Coordinated Entry System
Policies & Procedures

Approved by CoC Board

June 23, 2022

MID-WILLAMETTE VALLEY
HOMELESS ALLIANCE
MOVING TO END AND
PREVENT HOMELESSNESS

www.MWVHomelessAlliance.org

Acknowledgements

In the summer of 2016, the ARCHES Project (the homeless services division of the Mid-Willamette Valley Community Action Agency) began to develop a coordinated entry system for Marion and Polk counties. Prior to the development of this system, most homeless services in the region were accessed on a first-come, first-served basis, or by case manager referrals to services. These processes were inadequate to address a large and growing chronically homeless population. Of note, there was no methodology to base housing placements on the concepts of vulnerability, nor much effort made to make appropriate placements by need level. Instead, the results were generally that lower needs individuals were housed ahead of higher needs homeless clients, and the chronically homeless rate increased to twice the national average.

In October of 2016, ARCHES abandoned its older access system in favor of a philosophy of Coordinated Assessment, which was designed to use a single door methodology, combined with extensive outreach, to make sure that every homeless client in Marion and Polk counties were counted, assessed for vulnerability, and enrolled in the Coordinated Entry System.

The new system made use of the VI-SPDAT suite, along with additional assessment methodologies including the Vulnerability Assessment Tool (VAT). The data generated by these assessment methodologies and expanded demographic data collection gave the region more than 700,000 data points on the homeless population by November of 2019. It also paved the way for a much more integrated homeless services system, with all HUD homeless placements and most other housing placements using the single Coordinated Entry Referral System by the summer of 2019. This work also led directly to the City of Salem's first attempt to use its housing authority as the city's primary homeless service's arm. In the summer of 2017, the City of Salem created the Homeless Rental Assistance Program (HRAP) at the Salem Housing Authority, which used the Marion-Polk Coordinated Entry System to house the highest needs chronically homeless individuals in the community, a project which has now houses 50 chronically homeless individuals each year.

In December 2019, the Mid-Willamette Valley Homeless Alliance (the "Alliance") was recognized by HUD as the new Continuum of Care for the Marion-Polk region. The Alliance board held its first meeting in February 2020 and adopted the CoC Governance Charter, which includes operations of the CoC's Coordinated Entry System. The charter also outlines the responsibilities of the CoC's Coordinated Entry Committee. A Memorandum of Understanding with Mid-Willamette Valley Community Action Agency assigns operation the CoC's Coordinated Entry System to ARCHES.

Staff from the Alliance and ARCHES work together to ensure effective operations of the CoC's Coordinated Entry System. For more information, contact Breezy Aguirre, at ARCHES (breezy.aguirre@mwvcaa.org) or Jan Calvin, Alliance staff consultant (calvin.jan@yahoo.com).

Affirmative Fair Housing Marketing Plan

The Mid-Willamette Valley Homeless Alliance is committed to the goals of non-discrimination and equal access, and to affirmatively furthering fair housing. The Alliance has established procedures to affirmatively market housing opportunities offered through its Coordinated Entry System (CES).

The CES will not discriminate against any individual or family because of race, color, national origin, religion, gender, disability, familial status, sexual orientation/gender identity, source of income, or domestic violence. Reasonable accommodations will be offered to all disabled persons who request them at any time during the application or selection process, and throughout program involvement.

Targeting

The Coordinated Entry System spans the entire Marion-Polk region.

Outreach / Methods for Informing the Public

1. Engagement and involvement in community collaborations and meetings, which include representation from organizations and programs providing services to underserved populations. The meetings provide the opportunity for community providers and stakeholders to network, educate, and provide updates with other advocates and providers serving the homeless and at-risk populations. The meetings have representation from a vast array of providers serving underserved populations. The Coordinated Entry program will provide updates at the following meetings. Between meetings, electronic communications are used to disburse information.
   - The CoC Collaborative Committee, open to individuals and organizations addressing homelessness in the Marion-Polk region. Between meetings, electronic communications are used to disburse information.
   - The CoC Coordinated Entry Committee, the membership of which is appointed by the Mid-Willamette Valley Homeless Alliance board of directors and includes representatives of organizations active in the Coordinated Entry System.

2. The Coordinated Entry System is represented at the Salem-Keizer Community Connect and Polk County Community Connect events held annually, as well as other outreach events. The events offer the opportunity to connect directly with individuals and families in need and to network with other service providers.

3. The Coordinated Entry System is advertised through 211. Individuals seeking assistance can contact 211 via telephone or the internet to access resource information.

Materials

All CES flyers, application paperwork, and related websites will include the "Equal Housing Opportunity" logo or slogan.

The Fair Housing Poster will be prominently displayed in the lobby of all locations that provide access to the Coordinated Entry System, and an Equal Housing Opportunity flyer will be posted in all staff offices and meeting spaces where clients frequent.

All clients will be informed of their fair housing rights and educated on how to contact the Fair Housing Council of Oregon as part of the Coordinated Entry Assessment process.

HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of well-developed coordinated entry processes can result in severe hardships for people experiencing homelessness. They often face long waiting times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance 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.

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INTRODUCTION & OVERVIEW

CE Process Definition

HUD requires each CoC to establish and operate a "centralized or coordinated assessment system," based on evidence that such systems increase the efficiency of local crisis response systems and improve fairness and ease of access to resources, including mainstream system resources. Participating projects use the coordinated entry process established and operated by the CoC to

a) manage coordinated intake and assessment,
b) standardize the prioritization process, and
c) facilitate referrals to available housing and resources.

Coordinated Entry processes are intended to help communities prioritize assistance to ensure that persons who are most in need of assistance receive it in a timely manner. When appropriate data are collected, CE processes can also provide information to CoCs and other stakeholders about service needs and gaps, which helps communities to strategically allocate their current resources and identify the need for additional resources.

Topic 1: CE Participation Expectations

Description/Rationale: To note any difference in expectations of projects that are _required_ to participate in CE by a funder (such as those funded by HUD's CoC and ESG programs) versus those projects that are not contractually obligated to participate in CE but opt to do so.

Policies:
- All CoC Program- and ESG Program-funded projects are required to participate in the local Coordinated Entry System, as specified in the CE Partnership Agreement.

- The CoC aims to have all homeless assistance projects participating in its CE process and will work with all local projects and funders in its geographic area to facilitate their participation in the CE System.

Procedures:
- As part of the annual CoC application processes, each **CoC-funded project** must identify the number of participants its project referred, accepted, rejected, and/or served from the CE process in the previous year.

- At the same time as the annual CoC application process, each **ESG-funded project** must identify the number of participants its project referred, accepted, rejected, and/or served from the CE process in the previous year.

- At the same time as the annual CoC application process, each of the **non-CoC/ESG-funded projects that opt to participate in CE** must identify the number of participants its project referred, accepted, rejected, and/or served from the CE process in the previous year.

- CE staff will provide training on how to work with the Coordinated Entry System to all homeless assistance providers engaged in the CE System and offer basic CE training to other providers and area stakeholders. (See Appendix A – CE Training Plan.)

Topic 2: CoC and ESG Coordination

Description/Rationale: To identify how the CE policies and procedures will align with written standards for providing ESG and CoC assistance.

> **Required:** Each CoC- and ESG-funded recipient operating within the CoC's geographic area must work together to ensure the CoC's coordinated entry process allows for coordinated screening, assessment, and referrals for ESG-funded and CoC-funded projects. Sources: CoC Program interim rule: 24 CFR 578.7(a)(9); ESG interim rule: 24 CFR 576.400(d) and (e)
>
> Required: The CoC, in consultation with recipients of ESG Program funds within the geographic area, must establish and consistently follow written standards for providing Continuum of Care assistance that can guide the development of formalized policies and procedures for the coordinated entry process. Written standards provide guidance for:
>
> - evaluating individuals' and families' eligibility for assistance under 24 CFR Part 578.
> - determining and prioritizing which eligible individuals and families will receive transitional housing assistance.
> - determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance; and determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance.
> - determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance. Source: CoC Program interim rule: 24 CFR 578.7(a)(9)

Policy:

The CoC will align and coordinate CE policies and procedures governing assessment, eligibility determinations, and prioritization with its written standards for administering CoC and ESG Programs funds.

Procedures:

- The CoC will include at least one representative from the local ESG recipient in its membership of the CE Committee.

- At least annually, representatives from the CoC and the ESG recipient agencies will review the CoC's written standards, identify any necessary changes, and ask that the CE Committee review and recommend changes in the CE Policies & Procedures.

Topic 3: Guiding Principles

Description/Rationale: To define local guiding principles for the CE System that capture the vision and mission of these system change efforts, such as promoting a more effective crisis response system. Guiding principles can help organize and structure local CE planning and management efforts and ensure that CoC stakeholders share a common understanding of system goals and priorities.

Policy:

The CoC establishes the following guiding principles for its Coordinated Entry System:

1. The CES will operate with a person-centered approach, and with person-centered outcomes.

2. The CES will ensure that participants quickly receive access to the most appropriate services and housing resources available.

3. The CES will reduce the stress of the experience of being homeless by limiting assessments and interviews to only the most pertinent information necessary to resolve the participant's immediate housing crisis.

4. The CES will incorporate cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.

5. The CES will implement standard assessment tools and practices and will capture only the limited information necessary to determine the severity of the participant's needs and the best referral strategy for him or her.

6. The CES will integrate mainstream service providers into the system, including local Public Housing Authorities and VA medical centers.

7. The CES will utilize HMIS for the purposes of managing participant information and facilitating quick access to available CoC resources.

8. The CES will coordinate with Domestic Violence service providers and to assure DV client access to the full range of resources for referral.

9. The CES will operate on the Housing First model.

Topic 4: Terms & Definitions

Description/Rationale: To include a list of any federal, state, and local terms or acronyms that will appear throughout your CE P&P document. When an official HUD or federal partner definition of a term exists, CoCs are encouraged to use that definition, in lieu of creating their own.

Term	HUD Definition
Chronically homeless	Chronically homeless means: (1) A "homeless individual with a disability," as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who: i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND ii. Has been homeless continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (i) above.
Case conferencing	Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication.
Continuum of Care (CoC)	Group responsible for the implementation of the requirements of HUD's CoC Program interim rule. The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.
Continuum of Care (CoC) Program	HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.

Term	HUD Definition
Emergency shelter	Short-term emergency housing available to persons experiencing homelessness.
Emergency Solutions Grant (ESG) Program	HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.
Homeless Management Information System (HMIS)	Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.
Projects for Assistance in Transition from Homelessness (PATH)	Substance Abuse and Mental Health Services Administration (SAMHSA)–funded program to provide outreach and services to people with serious mental illness (SMI) who are homeless, in shelter or on the street, or at imminent risk of homelessness.
Public housing authority (PHA)	Local entity that administers public housing and Housing Choice Vouchers (HCV) (aka Section 8 vouchers).
Permanent supportive housing (PSH)	Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.
Rapid re-housing (RRH)	Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.
Release of information (ROI)	Written documentation signed by a participant to release his/her personal information to authorized partners.
Transitional housing (TH)	Program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.

Topic 5: Roles

Description/Rationale: To identify the key roles and responsibilities for stakeholders that are engaged in the design and implementation of the CE System.

- **CoC Board:** Responsible for the general oversight of the CE System, including the approval of the CE Policies & Procedures document.

- **CE Management Entity:** Responsible for the day-to-day operations of the CE system. *[Mid-Willamette Valley Community Action Agency is our CE Management Entity.]*

- **CE Coordinator**: Staff position responsible for supporting or managing day-to-day functions of CE, which may include any combination of the following: maintaining a prioritization list, assisting with matching participants to available housing resources, communicating referrals, facilitating case conferencing meetings, assisting with grievance and appeal processes, monitoring CE activity, and preparing CE monitoring and evaluation reports.

- **CE Committee:** Primary governing body for coordinated entry. Meets at least monthly to oversee the implementation and evaluation of the CE System.

- **Collaborative Applicant**: Entity that must (at the request of the CoC Board) apply for HUD funding for coordinated entry, including planning grants. *[The ORS 190 Entity, Mid-Willamette Valley Homeless Alliance is our Collaborative Applicant.]*

- **HMIS Lead Agency**: Operates the Homeless Management Information System on the CoC's behalf. Ensures the CE System has access to HMIS software and functionality for the collection, management, and analysis of data on persons served by coordinated entry. Entity designated by the CoC in accordance with HUD's CoC Program interim rule to operate the HMIS on the CoC's behalf. The HMIS Lead designated by the CoC may apply for CoC Program funds to establish and operate its HMIS. *[Oregon Housing and Community Services is our HMIS Lead.]*

- **Participating Project:** Agency or organization that has agreed to provide homelessness supports/services on behalf of the CoC. A participating project must execute a CE Participation Agreement (Appendix B – CE Participation Agreement) with the CoC. The Participation Agreement outlines the standards and expectations for the project's participation in and compliance with the policies and procedures governing CE operations. For a project to receive CoC or ESG Program funding from HUD, it is required to participate in coordinated entry.

- **Mainstream System Provider:** Agency or entity that can provide necessary services or assistance to persons served by coordinated entry. Examples of mainstream system providers include hospitals, mental health agencies, employment assistance programs, and schools.

- **U.S. Department of Housing and Urban Development (HUD):** Federal agency responsible for administering housing and homelessness programs including the CoC and ESG Programs.

- **U.S. Department of Veteran Affairs (VA):** Federal agency responsible for providing health care and other services, including assistance to end homelessness, to veterans and their families.

Topic 6: Annual Review of CE Policies & Procedures

Description/Rationale: To identify responsibilities for review, revision, and approval of the CE Policies & Procedures.

Policy:

The CE Committee is responsible for reviewing and recommending revisions to the CE Policies & Procedures, and the CoC board is responsible for approving the CE Policies & Procedures.

Procedure:

The review 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 Staff@MWVHomelessAlliance.org.

Each version will carry the history of the document. Example:

Version	Date Released	Key Changes
1.0	January 1, 2016	N/A
2.0	July 30, 2016	• Updated assessment process on page 5. • Included new HUD guidance on CE requirements.

Topic 7: Full Geographic Coverage

Description/Rationale: To affirm that the CE System covers the geographic area and describe related procedures.

Policy:
The CoC's CE process covers the CoC's entire geographic area.

Procedure:
The CoC's regional CE model includes the following access and assessment methods.

- Physical access/assessments sites
  See Appendix C for a copy of the CE Access & Assessment Site Agreement

- Traveling assessors who meet clients at different locations:
  - Emergency shelters, at the request of the shelter operator
  - Day centers, at the request of the day center operator
  - On the streets/at camps, at the request of Outreach Staff

- Phone and teleconference assessments, requested on behalf of the client by other providers.

Topic 8: Affirmative Marketing and Outreach

Description/Rationale: To describe how the CoC will ensure that there is fair and equitable access to CE processes and functions such as access points, assessment processes, prioritization, and referral.

> **Required:** "The CoC Program interim rule at 24 CFR 578.93(c) requires recipients of CoC Program funds to affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach and maintain records of those marketing activities. Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105(a)(2)." Source: HUD Coordinated Entry Notice: Section I.C.1

Policy:
All persons participating in any aspect of CE, such as access, assessment, prioritization, or referral shall be afforded equal access to CE services and resources without regard to a person's actual or perceived membership in a federally protected class such as race, color, national origin, religion, sex, age, familial status, or disability.

Procedures:
- Equal access to CE services and resources is to be achieved through equitable outreach and distribution of information that meets the unique needs of different populations, being responsive to issues, such as culture, race, ethnicity, language, sex, age, familial status, and physical and mental abilities.

- Additionally, equal access to CE services and resources is to be achieved through equitable outreach and distribution of information to people experiencing chronic homelessness, Veterans, families with children, youth, and survivors of domestic violence throughout the region.

- The CE management entity shall partner with organizations that serve specific populations, provide information in multiple languages, educate homeless service providers about CE, and provide all street outreach staff with tools for them to share with clients.

- Affirmative marketing and outreach are evaluated as part of the annual CE evaluation process, resulting in recommendations for improvement, as needed.

Topic 9: Safety Planning and Risk Assessment

Description/Rationale: To state how the CoC will ensure that survivors of domestic violence and those attempting to flee domestic violence, dating violence, sexual assault, stalking, and human trafficking will have access to resources, regardless of which access point they initially contact seeking crisis services.

Required: CoC must have a specific written CE policy and procedure to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. At a minimum, people fleeing or attempting to flee domestic violence and victims of trafficking must have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter. Source: HUD Coordinated Entry Notice: Section II.B.10

Policy:

People fleeing or attempting to flee domestic violence and victims of trafficking shall have safe and confidential access to the CE process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelters.

Procedures:

- All staff who conduct CE assessments shall participate in "DV 101" and trauma-informed care training annually. Training will be coordinated by the CE management entity.

- All CoC providers shall be encouraged to participate in domestic violence and trauma-informed care training.

- All ES providers shall incorporate a safety risk assessment as part of initial triage and intake procedures, evaluating, to the greatest extent possible, the physical safety and well-being of participants and prospective participants.

- All CoC-defined access points shall conduct an initial screening of risk or potential harm perpetrated on participants because of domestic violence, sexual assault, stalking, human trafficking, or dating violence (see Appendix D – CE Assessment Packet). In the event defined risk is deemed to be present, the participant shall be referred or linked to available specialized services and housing assistance, using a trauma-informed approach designed to address the service needs of survivors of abuse and violence.

- Providers of DV services may have access to HMIS, as a practice to provide client-centered, trauma-informed care.

Topic 10: Incorporating a Person-Centered Approach

Description/Rationale: To identify the person-centered principles applied to CE.

Policy:

The CoC has adopted the following 6 principles to reinforce a person-centered approach throughout the coordinated entry process.

1) **Person-centered assessments.** The CoC includes assessments in coordinated entry that are based in part on participants' strengths, goals, risks, and protective factors.

2) **Accessible tools and processes.** The CoC includes tools and processes in coordinated entry that are easily understood by participants being assessed and referred, in addition to using required accessible formats for persons with disabilities.

3) **Sensitivity to lived experiences.** Sensitivity to participants' lived experiences is included in every aspect of coordinated entry, including assessment tools and delivery protocols that are trauma informed, minimize risk and harm, and address potential psychological impacts.

4) **Participant choice.** Participants' choices are honored in coordinated entry process decisions such as location and type of housing, level and type of services, and other program characteristics, as well as assessment processes that provide options and recommendations that guide and inform participant choice, as opposed to rigid decisions about what individuals or families need.

5) **Clear referral expectations.** Referral protocols ensure that participants will be able to easily understand to which program they are being referred, what the program expects of them, what they can expect of the program, and evidence of the program's rate of success.

6) **Commitment to referral success.** All partners in the CE System are committed to successfully completing the referral process once a referral decision has been made through coordinated entry, including supporting the safe transition of participants from an access point or emergency shelter to housing, and supporting participants in identifying and accessing an alternate suitable project in the rare instance of an eligible participant being rejected by a participating project.

Topic 11: Cultural and Linguistic Responsivity

Description/Rationale: To identify expectations and support delivery of culturally and linguistically responsive CE services.

Policies:

All staff administering CE assessments are expected to use culturally and linguistically responsive practices.

Procedures:

- Assessments will include culturally and linguistically responsive questions for all persons that reduce cultural and linguistic barriers to housing and services for special populations, including immigrants, refugees, and other first-generation populations; youth; individuals with disabilities; and lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) persons, and persons of various ethnic and racial backgrounds.

- The CE management entity will incorporate cultural and linguistic responsivity training into the required annual training protocols for CE assessment staff, and participating projects and staff members.

Topic 12: Incorporating Mainstream Services

Description/Rationale: To identify how mainstream services will be incorporated into the CE System.

Policies:

The CE System will incorporate mainstream services. Examples of mainstream housing and service providers include public housing agencies; affordable housing operators; VA Medical Centers; public child welfare agencies; providers of mental, physical, or behavioral health services; schools; early childhood care and education providers; out of school time providers; hospitals; correctional facilities; and workforce investment programs.

Procedures:

- At least annually, the CE management entity will provide information to mainstream housing and service providers about the CE System, including how to refer people at risk of or experiencing homelessness and how to become a CE Participating Agency.

- The CE management entity will provide training to mainstream housing and service providers who opt to become a CE Referral Partner or a CE Participating Agency. (Note: all CE Participating Agencies are expected to participate in the CoC Collaborative Committee; they also have the opportunity to serve on the CE Committee.)

Topic 13: Nondiscrimination

Description/Rationale: To reinforce that the coordinated entry process will operate in compliance with all federal, state, and locally applicable civil rights and fair housing laws and requirements; projects participating in CE that receive funding from federal, state, or local sources that have promulgated local civil rights and fair housing laws and requirements must also comply with all additional civil rights and fair housing laws and requirements; and identify how the CoC will monitor for compliance with these laws and requirements.

Required: "CoC must develop and operate a CE process that permits recipients of federal and state funds to comply with applicable civil rights and fair housing laws and requirements. 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, as specified at 24 CFR. 5.105(a), including the following:

(a) Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status; (b) Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance; (c) Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving federal financial assistance; and (d) 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."

Source: HUD Coordinated Entry Notice: Section I.D

Policies:

- The CE system must adhere to all jurisdictionally relevant civil rights and fair housing laws and regulations. Additionally, all partners in the CE system shall abide by the CoC's Anti-Discrimination Policy:

  MWVHA Anti-Discrimination Policy: In accordance with applicable state and federal regulations, the Mid-Willamette Valley Homeless Alliance, the Continuum of Care (CoC) for Marion and Polk Counties, is a non-discriminatory organization. It is the policy of the CoC to eliminate discrimination based on race, ethnicity, religion, color, sex, marital status, familial status, national origin, age, creed, mental or physical disability, sexual orientation, gender identity, and source of income. All CoC members and CoC-funded providers are required to adhere to anti-discrimination policies, including not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2)—Equal Access to HUD-Assisted or HUD-Insured Housing.
      - CoC *Board Approved 6.11.20*

- Failure to comply with these laws and regulations may affect the project's position in the local CoC rating and ranking process.

Procedure:

The CE management entity is responsible for monitoring agencies on compliance with all CE requirements and shall notify the CoC if they have information that could indicate an agency is not adhering to civil rights and fair housing laws and regulations.

ACCESS

Topic 1: Access Model, Sites, and Subpopulations

Description/Rationale: To define the CoC's local model for access to CE.

Policy:
All The CE system has multiple access points. Each designated site is trained and agrees to conduct assessments for all populations. However, some sites focus on a particular subpopulation. All designated access points sign a Coordinated Entry Access & Assessment Site Agreement with the CoC and are monitored by the CE Management Entity.

Procedure:
The CoC's regional CE model includes the following access and assessment methods.

- Physical access/assessments sites (as of June 2022):

  See Appendix C for a copy of the CE Access & Assessment Site Agreement and list of sites.

- Traveling assessors who meet clients at different locations:
  - Emergency shelters, at the request of the shelter operator
  - Day centers, at the request of the day center operator
  - On the streets/at camps, at the request of Outreach Staff

- Phone and teleconference assessments, requested on behalf of the client by other providers.

Topic 2: Accessibility of Access Sites

Description/Rationale: To describe how the CoC ensures effective communication with individuals with disabilities. Recipients of federal funds and CoCs must provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters). The CoC takes reasonable steps to offer CE process materials and participation instructions in multiple languages to meet the needs of limited English proficiency groups.

> **Required:** CoC's written CE policies and procedures must…. "(c) Document steps taken to ensure effective communication with individuals with disabilities. Recipients of federal funds and CoCs must provide 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. Access points must be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. (d) Take reasonable steps to ensure the coordinated entry process can be accessed by persons with Limited English Proficiency (LEP). Source: HUD's published Final Guidance to Federal Financial Assistance Recipients: Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (LEP Guidance) (72 FR 2732, published January 22, 2007) provides assistance and information regarding LEP obligations." HUD Coordinated Entry Notice: Section II.B.5.c and d

Policy:

The CoC will ensure that CE services are physically accessible to persons with mobility barriers. All CE communications and documentation will be accessible to persons with limited ability to read and/or understand English.

Procedures:

- The CoC designates the CE management entity to serve as the primary point of contact for ensuring that all CE materials are available in English, Spanish, Marshallese, and Russian.

- CE participating agencies will provide communication accommodation through translation services (staff or contracted) to effectively and clearly communicate with persons who have disabilities, as well as with any person with limited English proficiency.

- The CE management entity will provide visually and audibly accessible CE materials when requested by agencies or participants in CE.

Topic 3: Emergency Services

Description/Rationale: To clarify how emergency services (ES) resources will be coordinated with access to coordinated entry.

> **Required:** CoC's written CE policies and procedures must document a process by which persons are ensured access to emergency services during hours when the coordinated entry's intake and assessment processes are not operating. CE written policies and procedures must document how CE participants are connected, as necessary, to coordinated entry as soon as the intake and assessment processes resume operating. Source: HUD Coordinated Entry Notice: Section II.B.7.b

Policy:

Persons in need of emergency shelter shall not be required to complete a CE assessment prior to accessing emergency shelter; providers of emergency shelter shall facilitate participant access to CE assessments to occur within 3 days of entry to emergency shelter.

Procedures:

- All providers will encourage persons experiencing homelessness to complete a CE assessment.

- Completion of the CE assessment is required prior to accessing certain services, including Transitional Housing, Rapid Re-housing, and Permanent Housing. However, persons can access emergency shelter without first receiving a CE assessment.

- Emergency Shelter providers shall facilitate participant access to CE assessments by
    - providing information about CE assessment locations,
    - arranging for a mobile CE assessment, or
    - coordinating a CE assessment by phone or video conference.

Topic 4: Prevention Services

Description/Rationale: To state how CE will coordinate with available homelessness prevention (HP) assistance services (either ESG Program-funded or other homelessness prevention that is locally available).

> **Required:** CoC's written CE policies and procedures must document a process for persons seeking access to homelessness prevention services funded with ESG Program funds through the coordinated entry process. If the CoC defines separate access points for homelessness prevention services, its "written policies and procedures must describe the process by which persons are prioritized for referrals to homelessness prevention services. To the extent to which other [i.e., not ESG-funded] homelessness prevention services participate in coordinated entry processes, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs." Source: HUD Coordinated Entry Notice: Section II.B.8

Policies:
- The CE system will ensure that all potentially eligible HP participants will be screened for homelessness prevention assistance, regardless of the access point at which they initially seek assistance.

- The CoC's CE management entity will coordinate and make referrals to ESG-funded and other homeless prevention services.

Procedures:
- All CE access and assessment sites will be trained to conduct screening and assessments for homeless prevention assistance.
    - HP participants may be referred to services without a full assessment, thus diverted from the homeless services system.
    - HP participants who still present at-risk or eminent risk without further support will be fully assessed and entered into CE-Prevention for further resource navigation.

- The CE management entity will refer all eligible households to HP services, according to service availability and client needs.
    - HP service providers will pull clients from the CE-Prevention list.
    - The CE management entity will train all access sites on the inventory of HP services

Topic 5: Street Outreach

Description/Rationale: To state how street outreach (SO) resources will be used to ensure access to CE.

> **Required:** Street outreach efforts funded under ESG or the CoC program must link to the coordinated entry process. Written policies and procedures must describe the process by which all participating street outreach projects, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized process as persons who access coordinated entry through site-based access points. Source: HUD Coordinated Entry Notice: Section II.B.6

Policy:

Street outreach teams will function as access points to the CE process and will seek to engage persons who may be served through CE but who are not seeking assistance or are unable to seek assistance via projects that offer crisis housing or emergency shelter.

Procedure:

Street outreach teams will be trained on CE and the assessment process annually and will have the ability to coordinate with CE assessors to offer CE access and assessment services to participants they contact through their street outreach efforts.

ASSESSMENT

Topic 1: Standardized Assessment Approach

Description/Rationale: To describe the CoC's standardized assessment process for CE and:

- Ensure that assessment criteria reflect the prioritization process adopted to meet the requirements outlined in Section II.B.2 of HUD's CE Notice.
- If the CoC has different access points and different assessment tools for any of the populations allowed to have such items, then the CoC must document the criteria for uniform decision-making within those unique access points and assessment processes.
- If the CoC has a separate access point and assessment process for any of the allowed subpopulations described in HUD's CE Notice, then it must identify how it will ensure that all adults without children are assessed in the same way, and how decisions made regarding where to refer those participants are made in a uniform way.

> **Required:** CoC's written policies and procedures must describe the standardized assessment process, including assessment information, factors, and documentation of the criteria used for uniform decision-making across access points and staff. Source: HUD Coordinated Entry Notice: Sections II.B.2.g (1) and II.B.3

Policy:

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

Procedure:

All persons served by CE will be assessed using the appropriate VI-SPDAT (Individual, Family, TAY). All access points must use these tools to ensure that all persons served are assessed in a consistent manner, using the same process. An assessment specialist will conduct a Coordinated Entry assessment using the following tools:

- Mutual Respect Policy

- Domestic Violence Pre-Assessment Tool

- Release of Information (ROI)

- Base Assessment

- The appropriate VI-SPDAT/ Prevention VI-SPDAT

See Appendix D for a copy of the assessment tools.

Topic 2: Approach to Assessment

Description/Rationale: To describe how the CoC will design its assessment process in a manner that collects only the information necessary to assist participants to resolve their housing crisis and, potentially, identify a service strategy available within the CoC.

Policy:

All projects participating in CE will follow the assessment and triage protocols of the CE system. The assessment process will collect only enough participant information to prioritize and refer participants to available CoC housing and support services.

Procedure:

The CoC has adopted the following approach to engage and appropriately serve persons seeking assistance through the CE system:

- Initial Triage (Immediately): This first step will focus on identifying the immediate housing crisis and clarifying that the CoC crisis response system is the appropriate system to address the potential participant's immediate needs.

- Diversion or Prevention Screening (Immediately): The second step of assessment also happens immediately upon engaging with a participant. During this step, CE staff will examine existing CoC and participant resources and options that could be used to avoid the participant entering the homeless system of care.

- Crisis Services Intake (Immediately): The third step also happens immediately, as it is intended to collect all information necessary to enroll the participant in a crisis response project such as emergency shelter or other homeless assistance project.

- Comprehensive Assessment (Immediately, or within 3 business days after crisis services intake): In this step, the assessor will seek information necessary to refine, clarify, and verify a participant's housing and homeless history, barriers, goals, and preferences. Assessment information supports the evaluation of the participant's vulnerability and prioritization for assistance.

- Next Step / Moving On Assessment (Ongoing): The final step will collect information revealed or known when that new information might suggest a revised referral strategy. Or it will re-evaluate participants who have been stably housed for some time and who might be ready for less-intensive housing and service strategies.

Topic 3: Assessment Screening

Description/Rationale: To describe how the CoC will ensure that assessment data are not used to screen out households for housing and services based on a participant's membership in a protected class, such as a particular disability.

> **Required:** CoC must maintain written policies and procedures that "prohibit the coordinated entry process from screening people out of the coordinated entry process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record." Source: HUD Coordinated Entry Notice: Section II.B.4

Policy:

The CoC prohibits the coordinated entry process from screening people out of CE due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

Procedures:

- The CE process may collect and document participants' membership in Civil Rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to particular referral options.

- The CE process will not screen people out of CE due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

Topic 4: Assessor Training

Description/Rationale: To identify how staff responsible for the completion of CE assessments will receive training on the assessment process.

> **Required:** CoC must provide training opportunities at least once annually to organizations and or staff persons at organizations that serve as access points or administer assessments. CoC must update and distribute 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 process, including its written policies and procedures."
> Source: HUD Coordinated Entry Notice: Section II.B.14

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

Procedure:
The CoC will provide initial and annual training for persons who will manage access point processes and conduct CE assessments. Training will be offered at no cost to the agency or staff and will be delivered by an experienced and professional trainer who is identified by the CE management entity.

At a minimum, annual training will include:
- Review of CoC's written CE policies and procedures, including variations adopted for specific subpopulations
- Requirements for use of assessment information to determine prioritization
- Inventory of HP services
- Intensive training on the use of the CE assessment tools
- How to facilitate assessments that meet unique client needs, such as individuals with developmental disabilities
- DV 101
- Suicide Prevention and Safety Planning
- Trauma-informed Care
- Training to address any deficits identified through the monitoring process

(See Appendix A for CE Training Plan)

Topic 5: Assessor Monitoring

Description/Rationale: To identify how staff responsible for the completion of CE assessments will be monitored to assure consistency with policies and procedures.

Policy:

The CoC is committed to ensuring that all staff who assist with CE operations implement services with fidelity to the CE assessment policies and procedures.

Procedure:

The CE management entity will monitor implementation of CE assessments, provide feedback, and conduct additional training, as necessary. Each site will be reviewed at least annually to assure fidelity to the assessment process.

Continued, unresolved issues may result in discontinuing the implementation of CE assessments through the site.

The CE management entity will share monitoring information with the CE Committee on a quarterly basis.

See Attachment E for CE Evaluation Plan.

Topic 6: Participant Autonomy

Description/Rationale: To describe the actions that will be taken to ensure that participants can refuse to answer questions during the CE assessment process, as well as the option to refuse referrals made to them, without losing their opportunity for services.

> **Required:** CoC coordinated assessment participants must be freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. CoC must describe the conditions for participants to maintain their place in coordinated entry prioritization lists when they reject options. (Note: Programs may require participants to provide certain pieces of information to determine program eligibility only when the applicable program regulation requires the information in order to establish or document eligibility.) Source: HUD Coordinated Entry Notice: Section II.B.11

Policy:

It is crucial that persons served by the CoC's CE system have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process, or to refuse a referral that has been made to them. In both instances, the refusal of the participant to respond to assessment questions or to accept a referral shall not adversely affect their prioritization for services.

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.

Procedure:

As part of the introduction to the CE assessment, staff will explain to the participant that they have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process, or to refuse a referral that has been made to them. Staff will also explain 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.

Topic 7: Discrimination Complaint and Appeal Processes

Description/Rationale: To identify how the CE policies and procedures address the process for participants to file a complaint when they believe HUD's nondiscrimination requirements (as described in CE Notice Section I.D) have been violated, as well as their ability to participate in an appeal process regarding any decisions made using the results of their assessment.

> **Required:** "Participants must be informed of the ability to file a nondiscrimination complaint." Source: HUD Coordinated Entry Notice: Section II.B.12.g

Policy:

The CoC is committed to ensuring that no information is used to discriminate or prioritize households for housing and services on a protected basis such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status.

Procedure:

The CE participant information packet must include a form that details who the point of contact is for filing and addressing any discrimination complaints, which can be filed by participants if they believe the nondiscrimination policy has been violated in their case during the CE process.

Additionally, this form will describe and provide contact information on how to access the appeal process if they are not satisfied with or have any questions regarding how their complaints are handled.

This form must be reviewed with the participant by CE access point staff and must be signed by each participant. See Appendix F for the CE Discrimination Complaint Form.

Topic 8: Privacy Protections

Description/Rationale: To describe how participant assessment data will be protected to ensure that participant privacy is upheld.

> **Required:** "CoCs must include written policies and procedures for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process." Source: HUD Coordinated Entry Notice: Section II.B.12.a

Policy:

The CoC must protect all participants' personally identifiable information (PII), as required by HUD's HMIS Data and Technical Standards, regardless of whether PII is stored in HMIS.

All participant information collected, stored, or shared in the operation of CE functions, regardless of whether those data are stored in HMIS, shall be considered personal and sensitive information worthy of the full force of protection and security associated with data collected, stored, or shared in HMIS.

Procedure:

All CE participating projects will ensure participants' PII will only be collected, managed, reported, and potentially shared if those data are able to be secured in compliance with the HUD-established HMIS privacy and security requirements.

See Appendix G for the Release of Information (ROI) authorization forms.

Topic 9: Disclosure of Disability or Diagnostic Information

Description/Rationale: To affirm that participants are not required to disclose specific disabilities or diagnosis information during the assessment process.

> **Required:** CoC must have established written policies and procedures establishing that "the assessment process cannot require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals." Source: HUD Coordinated Entry Notice: Section II.B.12.f

Policy:

Throughout the assessment process, participants must not be pressured or forced to provide CE staff with information that they do not wish to disclose, including specific disability or medical diagnosis information.

Topic 10: Updating the Assessment

Description/Rationale: To describe any expectations for updating the participant assessment.

Policy:

All participant assessment information should be updated at least once a year, if the participant is served by CE for more than 12 months. Additionally, staff may update participant records with new information as it becomes known by staff.

Procedures:

Quarterly, CE staff will

- Identify participants whose assessment is more than 12 months old and
- Identify CE-Homeless participants who could have become chronically homeless since the last update

Updated Information: Participant data will be updated in HMIS after an initial CE data collection period and throughout project enrollment to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions.

The CoC will continuously work to improve participant engagement strategies to achieve completion rates of required HMIS data elements that are as high as possible. These efforts will be championed by the HMIS Lead, HMIS coordinating entity, and the HMIS Users Workgroup.

See Appendix H for the CE Update Form.

PRIORITIZATION

Topic 1: Standardized Prioritization

Description/Rationale: To identify and describe all factors and assessment information that are used to prioritize persons for homeless assistance.

> **Required:** "CoC's written CE policies and procedures must include the factors and assessment information with which prioritization decisions will be made for all homeless assistance." Source: HUD Coordinated Entry Notice: Section II.B.3

Policy:

CoC will use data collected through the CE process to prioritize homeless persons within the CoC's geography. CE prioritization is subject to program-specific prioritization, e.g., funding source requirements to serve specific populations.

Procedures:

Permanent Supportive Housing (PSH): The prioritization for PSH is consistent with HUD's Prioritization/PSH Notice. Persons eligible for PSH will be prioritized for available units based on the following criteria (applying the definition of chronically homeless set by HUD in its December 2015 Final Rule):

1. Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs, as determined by VI-SPDAT and FUSE. All things being equal, priority order of:
   a. Households consisting of unaccompanied youth.
   b. Households with a single parent and 2 or more dependent children under age 6.
   c. Households experiencing domestic violence.

2. Chronically homeless individuals and families with the longest history of homelessness but without severe service needs.

3. Chronically homeless individuals and families with the most severe service needs.

4. All other chronically homeless individuals and families not already included in priorities 1 through 3.

Rapid Re-Housing (RRH):

The prioritization for persons who are determined to be eligible for RRH will be consistent with the CoC's scoring range for need and vulnerability associated with RRH projects. Additionally, the CoC has opted to prioritize the following persons for RRH:

1. Chronically homeless, but not able to be served in PSH.

2. Homeless individuals and families who are not chronically homeless but do have a disability and a long period of continuous or episodic homelessness.

3. Homeless individuals and families who are not chronically homeless but do have a disability and severe service needs.

4. Households consisting of unaccompanied youth, aged 16 or older.

5. Households with a single parent and 2 or more dependent children under the age of 6.

6. Households experiencing domestic violence.

7. Homeless individuals and families who are not chronically homeless but do have a disability and are coming from places not meant for human habitation, Safe Havens, or emergency shelters.

8. Homeless individuals and families who are not chronically homeless but have a disability and are coming from transitional housing.

9. Households with a previous episode of homelessness within the most recent 12 months.

Transitional Housing (TH): The prioritization for persons who are determined to be eligible for TH will be consistent with the CoC's scoring range for need and vulnerability associated with TH projects. The CoC will prioritize the following persons for TH:

1. Households consisting of unaccompanied youth.

2. Households fleeing or experiencing domestic violence as the primary cause of their current housing crisis.

3. Participants seeking treatment services for behavioral health conditions such as mental illness and/or substance use disorders.

Topic 2: Emergency Services – Use of CE Prioritization

Description/Rationale: To state which services will not be part of the CE prioritization process.

> **Required:** "[CoC's] written CE policies and procedures must clearly distinguish between the interventions that will not be prioritized based on severity of service need or vulnerability, such as entry to emergency shelter, allowing for an immediate crisis response, and those that will be prioritized, such as [permanent supportive housing]." *Source: HUD Coordinated Entry Notice: Section II.B.7.a*

Policy:
Emergency services are a critical crisis response resource, and access to such services will not be part of the CE prioritization process. However, emergency service providers may opt to use the CE process to fill certain projects, such as a duration shelter.

Procedure:
When an emergency service provider opts to use the CE process to fill certain projects, the funding source and project design will provide the criteria for prioritization.

Topic 3: Emergency Services – Family Accommodations for Emergency Shelter

Description/Rationale: To identify the need and increase the opportunities for families to remain together in emergency shelter.

Policy:

The CoC is committed to the best practice and ideals of keeping families together in emergency shelter, as well as other settings.

Procedure:

When the CE process is used to fill emergency shelters, the CoC will prioritize families with children.

Topic 4: Prioritization List

Description/Rationale: To describe how the CoC manages prioritization information. The intention of a prioritization list is to have a single, centralized list for the entire CoC, that includes all relevant participant-level information to identify which persons are most vulnerable and therefore most likely to be in the most immediate need for CoC assistance prioritized through CE. The use of a prioritization list ensures that CoCs do not serve persons on a "first come, first served basis," but rather according to each participant's level of need, vulnerability, and risk of greater harm should the household not receive accelerated access to CoC assistance.

Policy:

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

Procedure:

The CoC's prioritization list will be managed by the CE management entity. New participants will be added to the prioritization list, and existing participants' rank order on the prioritization list will be managed according to the prioritization principles as established by the CoC's written policies and procedures governing CE operations and decision-making.

Topic 5: Managing the CE Master List and By-Name Lists

Description/Rationale: To define how the CE Master List and By-Name Lists will be managed.

Policies:

- The CoC's Coordinated Entry Master List is populated from the CoC's HMIS and the comparable DV providers' data systems. Information on participants from the DV providers' data systems is limited to non-PII data.
- The CoC's Coordinated Entry Master List shall include all households (individuals and families) that have received a CE Assessment (prevention or homeless), have had a CoC contact within the past year, and are still in need of housing services.
- Households assessed for homeless prevention services will no longer be eligible for the CE Master List once they have achieved housing stability.
- Households assessed as homeless will no longer be eligible for the CE Master List when they have been assigned a housing "move-in" date.

Procedures:

- Households receiving a CE assessment will be entered into the appropriate one of two HMIS projects:
    - Marion-Polk CE – Prevention
    - Marion-Polk CE – Homeless

- Monthly data reports will identify households that have not had a CoC contact within the past 10 months, and the CE management entity will work to determine if the household Is still in need of services. A successful contact, which may include updated information, or a new CE assessment will keep the household from becoming ineligible for the CE Master List.

- The CE management entity will provide monthly data reports to the CoC that identify numbers and demographics of persons and households eligible for the CE Master List.

- The CoC's Actively Homeless By-Name Lists (BNL) will be populated from the Marion-Polk CE-Homeless HMIS project, as follows:
    - Chronically Homeless Individuals BNL
        - Assessed as Chronically Homeless
        - CoC contact within the past 90 days
        - Not referred for housing services
    - Veterans BNL
        - Veteran
        - CoC contact within the past 90 days
        - Not assigned a "move-in" date

REFERRAL

All CoC Program- and ESG Program-funded projects must accept referrals exclusively through the CoC's defined CE process as described below. All other CoC projects and services voluntarily participating in CE will consider the CE process the sole source for referrals.

Topic 1: Notification of Vacancies

Description/Rationale: To describe how projects participating in CE are expected to notify the CoC about anticipated housing or service slot vacancies.

Policy:

All CE participating projects will enroll new participants only from the CoC's CE referral process. To facilitate prompt referrals and to reduce vacancy rates, participating providers must notify the CE coordinating entity of any known and anticipated upcoming vacancies.

Procedure:

When a Transitional Housing or Permanent Housing (RRH, PSH, or OPH) vacancy occurs or is expected to occur in the immediate or near future, the provider agency with the vacancy must alert the CE Coordinator via email within 2 business days of having that knowledge. The notification must include specific details of the vacancy, including the project name, unit size, location, and any funder-defined eligibility requirements.

- **Transitional Housing Vacancies:** The CE Coordinator will use HMIS to make a referral, and the agency will use HMIS to accept the referral. The agency will report back to the CE Coordinator the outcome for each household referred. (See Appendix J for the CE Referral Outcome Form.)
- **Rapid Rehousing Vacancies:** The CE Coordinator will use HMIS to make a referral, and the agency will use HMIS to accept the referral. The agency will report back to the CE Coordinator the outcome for each household referred. (See Appendix J for the CE Referral Outcome Form.) RRH vacancies may also be filled through collaborative case conferencing, which is staffed by the CE Coordinator or designated staff.
- **Permanent Supportive Housing Vacancies:** The agency will participate in collaborative case conferencing to fill the vacancy. The CE Coordinator will attend case conferencing meetings and use HMIS during the meeting to make referrals. The agency will use HMIS to accept the referral and report back to the case conferencing team about progress.
- **Other Permanent Housing Vacancies:** The CE Coordinator will use HMIS to make a referral, and the agency will use HMIS to accept the referral. The agency will report back to the CE Coordinator the outcome for each household referred. (See Appendix J for the CE Referral Outcome Form.)

Topic 2: Participant-Declined Referrals

Description/Rationale: To identify the process for handling situations when participants decline a referral from CE.

Policy:

One of the guiding principles of CE is participant choice. This principle must be evident throughout the CE process, including the referral phase. Participants in CE are allowed to reject service strategies and housing options offered to them, without repercussion.

Procedures:

- Individuals and families will be given information about the program available to them and afforded their choice to participate. If an individual or family declines a referral to a housing program, they remain on the prioritization list until the next housing opportunity is available.

- Agencies will report back to the CE Coordinator about the decision of the individual or family. (See Appendix J for the CE Referral Outcome Form.)

Topic 3: Provider-Declined Referrals

Description/Rationale: To identify allowable reasons and the process for handling situations when agencies decline a referral from CE.

Policy:
There may be instances when an agency does not accept a referral from the CE system. When a provider agency declines to accept a referred prioritized household into its project, the agency must notify the CE Coordinator of the denial and identify which of the following acceptable reasons apply to the denial.

- The project is at capacity and is not available to accept referrals currently. This could be based on staff capacity to case conference or navigate housing services or lack of available beds or vouchers.

- The person/family does not meet the project's stated prioritization. All projects must share their prioritization (e.g., funding source restricts services to certain populations) with the CE Coordinator.

- The person/family would be a danger to self or others if allowed to stay at this project. This rationale must align with CE policies to use minimum data for placement to ensure data is appropriately being used to screen people into services and not out of services.

  When this situation occurs, the project will document the data used and describe the shortcomings of the program (what is missing that prevents the program from serving the client's needs). The CoC will use this information to inform regional service gaps.

- The services available through the project are not sufficient to address the intensity and scope of participant need.

  When this situation occurs, the project will document the data used and describe the shortcomings of the program (what is missing that prevents the program from serving the client's needs). The CoC will use this information to inform regional service gaps.

Procedure:

The agency must communicate the refusal to the CE Coordinator within 2 business days of making a refusal. The agency must notify the CE Coordinator why the referral was rejected, how the referred participant was informed, what alternative resources were made available to the participant, and whether the project staff foresee additional, similar refusals occurring in the future.

(See Appendix J for a copy of the CE Referral Outcome Form.)

Topic 4: Collaborative Case Conferencing

Description/Rationale: To adopt proven collaborative case conferencing methodologies for specific populations. Collaborative Case Conferencing is a system-improvement strategy promoted by the national Built for Zero initiative. [Home - Built For Zero (joinbuiltforzero.org)](#)

Policies:
- At a minimum, the CoC and its CE System shall include collaborative case conferencing for chronically homeless individuals and Veterans. Case conferencing may also occur for other populations.
- All PSH vacancies shall be filled through collaborative case conferencing. RRH vacancies may also be filled through collaborative case conferencing.

Procedures:
- The BFZ Strategy Team shall oversee implementation of collaborative case conferencing, including
  - Developing and maintaining effective procedures,
  - Monitoring and analyzing BFZ data, and
  - Making system improvements, including policy recommendations for CE Committee consideration. (The CE Committee may then recommend policy changes to the CoC board.)
- The CE management entity shall provide staff support for collaborative case conferencing, including
  - Current By-Name Lists generated from HMIS, through accessible reports,
  - Participation in each case conferencing session,
  - Being the liaison between the case conferencing teams and the BFZ Strategy Team,
  - HMIS data entry related to case conferencing, and
  - BFZ data entry on at least a monthly basis.
- Case conferencing sessions shall be held at least twice per month for each subpopulation.
- Case conferencing partners shall attend each case conferencing session and attend to tasks between sessions.
- Case conferencing teams shall identify system issues and make recommendations to the BFZ Strategy Team.
- The BFZ Strategy Team shall be staffed by the CoC and include, at a minimum, representatives from the CE management entity, Veteran service providers, DV service providers, rapid-rehousing providers, and each of the region's PSH providers.

DATA SYSTEMS

Topic 1: Data Systems

Description/Rationale: To identify the CoC's data management systems.

Policies:
- The CoC uses a web-based Homeless Management Information System (HMIS) to capture client-level information over time on the characteristics and service needs of individuals and families experiencing homelessness to provide more effective and coordinated services.
- The CoC's HMIS Lead is Oregon Housing and Community Services, and the CoC's local HMIS coordinating entity is Mid-Willamette Valley Community Action Agency.
- DV service providers use comparable data systems and have designed methods to share de-identified data to support and coordinate client services.

Procedures:
- CE assessments are documented in HMIS within 2 business days of assessment.
- Participant information is updated at the participant's request, as relevant. This can include change of homeless status, address, phone number, or household structure.
- DV service providers may have access to HMIS to coordinate client services.

Topic 2: Participant Consent Process

Description/Rationale: To identify the CoC's consent policies for collecting participant information; entering participant data into HMIS or other comparable system (if applicable); sharing participant data (if applicable) for purposes of CE management, participant care coordination, CE evaluation, and other administrative purposes; and any other use of participant data in CE or other CoC reports.

> **Required:** CoC's written CE policies and procedures must include "protocols for obtaining participant consent to [collect,] share and store participant information for purposes of assessing and referring participants through the coordinated entry process." *Source: HUD Coordinated Entry Notice: Section II.B.12.a*

Policy:

The CoC shall obtain participant consent to collect, share, and store participant information for purposes of assessing and referring participants though the CE process.

Procedure:

CE assessment staff will use the CoC's universal ROI (see Appendix G) to obtain participant consent to collect, share, and store participant information for purposes of assessing and referring participants though the CE process.

Topic 3: Data Sharing Opt-Out Standards

Description/Rationale: To provide standards for CE participants to opt-out of data sharing.

Policy:

All individuals and households seeking services through CE will be given the option to opt out of sharing their information on the HMIS system and By Name Lists at the time of assessment. They will still be given the opportunity to receive services and will not be limited access because of it.

Procedure:

CE assessment staff will inform participants of their right to opt out of data sharing at the time of assessment. Those who opt out will indicate their decision and sign the CoC's universal ROI (see Appendix G).

EVALUATION

Topic 1: Evaluation of CE System

Description/Rationale: To describe the local process for evaluating the CE System.

> **Required:** CoC must ensure through written CE policies and procedures the "frequency and method by which the [CE system] evaluation will be conducted, including how project participants will be selected to provide feedback, and must describe a process by which the evaluation is used to implement updates to existing policies and procedures." *Source: HUD Coordinated Entry Notice: Section II.B.15c.*

Policy:
Regular and ongoing evaluation of the CE System will be conducted to ensure that improvement opportunities are identified, results are shared and understood, and the CE System is held accountable. The CoC will use multiple avenues to evaluate the CE System, incorporating input from participants (clients), staff who conduct assessments, agencies who participate in CE, and the HUD CE Self-Assessment Tool (Coordinated Entry Self-Assessment (hudexchange.info)).

Procedures:
- **Participant Survey** – Upon completing a CE assessment, each participant will be asked to provide feedback, which may be done anonymously. (See Appendix K for a copy of the CE Participant Post-Assessment Survey). These survey results will be tallied by the CE Coordinator and presented to the CE Committee quarterly.

- **Participant Focus Group** – Annually, the CE management entity will conduct a focus group to solicit feedback from households that participated in coordinated entry during the previous year. The focus group will include five or more participants that approximate the diversity of the participating households. The process will address the quality and effectiveness of the entire coordinated entry experience. (See Appendix K for a copy of the CE Participant Focus Group Questions.) The focus group feedback will be presented to the CE Committee within a month of being collected.

- **Assessment Staff Input** –Quarterly, each staff person who conducts CE assessments will provide feedback. (See Appendix K for a copy of the CE Assessment Staff Survey). These survey results will be tallied by the CE Coordinator and presented to the CE Committee quarterly.

- **CE Participating Agencies** – Twice a year, each of the CE Participating Agencies will provide feedback on the quality and effectiveness of the entire coordinated entry experience. (See Appendix K for a copy of the CE Participating Agency Survey). These

survey results will be tallied by the CE Coordinator and presented to the CE Committee twice a year.

- **HUD CE Self-Assessment Tool** – Annually, the CE Committee will form a working group to evaluate the CE System using the HUD CE Self-Assessment Tool. [Coordinated Entry Self-Assessment (hudexchange.info)](). Findings will be reported to the CE Committee, along with recommendations for system improvements.

CE System Evaluation Calendar

	Post-Assessment Surveys	Household Focus Group	Assessment Staff Surveys	Agency Surveys	HUD Self-Assessment Tool	Report to CE Committee
July	X					X
August	X		X			
September	X					
October	X			X		X
November	X		X		X	
December	X				X	
January	X					X
February	X		X			
March	X					
April	X					X
May	X	X	X	X		
June	X					

Topic 2: Role of Participating Agencies in CE Evaluation

Description/Rationale: To identify the key tasks and roles of participating agencies in the evaluation of CE.

Policy:

Participating agencies play a crucial role in the evaluation of CE. Participating agencies will ask clients to complete post-assessment surveys, ensure CE assessors complete feedback surveys, and accommodate monitoring site visits. In addition, participating agencies will review quarterly reports and offer insights about potential improvements to CE processes and operations.

Procedures:

At least one representative from each participating agency will be sent the draft results of the quarterly data reports, prior to its discussion by the CE Committee. Representatives will have 5 business days to review and provide feedback on the results. While reviewing the data, agency representatives are encouraged to communicate directly with the CE management entity about any concerns or questions that they have, and to be detailed in their suggestions to the CE management entity about how best to interpret and use the evaluation results. Participating agency representatives are welcome and encouraged to attend the CE Committee meeting where reports will be discussed.

CE RESOURCES

HUD CE Self-Assessment Tool
https://files.hudexchange.info/resources/documents/coordinated-entry-self-assessment.pdf

HUD Coordinated Entry Notice CPD-17-01 – Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (2017)
Notice CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System - HUD Exchange

HUD Prioritization Notice CPD-16-11 – Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing (2016)
Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing - HUD Exchange

Coordinated Entry Policy Brief (2015)
https://files.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf

Outline for a Continuum of Care's Coordinated Entry Policies and Procedures Document
https://files.hudexchange.info/resources/documents/Outline-for-a-Continuum-of-Cares-Coordinated-Entry-Policies-and-Procedures-Document.pdf

HUD Coordinated Entry Management and Data Guide
https://files.hudexchange.info/resources/documents/coordinated-entry-management-and-data-guide.pdf

Coordinated Entry (CE) Notice: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. Notice CPD-17-01. January 23, 2017.
https://www.hudexchange.info/resource/5208/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system/

HUD SOURCES

HUD Equal Access Rule: 24 CFR 5.105(a)(2) and 5.106(b)
https://www.govinfo.gov/content/pkg/FR-2012-02-03/pdf/2012-2343.pdf

HUD Equal Access Rule in Accordance with Gender Identity: 24 CFR Part 5
https://www.govinfo.gov/content/pkg/FR-2016-09-21/pdf/2016-22589.pdf

COC Program Interim Rule: Homeless Emergency Assistance and Rapid Transition to Housing:
Continuum of Care Program Interim Final Rule, 24 CFR Part 578. July 31, 2012.
https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_Fo
rmattedVersion.pdf

Emergency Solutions Grants (ESG) Program Interim Rule: Homeless Emergency Assistance and
Rapid Transition to Housing: Emergency Solutions Grants Program and Consolidated Plan
Conforming Amendments, 24 CFR Parts 91 and 576. December 5, 2011.
https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule
&ConPlanConformingAmendments.pdf

Final Rule defining chronically homeless: Homeless Emergency Assistance and Rapid Transition
to Housing: Defining ''Chronically Homeless," 24 CFR Parts 91 and 578. December 4, 2015.
https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-
Rule.pdf

HMIS Data and Technical Standards: HUD Exchange [website], "HMIS Data and Technical
Standards," 2017. https://www.hudexchange.info/programs/hmis/hmis-data-and-technical-
standards/

APPENDICES

A. CE Training Plan

B. CE Participation Agreement

C. CE Access & Assessment Site Agreement

D. CE Assessment Packet
   1) Mutual Respect Form
   2) Base Assessment Tool
   3) Individual VI-SPDAT – Prevention
   4) Family VI-SPDAT – Prevention
   5) Individual VI-SPDAT – Homeless
   6) Family VI-SPDAT – Homeless
   7) TAY-SPDAT

E. CE Evaluation Plan

F. CE Discrimination Complaint Form

G. Release of Information (ROI) Forms
   1) CoC Universal ROI
   2) Veteran Administration ROI
   3) Generic ROI

H. CE Update Form

I. CE Referral Workflow

J. CE Referral Outcome Form

K. CE Evaluation Tools
   1) CE Participant Survey
   2) CE Focus Group Questions
   3) CE Assessment Staff Survey
   4) CE Participating Agency Survey