I.D and II.B.2.g(2)

Coordinated Entry Phase One- Access

Staff at Access Points will follow the procedures outlined in the following flowchart:



Client presents at:	Lighthouse	Shelterhouse	CAP	YWCA
Unaccompanied Youth Non-DV (18-24)	Diverted-Diversion process Not diverted-shelter assessment, Add to youth queue	Diverted-Diversion process Not diverted-shelter assessment, complete shelter intake. No space-youth queue	Diverted-Diversion referral Not diverted-shelter assessment, add to youth queue/Single shelter referral (Client given option) Extenuating circumstance (i.e., ineligible for LYS)-refer to SH in Clarity	Lighthouse Contact information
Single Adult (Non-DV)	CAP contact information After CAP hours-Shelterhouse info	Diverted-Diversion process Not diverted-shelter assessment, complete intake.	Diverted-Diversion referral Not diverted-shelter assessment, refer to single shelter in Clarity	CAP contact information After CAP hours-Shelterhouse info
Family w/Minor children (non-DV)	CAP contact information After CAP hours-Attempt Diversion before providing CAP contact information	CAP contact information After CAP hours-Attempt Diversion before providing CAP contact information	Diverted-Diversion referral Not diverted-shelter assessment, CAP Risk Assessment in Clarity for prioritization for family shelter	CAP Contact information After CAP hours-Attempt Diversion before providing CAP contact information
Fleeing DV	YWCA DV hotline contact info If can't return/no space-Lethality Screening High Lethality-YWCA "hot" hand-off Low lethality-follow non-DV process	YWCA DV hotline contact info If can't return/no space-Lethality Screening High Lethality-YWCA "hot" hand-off Low lethality- follow non-DV process	YWCA DV hotline contact info If can't return/no space-Lethality Screening High Lethality-YWCA "hot" hand-off Low lethality- follow non-DV process	Diverted-Diversion referral Not diverted-Lethality/shelter screening, complete shelter intake

Legend: Green-Pop. specific Access Point Blue-Secondary pop. specific Access Point Yellow-Not a pop. specific Access point, warm hand off Red Not a pop. specific Access point, hot hand off

Coordinated Entry Phase Two – Housing Intervention

Housing projects are responsible for communicating to STEH when they have an opening in their project by listing the housing availability in HMIS. When a housing opening is submitted to STEH, the highest priority household is matched to that opening.

Each day, Coordinated Entry Phase Two staff will review the community-wide prioritization report. Clients on the prioritization list will be matched with appropriate available project openings.

Coordinated Entry Phase Two staff will email both the agency that completed VI-SPDAT and the housing program to inform them of the match. Match emails should be filed out following monitoring and compliance regulations as documentation of the match. Coordinated Entry Specialist will also record a Housing Offer via referral in the VI-SPDAT project in HMIS.

Following the match email, the housing opportunity should be presented to the client. The client can then choose to accept the match or deny it. It is the shelter/outreach worker's responsibility to inform the client of the housing opportunity. If the client accepts the offer, the housing project will be responsible for making contact with the client. The process is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements. Additional information can be found in the Referral Responsibilities document in the appendix.

The below table details Best Practice Timeframes for various phases of this process, as established and adopted by the Coordinated Entry Workgroup:

Phase	Established Best Practice Timeframe
Match Email to Agency Confirmation	1 Business Day (by email)
Match email to Housing Provider contact with client (Project Start Date)	7 days for clients in shelter 14 days for clients in unsheltered locations
Match email to housed (Housing Move-In Date)	30 days (15 days stretch goal)

Once a client accepts the housing match, the housing provider enrolls the client in HMIS and ensures the referral is connected to the housing enrollment.

For agencies that enter data directly into Clarity HMIS: Enroll the client into the program the client was referred to. Be sure the "Program placement a result of referral provided by STEH CAP/STEH Coordinated Entry" is toggled on and enroll the client as usual. Additional information is located in the HMIS Manual.

For agencies who enter data into other systems (or if an enrollment was made without linking the referral): Agencies who enter data directly into a different system, must add the connection manually in the referral. Click the "Add Connection" button in the client's referral. Be sure to choose the 'Client Program' the client was enrolled in and toggle on any 'Group Members' who were also enrolled in the program and click 'Add'. Additional information is located in the HMIS Manual.

Additional Referral Processes

Project Based Vouchers

Referrals made to Project Based Voucher programs require CMHA “Homeless Waitlist Referral” documentation (see Appendix) and an online application. This document and a link to the online application are included in the match emails for these programs.

Victim Service Providers

When non-victim service providers receive a match from a client working with a Victim Service provider, they must remove the housing opening in HMIS manually.

Progressive Engagement RRH Transfers

POLICY

In coordination with Cincinnati CE’s Alignment with HUD’s Coordinated Entry Policy Brief, it is the policy of the Clearinghouse that a progressive engagement transfer process should be piloted to ensure that people who need assistance the most can receive it in a timely manner. This policy shall provide a mechanism for participant households in a Progressive Engagement Rapid Re-Housing Pilot Program (RRH PILOT) to transfer to a Permanent Supportive Housing (PSH) program.

An acuity tool based on the HUD VASH Acuity Scale and approved by the Clearinghouse with this policy is authorized for use to assist in determining a participant household’s need for a transfer. Acuity tool data and other data will be collected for use by the Coordinated Entry Review Panel (“Review Panel”) for

assistance in making transfer decisions and by the Progressive Engagement Subcommittee of the Homeless Clearinghouse for the purpose of future policy development.
This policy is intended as a pilot of a potential community-wide Coordinated Entry housing referral system and will be operating concurrently with the established referral system. In cases where this policy and other policies of the Clearinghouse conflict, this policy shall inform and take precedence. Unless otherwise extended, this policy shall sunset upon communication to the Clearinghouse that rental assistance funds in the RRH PILOT have been exhausted or on December 31, 2022, whichever is earlier.

PROCEDURE: Upon being housed in Rapid Re-Housing (RRH), RRH PILOT participant households ("participants") will be assessed at enrollment and at a minimum monthly thereafter using the RRH PILOT acuity tool ("acuity tool"). This data will be communicated to Coordinated Entry who will provide de-identified data to the Review Panel and the Progressive Engagement Subcommittee of the Homeless Clearinghouse for the purpose of future policy development.
If by 4 months the RRH PILOT case manager feels that the participant is not making progress towards stable housing and is in need of PSH they can petition their supervisor to appeal to the Review Panel for a RRH to PSH transfer.

The program supervisor will complete an appeal form detailing the efforts made to stabilize the participant in Rapid Rehousing. This form will also require the program supervisor to explain in detail why the participant requires Permanent Supportive Housing to be successful.
The Review Panel will review RRH to PSH transfer requests with the option of requiring the program supervisor and associated staff to appear in person or electronically to advocate for the transfer. The review panel will consider the following criteria when making a decision:

- Original VI-SPDAT score
- Qualifying disability that is expected to be long continued and indefinite duration and significantly limits their ability to live independently. The disability must be documented following PSH eligibility requirements.
- HUD VASH acuity tool assessments
- Length of time homeless prior to housing
- Past history of homelessness
- Barriers presented by the RRH program supervisor and case management staff
- Efforts made by the program supervisor and case management staff to stabilize the client
- Availability in Permanent Supportive Housing
- Length of stay in the Rapid Rehousing program

If the request is approved the participant will be added to the RRH to PSH transfer prioritization list ("Transfer List"). If the request is denied the program supervisor will be notified in writing with a narrative on why the committee has made the decision. The program supervisor can appeal again in three months.
The transfer list will be maintained by Coordinated Entry Phase Two staff, but its order will be determined by the Review Panel who will evaluate the order at each meeting. For each household on the Transfer List, the Review Panel will take into account:

- Length of time remaining in RRH
- Severity of participant need
- Compatibility of PSH availability

For new scattered-site PSH openings, households on the transfer list shall be given first priority for placement over all other candidates. Priority will be based upon length of stay in the RRH program. STEH Coordinated Entry Phase Two staff will keep detailed information made available (de-identified where appropriate) to both the Review Panel and the Progressive Engagement Subcommittee of the Homeless Clearinghouse on:

- Number of transfer requests
- Outcomes of requests
- VI-SPDAT scores
- Acuity tool scores
- Demographics
- List of all RRH PILOT transfers placed in PSH

The Review Panel will also follow up with the PSH programs transferred participants are placed in to monitor progress and measure appropriateness of the transfer. They will also consult with the Progressive Engagement Subcommittee of the Homeless Clearinghouse who would be responsible for proposing a permanent progressive engagement framework for the community.

PSH to PSH Transfers

During participation in the CoC program, it may be appropriate to transfer a Permanent Supportive Housing (PSH) participant to a different PSH project. Appropriate transfers must include a programmatic benefit that the participant is unable to receive in the current program. When a change in project is appropriate, the existing and the prospective service providers will coordinate with Strategies to End Homelessness (STEH) to transfer the participant. Transfers may only occur in accordance with this policy and procedure and the participant's choice in housing and services.

- This policy is applicable to housing transfers between PSH projects. RRH to RRH transfers are not permissible unless specifically allowed by HUD on a case-by-case basis.
- Programmatic Transfers - Transfers requested to meet an agency or program need only will work directly with STEH, including, but not limited to, transfers when a CoC project is closing or when decreasing project capacity.
- Intra-Agency Client Intervention Transfer -Transfers between two projects within the same agency requested to meet a client intervention need may be approved by STEH Coordinated Access Manager unless it is determined by STEH to go through the Review Panel.
- Inter-Agency Client Intervention Transfer - Transfers between service providers requested to meet a client intervention need must be approved by the community Review Panel.

PROCEDURE:

All transfers must be acceptable to the participant. However, a potential transfer may be initiated at the participant's request or the service provider's request based on observation that a different housing project may better serve the participant's individual needs.

All Programmatic Transfers

Service providers who request a Programmatic Transfer will work with STEH to define a plan of action to ensure that, to the extent possible, client continuity of care is maintained and that no participants are exited to homelessness. Requests for Programmatic Transfer must go to the STEH CoC Manager.

All Client Intervention Transfers

STEH Coordinated Access Manager may approve intra-agency client intervention transfers on a case-by-case basis. STEH may request that the provider making the request follow the Review Panel process.

For all Inter-Agency Client Intervention Transfer requests, the current agency must complete the Review Panel assessment and process.

All Client Intervention Transfer requests must include:

- Reasons for the request.
    - Outline the circumstances necessitating the transfer including the programmatic benefit that the participant does not have access to in the current program and
    - Interventions that were attempted to stabilize participant in current housing.
- Housing accommodations being requested.
- Confirmation that an assessment of service need has been completed and that the participant needs ongoing supportive services.
- Description of how the transfer will positively impact service delivery to the participant.
- Confirmation that the participant has been included in the housing discussion and is supportive of the transfer request.
    - If possible, the service provider requesting the transfer will provide written documentation from the participant acknowledging that the transfer is their choice.
- If applicable, the service provider requesting the transfer will provide written advocacy from a third-party service provider.

Following all transfer requests, STEH Coordinated Access will notify the requesting agency of the decision via email including the rationale for the denial. Participants approved for transfer will be prioritized for housing in accordance with the Prioritization section of the Coordinated Entry Policy and Procedure Manual.

DOCUMENTATION REQUIREMENTS:
When a transfer is approved, both service providers are required to maintain documentation of the process and approval. The following documentation must be maintained and must be available for review by STEH and/or HUD:

- All documentation of eligibility for the original PSH project, including original Coordinated Entry referral, disability documentation and chronic documentation, if applicable.
- Transfer request as submitted by original service provider.
- Coordinated Entry transfer approval email.

EXAMPLES:
While not exhaustive, the following are examples of when a program participant might transfer:

1. A transfer from scattered-site to site-based housing: A participant in scattered-site PSH is experiencing difficulty in complying with the terms of the lease and all parties agree that housing stability may increase in a site-based project. (Client Intervention Transfer)
2. A transfer from site-based housing to scattered site housing: A participant has had a stable tenancy in a site-based unit and wishes to increase their self-sufficiency by moving to a unit in the private rental market. (Client Intervention Transfer)
3. A participant is identified as having sub-population specific service needs and service delivery would be enhanced by transferring the participant to a more appropriate project that can deliver specialized care to the participant. (Client Intervention Transfer)
4. Family composition changes and appropriate unit size (reunification or reduction) in a site-based project. (Programmatic Transfer)
5. A CoC program is defunded in the CoC Process and must close. Agency works with STEH Coordinated Access to determine appropriate transfers for most vulnerable current participants. (Programmatic Transfer)

Returned Referrals

All CoC/ESG funded emergency shelter, Shelter diversion and housing projects in Cincinnati/Hamilton County's Continuum of Care (CoC) will accept all referrals made to them by the Coordinated Entry Process except in cases where the client is found to be ineligible for the housing program at any time either after the match has been made to them or before the client is housed in the program.

Whether the match is provider or participant declined, once the referral is denied in HMIS, the client returns to the prioritization list and will be matched to the next housing opening the client is eligible and prioritized for.

Provider-Declined Matches

Coordinated Entry staff ensure clients being matched with emergency shelter, Shelter Diversion or housing openings are eligible at time of match. Eligibility criteria used are those decided upon by each CoC workgroup and HUD.

Shelter, Diversion and housing providers should update the Referral Status in HMIS as soon as possible upon an ineligible determination and choose the appropriate denial reason. See Referral Definitions document in Appendix for referral outcomes used in our community.

Participant-Declined Matches

At any point in the process if a client denies an offer of emergency shelter, Shelter Diversion or housing, their case manager should update the Referral Status in HMIS and document any additional information in the text box of the referral.

Coordinated Entry staff may seek additional information as to the reason the housing opportunity was denied so as not to match the client to another program that would not be suitable for the client's needs and stated objectives. Following a denied Referral, either by Provider or Client, clients are placed back on the prioritization list in the same order. Please see the HMIS manual for additional information on handling Referrals in HMIS.

Clients that spend time in institutional setting while matched

The Coordinated Entry Workgroup has established a process for how to address situations when clients who are matched to a housing program spend time in an institution for less than 90 days, since one measurement of success of a housing program is how quickly they house referrals on average. Because the client will maintain their eligibility for the housing program according to HUD, they will not lose their housing offer, but the time spent in the institution may be waived for a housing provider if they provide the necessary intake/discharge documentation to STEH.

When a client who has been matched through Coordinated Entry to a housing program enters an institutional facility prior to entering housing and stays for under 90 days, the time spent in the institutional facility is eligible to be waived from the housing agency's "Match to Housed" time for this client, upon submission of appropriate documentation to STEH Coordinated Entry Staff. The applicable criteria are:

- Client was matched through Coordinated Entry,
- Client had an HMIS-documented stay in a place designated as a literal homeless location on the night before their first night in the institution,
- Client stayed in the institution for under 90 days, and
- Client has been housed in program.

A housing program that has a client that meets the above criteria should follow the below procedure to have the client's time in an institutional facility waived from the client's "Match to Housed" time. Housing program staff should inform Coordinated Entry staff by email of the eligible institutional stay and include dated documentation from the institution.

With appropriate documentation, STEH Coordinated Entry staff will remove the total number of days the client stayed in the institution from their "Match to Housed" record.
(Ex.: If match was made 8/1/2022 and the client was housed 9/15/2022, but was in jail from 8/10/22-8/25/2022, the Match to Housed time would be 29 days, not 45.)

Data Management

Privacy Protections

Each agency participating in the Coordinated Entry program should ensure their staff are familiar with the HMIS Policy Manual. In addition to that manual, staff working with clients engaged with the Coordinated Entry Program will be expected to adhere to the following:

- Users of all Coordinated Entry projects in HMIS must sign a User Agreement form annually, and must abide by all requirements within that document. Strategies to End Homelessness staff must approve all users of the Coordinated Entry project in HMIS and reserve the right to revoke access to the project if the user fails to remain in good standing with their agency, the Coordinated Entry system, or within other HMIS projects.
- Participants of Coordinated Entry are free to decide what information they provide during the assessment process. Coordinated Entry will not deny assessment or services to a participant if the participant refuses to provide certain pieces of information, unless the information is necessary to establish or document program eligibility per the applicable program regulation.
- Coordinated Entry will not deny services to participants if the participant refuses to allow their data to be shared, unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation.
- Participants will not be denied access to the Coordinated Entry system on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking. Further, records containing PII are kept secure and confidential, and the address of any family violence project will not be made public, per section 578.103(b) of the CoC program rule.
- The assessment and prioritization process does not require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information will only be obtained for purposes of determining program eligibility to make appropriate referrals.

CE process partners and all participating agencies contributing data to CE must ensure participants' data is 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 data are being collected, stored, managed, and potentially shared, with whom, and for what purpose.

Participating agencies must collect all data required for CE as defined by the CoC, including the "universal data elements" listed in HUD's HMIS Data Standards Data Manual.

Obtaining Consent and Refusal [20]

Participants must receive and sign the HMIS Consent form prior to the collection of data for CE. The form identifies what data will be collected, where those data will be stored/managed, how those data will be used for the purposes of helping the 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). Data must not be collected without the consent of participants.

[20] HUD Coordinated Entry Notice: Section II.B.12, II.B.12.c, II.B.13,

If a client refuses to give consent for their information to be shared, they will remain eligible to be considered for housing services.

Coordinated Entry staff will conduct regular reviews of all client records to confirm an ROI is completed and active or client information for those who refuse consent was received following the approved process. Clients who do not have a consent completed and uploaded in HMIS in a timely manner may be removed from HMIS.

Coordinated Entry Phase One – Access

Central Access Point (CAP) is the front door to many homeless services in Hamilton County. On an average day, CAP receives more than 80 calls from people all over the county and beyond who are in crisis and in need of shelter or other services. CAP does not have a walk-in component, so all business is handled over the phone; either by voice or text in some instances. CAP utilizes the Cincinnati/Hamilton County Homeless Management Information System (HMIS) Clarity to document all calls and services provided to callers.

In order to ensure callers are provided with fast and effective service, CAP will obtain a verbal consent to enter caller information, including personally identifiable information (PII), into the HMIS when no other consent is present. This consent will remain valid for a period of 7 years from the date of the call.
It is expected that callers who present for services in person and who are provided with services will still be asked to sign an electronic or paper consent form to replace any verbal consent obtained by CAP when no other consent is present.

When a client refuses to provide their consent, CAP Intake Specialists should enroll the client into HMIS without entering any PII. Caller notes should include enough information to make an eligibility determination and appropriate placement without disclosing PII.

All other community Access Points follow the policies found in the HMIS Manual.

Coordinated Entry Phase Two – Housing Intervention

When a client refuses to provide their consent, the assessing case manager should inform Coordinated Entry staff by email of the information needed to consider the client for prioritization via email, ensuring no PII is shared. This includes:

- Unique ID
- Assessment score
- Number of relevant Prioritization Factors

Other information may be requested in order to determine priority and/or eligibility for specific programs.

If the client is a veteran and refuses to provide consent, provider should continue to enter the veteran in the STEH-Coordinated Access project in HMIS, removing all identifying information. This ensures the veteran is counted in the census and benchmark calculations.

Coordinated Entry Phase Three – Coordinated Exit

In addition to the HMIS Privacy Notice and Client Consent form, providers completing the HCV referral enrollment verify client consent by choosing “Yes” to the question “Has the client agreed to share

information about basic data about self and household, current episode of homelessness and correspondence with CMHA?"

When a client refuses to provide their consent, the assessing case manager should inform Coordinated Entry staff of the information needed to consider the client for CMHA eligibility via email, ensuring no PII is shared.

Evaluation

Ongoing planning and stakeholder consultation[21]

Regular and ongoing evaluation of the Coordinated Entry system will be conducted to ensure that improvement opportunities are identified, that results are shared and understood, and that the Coordinated Entry system is held accountable.

Coordinated Entry Phase One- Access

In addition to the annual focus groups, CAP solicits feedback via survey (see Appendix). CAP staff send the survey bi-weekly via email to CAP line callers who received a placement into shelter or program during previous 2-week time period. All surveys are collected and data reviewed by the Coordinated Entry workgroup at least annually. Immediate concerns identified in the surveys will be addressed with appropriate staff as soon as possible.

Coordinated Entry Phase Two- Housing Intervention

Program and Community Stakeholder Consultation

Coordinated Entry will consult with programs and community participants via the Hamilton County Continuum of Care Coordinated Entry Workgroup on a monthly basis to gather feedback. In addition, Coordinated Entry staff hold monthly Open Office Hours, which is a set-aside time for CE staff to answer questions and address concerns that pertain to all three phases of the Coordinated Entry system. There is no set agenda, and all community members are invited to join.

At least one feedback session per annual year is held to evaluate the intake, assessment and referral processes associated with Coordinated Entry as a whole system. Solicitations for feedback address the quality and effectiveness of the entire Coordinated Entry experience for both participating projects and participants. Indicators measured via the participant feedback methods mentioned in this section will include:

1. appropriateness of questions asked on assessments;
2. effectiveness of process to find and secure referrals; and
3. satisfaction with placement.

Additionally, the Coordinated Entry Leadership group will conduct a survey at least annually that solicits provider feedback on the entirety of the system and will utilize the feedback to make necessary changes.

Feedback received through these processes may be used in variety of ways including but not limited to: identifying training needs, process improvements, education and awareness campaigns, and data tracking. Identified improvements will be planned by the Coordinated Entry Workgroup and Leadership group.

CE will take steps to protect the confidentiality of all information gathered through all these methods, including:

- Names and other personally identifying 46information of focus group participants will not be collected or stored;
- Surveys will not require or ask for personally identifying information to be given.

[21] HUD Coordinated Entry Notice: Section II.B.15

Participant Stakeholder Consultation

Feedback is solicited through yearly (at least once per fiscal year) focus group of consumers engaged in the Coordinated Entry process that are currently experiencing homelessness. The Hamilton County Continuum of Care Coordinated Entry Workgroup will rotate shelters/outreach areas to host the focus group so all populations will be covered in the evaluation process.

The host shelter/outreach team will be responsible for inviting its consumers to attend the focus group. The host shelter/outreach team must invite all current participants to the focus groups and not target only a select few. Recruitment may be through flyers posted in common areas where all participants may see, announcements in group settings, as well as conversationally with participants in advance of the Focus Group. If at least 5 participants do not attend any particular Focus Group, the focus group may be rescheduled.

If once these methods have been conducted, it is determined that a representative sample was not obtained, Coordinated Entry staff will reach out to individual projects to request one-on-one meetings with current and/or past participants. Coordinated Entry staff will work with individual projects to ensure clients surveyed in one-on-one meetings would complete a representative sample.

Coordinated Entry Phase Three-Coordinated Exit

In addition to the annual focus groups, Coordinated Exit solicits feedback via survey (see Appendix). Coordinated Exit staff send the survey quarterly to Coordinated Entry participants who exited the program within the previous quarter. All surveys are collected and data reviewed by the Coordinated Entry workgroup at least annually. Immediate concerns identified in the surveys will be addressed with appropriate staff as soon as possible.

Appendix

Appendix A	Language Line-Available languages
Appendix B	Access Point Contacts
Appendix C	Diversion at the Front Door Assessment
Appendix D	Housing Availability in HMIS
Appendix E	Referral Responsibilities
Appendix F	Project Based Vouchers Waitlist preference
Appendix G	Referral Result Definitions
Appendix H	CAP feedback survey
Appendix I	Coordinated Exit feedback survey