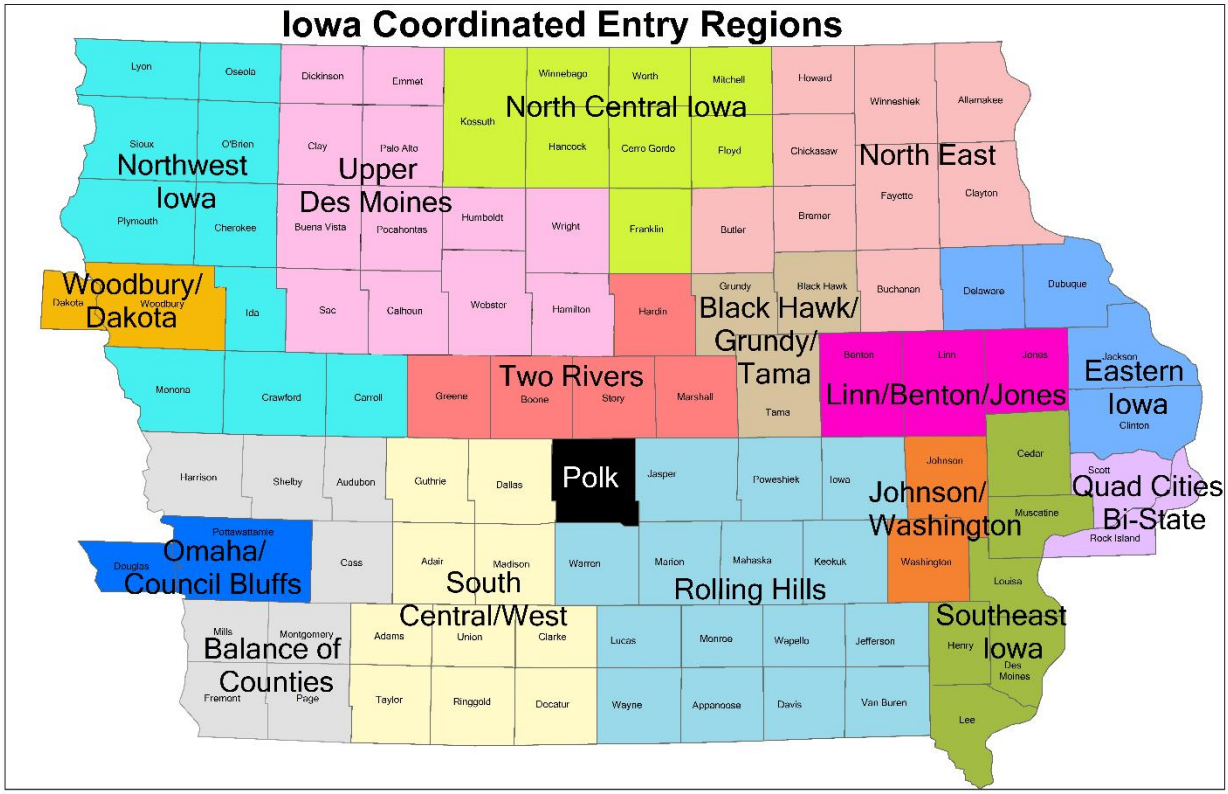

Coordinated Entry

IOWA BALANCE OF STATE

Iowa Balance of State Continuum of Care Updated January 2024

iaboscoc.org

OVERVIEW

OVERVIEW OF COORDINATED ENTRY

Coordinated Entry is considered one of the many interventions in a community's united effort to end and prevent homelessness. The process works best and provides the greatest value if it is driven by "What does the client need" rather than by provider eligibility. Coordinated entry refers to the process used to assess and assist in meeting the housing needs of people at-risk of homelessness and people experiencing homelessness. Key elements of coordinated entry include:

- A designated set of coordinated entry locations, access points, and staff members.
- Uniformly trained staff across the Balance of State.
- Standardized assessment tools to assess client needs.
- Referrals, based on the results of the assessment tools, to homelessness assistance programs (and other related programs when appropriate).
- Data collection and management for housing assessment and referrals in a Homeless Management Information System (HMIS); and
- Client prioritization and housing service alignment based upon presenting needs and available services.

The implementation of coordinated entry is considered national best practice. When implemented effectively, coordinated entry can:

- Reduce the amount of research and the number of phone calls people experiencing homelessness must make before finding crisis housing or services;
- Decrease new entries into homelessness through coordinated system-wide diversion and prevention efforts.
- Prevent people experiencing homelessness from entering and exiting multiple programs before getting their needs met;
- Reduce or erase entirely the need for individual provider wait lists for services;
- Foster increased collaboration between homelessness assistance providers; and
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and making progress on ending homelessness.

RESPONSIBILITIES OF THE CONTINUUM OF CARE

Coordinated Entry (CE) is important in ensuring the success of homeless assistance and homeless prevention programs in communities. In particular, the CE process helps communities systematically assess the needs of program consumers and effectively match each individual or family with the most appropriate resources available to address that individual or family's particular needs.

The Continuum of Care (CoC) Interim Rule defines several responsibilities of the Continuum of Care (*578.7 (a) (8)*). One of these responsibilities is to establish and operate either a centralized or

coordinated entry, in consultation with recipients of the Emergency Solutions Grants (ESG) program funds within the geographic area. It is encouraged to incorporate Shelter Assistance Funding (SAF) recipients, along with other projects and funders within the geographic area in this process as well. Coordinated Entry provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of coordinated entry on how its system will 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. This system must comply with any requirements established by HUD (Housing and Urban Development) by Notice. The Coordinated Entry System is overseen by the Iowa Balance of State Continuum of Care Board and the Coordinated Service Region Task Group of the CoC Board.

Another responsibility of the CoC, in consultation with recipients of ESG funds (and potentially SAF) within the geographic area, is to establish and consistently follow written standards for providing CoC assistance. Written standards for Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) projects have been established by the Iowa Balance of State Continuum of Care Board. These standards can be found at https://iaboscoc.orb/board-of-directors#header3. These standards include:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;
- Policies and procedures for coordination among emergency shelters, transitional housing programs, essential service providers, homelessness prevention programs, rapid rehousing programs, and permanent supportive housing programs;
- Standards for determining what percentage or amount of rent each program client must pay while receiving rapid re-housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and
- Definitions for participation in the CoC's Homelessness Management Information System (or comparable database for domestic violence or victims' service programs).

GEOGRAPHIC AREA/REGIONS

The Iowa Balance of State Continuum of Care covers 96 of Iowa's 99 counties, excluding Polk, Pottawattamie and Woodbury counties. The population for the continuum is 2.5 million and it covers an area of 53,879 square miles. This geographic area includes urban, suburban, and rural areas. Identified regions include:

- Balance of Counties-covering Audubon, Cass, Fremont, Harrison, Mills, Montgomery, Page, and Shelby
- Black Hawk, Grundy, Tama Region

- Eastern Iowa Region-covering Dubuque, Clinton, Delaware, and Jackson
- Johnson/Washington Region
- Linn, Benton, Jones Coordinated Services Region
- North Central Region- covering Cerro Gordo, Floyd, Franklin, Hamilton, Hancock, Kossuth, Mitchell, Winnebago, Worth, and Wright
- Northeast Iowa Region-covering Bremer, Allamakee, Buchanan, Butler, Chickasaw, Clayton, Fayette, Howard, and Winneshiek
- Northwest Iowa- covering Sioux, Carroll, Cherokee, Crawford, Ida, Lyon, Monona, O'Brien, Osceola, and Plymouth
- Quad Cities Bi-State Region- covering **Scott** County
- Rolling Hills- covering Appanoose, Davis, Iowa, Jasper, Jefferson, Keokuk, Lucas, Mahaska, Marion, Monroe, Poweshiek, Van Buren, Wapello, Warren, and Wayne
- South Central West- covering Adair, Adams, Clarke, Dallas, Decatur, Guthrie, Madison, Ringgold, Taylor, and Union Counties
- Southeast Iowa Coordinating Region- covering Des Moines, Cedar, Henry, Lee, Louisa, and Muscatine
- Two Rivers Region- covering Story, Greene, Boone, Marshall, and Hardin
- Upper Des Moines Region – covering Buena Vista, Calhoun, Clay, Dickinson, Emmet, Humboldt, Palo Alto, Pocahontas, Sac, and Webster.
- Woodbury County- Woodbury County CoC will also participate in CE with the BoS (Balance of State) CoC.

Each region will design and implement a Coordinated Service Region (CSR) within the parameters of the system standards provided. The standards give each region a supportive framework to use when implementing local systems as well as standardized assessment tools that will be uniform across the BoS CoC. These tools include Prevention/Diversion Screening Tool, all versions of the VI-SPDAT Screening Tool, and a Homeless Prevention Assessment Tool. This document describes these assessments in the definitions section and demonstrates their use throughout the document. Regional policies can be found at Iowa BoS CE Documents.

GOALS

Most communities lack the resources needed to meet all the needs of people experiencing homelessness. This, combined with the lack of well-developed coordinated entry processes, has resulted in severe hardships for people experiencing homelessness. They often face long waiting times to receive assistance or are screened out of needed assistance. A Coordinated Entry System (CES) helps 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. The CES also provides information about service needs and gaps to help communities plan their assistance and identify needed resources.

The CES is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions.

HUD's primary goals for coordinated entry processes are:

1. Assistance will be allocated as effectively as possible; and
2. Assistance is easily accessible no matter where or how people present.

The Iowa Balance of State Continuum of Care identified the following goals for the CES:

1. Create a standardized model that allows for some local flexibility;
2. System accountability to individuals and families experiencing homelessness, specifically populations at greater risk of with the longest histories of homelessness;
3. System compliance with HUD.
4. Consistency across Coordinated Service Regions (CSRs); and
5. Adequate staff competence and training, specific to the target population served.

GUIDING PRINCIPLES

The goal of Coordinated Entry is to provide each client with adequate services and supports to meet their housing needs, with a focus on returning them to housing as quickly as possible. Below are the guiding principles that will help the Iowa Balance of State meet these goals.

- **Adopt Statewide Standards** that allow flexibility for local customization beyond baseline standard.
- **Client Choice**: Consumers will be given information about the programs available to them and have some degree of choice about which programs they want to participate in. They will also be engaged as key and valued partners in the implementation and evaluation of coordinated entry through forums, surveys, and other methods designed to obtain their thoughts on the effectiveness of the coordinated entry process.
- **Promote Client-Centered Practices**: Every person experiencing homelessness should be treated with dignity, offered at least minimal assistance, and participate in their own housing plan. Provide ongoing opportunities for consumers' participation in the development, oversight, and evaluation of coordinated entry/assessment. Consumers should be offered choice whenever possible.
- **Prioritize Most Vulnerable** as the primary factor among many considerations. Limited resources should be directed first to persons and families who are most vulnerable. Less vulnerable persons and families will be assisted as resources allow.
- **Collaboration**: Because coordinated entry is being implemented across 96 counties, it requires a great deal of collaboration between the CoC's providers, mainstream assistance agencies (i.e. Department of Human Services, hospitals, jails), funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing committee (the Coordinated Entry Committee), consistently scheduled meetings between partners, and consistent reporting on the performance of the coordinated entry/assessment process.
- **Accurate Data**: Data collection on people experiencing homelessness is a key component of the coordinated entry process. Data from this process reveals what resources consumers need the most and will be used to assist with reallocation of funds and other funding decisions. To capture this data accurately, all staff and providers participating in CE must enter data into HMIS (except for some special populations and other cases, outlined later in this document) in a timely fashion. Consumers' rights around data will always be made explicit to them, and no consumer will be denied services for refusing to share their data.

- **Performance-Driven Decision Making**: Decisions about and modifications to CE will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, increasing exits into permanent housing, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of waiting time for an assessment.
- **Housing First**: The most successful model for housing people who experience chronic homelessness is permanent supportive housing using a "Housing First" approach, which is a consumer-driven strategy the provides immediate access to housing without requiring participation in psychiatric treatment, treatment for sobriety, or other service participation requirements. After settling into housing, consumers are offered a wide range of supportive services that focus primarily on helping them maintain their housing. Coordinated entry will support a Housing First approach and will thus work to connect households with the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.
- **Transparency**: Make thoughtful decisions and communicate directives openly and clearly.

GOVERNANCE

General Structure

Coordinated Services Regions will design and administer coordinated entry in their regions with standards and governance provided by the Coordinated Entry Committee (CEC) of the Iowa BoS Continuum of Care. The CEC will approve new regional plans and significant ongoing changes, along with annual reviews of regional policies and procedures. Coordinated Services Regions are responsible to submit regional policies and procedures to the HMIS provider and the Coordinated Entry funded agency for approval. The CEC will have representatives from across the BoS and other state-level experts.

ROLE OF COORDINATED ENTRY COMMITTEE

The CEC provides oversight of the full BoS CoC's coordinated entry to ensure regional coordinated entry plans meet the standards set forth in this document. The CEC approves significant plan changes and provides ongoing oversight of the full system to meet HUD's priorities and mandates. Voting members of the Coordinated Entry Committee consist of representatives from each Coordinated Service Region based on the following guidelines:

- Each Coordinated Services Region will identify 1 voting member to represent their region.
- An alternate member may be identified if the identified member is unable to attend.
- Voting members are expected to have a clear understanding of the regional policies, be actively involved in regional pull meetings, and be able to provide feedback on the regional coordinated entry system. They are also expected to attend and actively participate in the monthly CEC meetings.

- To ensure a strong partnership with Veteran's Affairs, the VA offices will also have 1 voting seat.
- Additional voting members will include the CE Project Staff. There will be 1 designee representing the data lead, 1 representing the call center, and 1 representing the technical assistance lead.

ROLE OF COORDINATED SERVICE REGIONS

Each Coordinated Service Region (CSR) will implement a local coordinated entry system within the parameters of the system standards provided. The standards give CSRs a supportive framework to use when implementing local systems as well as standardized assessment tools that will be uniform across the Balance of State CoC. These tools include the Prevention/Diversion Screening Tool, the different versions of the VI- SPDAT Screening tools, and the Homeless Prevention Assessment Tool. This document describes these assessments in the definitions section and demonstrates their use throughout the document.

HUD funded programs may be limited or non-existent in the local region. Therefore, it is the responsibility of the CSR to work collaboratively with local housing providers and community resources to determine how to best meet the housing needs of people experiencing homelessness within the region.

TARGET POPULATION

This process is intended to serve individuals and families experiencing homelessness and those who are in imminent risk of homelessness. Homelessness and imminent risk of homelessness will be defined in accordance with the HUD definition of homelessness.

THIS DOCUMENT

These policies and procedures will govern the implementation, governance, and evaluation of the Iowa Balance of State CoC Coordinated Entry. This is a living document and will be reviewed annually in accordance with the Iowa Balance of State CoC Governance Charter. Changes can be made based on the information gathered through the evaluation process.

BASIC DEFINITIONS
Terms used throughout this document are found in Appendix A.

GOVERNING DOCUMENTS

COC INTERIM RULE

https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf
578.7 (a) (8) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish, and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will 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. This system must comply with any requirements established by HUD by Notice.

ESG INTERIM RULE

https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendm ents.pdf

576.400 (d) Centralized or coordinated assessment. Once the Continuum of Care has developed a centralized assessment system or a coordinated assessment system in accordance with requirements to be established by HUD, each ESG-funded program or project within the Continuum of Care's area must use that assessment system. The recipient and subrecipient must work with the Continuum of Care to ensure the screening, assessment and referral of program participants are consistent with the written standards required by paragraph
€ of this section. A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system.

HUD NOTICE CPD 17-01 ESTABLISHING ADDITIONAL REQUIREMENTS
Appendix B and at https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing- Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf

HUD COORDINATED ENTRY POLICY BRIEF
Appendix C and at https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf

HMIS POLICIES AND PROCEDURES
HMIS -Iowa Policy Manual 2017.docx

REGIONAL POLICIES AND PROCEDURES
Found in Coordinated Entry shared Google Drive at https://drive.google.com/drive/folders/1L4AnNH4ZhTKhQ3jhXFvF_KEMB7PiUSq_?usp=sharing.

IOWA BoS CoC GOVERNANCE CHARTER
Found at http://www.iowafinanceauthority.gov/Home/DocumentSubCategory/110

COORDINATED ENTRY PROCEDURES

The process of Coordinated Entry can be implemented regardless of geography, housing stock, service availability, or unique community makeup. Almost any model of Coordinated Entry can be applied to any community or situation, and with patience, persistence, testing, and tweaking, can be successful.

Coordinated Entry, when implemented correctly, can help to prioritize individuals and family who need housing the most across communities. Beyond program confinement, and beyond silos, Coordinated Entry can create a collaborative, objective environment across a community that can provide an informed way to target housing and supportive services to:

1. Divert people away from the system who can solve their own homelessness;
2. Quickly move people from literal homelessness to permanent housing;
3. Create a more defined and effective role for emergency shelters and transitional housing;
4. Create an environment of less time, effort, and frustration on the part of case managers by targeting efforts; and
5. End homelessness across communities, versus program by program.

Traditionally, the system of entry and referral to housing and service supports was based on a "first-come, first served" basis and some places still conduct business that way. But years of research, re-thinking, and a commitment to moving away from the linear approach to housing placement and moving toward quickly placing people into appropriate housing, has shifted the way homeless programs provide services.

Efforts were made by the Coordinated Entry and Progressive Engagement Committee of the Iowa Council on Homelessness towards developing a coordinated entry process over the past several years. This has set a path for establishing the system-wide coordinated entry/assessment system. Iowa Finance Authority (IFA) and Institute for Community Alliances (ICA) serve two main roles in Coordinated Entry.

First, ICA is the current Collaborative Applicant for the Iowa Balance of State CoC. In this role, ICA applies to HUD each year for the CoC Planning Grant on behalf of the CoC. Beginning in late 2016, IFA used the first allocation of these funds to launch a system of new "Coordinated Services Regions" for homelessness planning. These regions are also intended to serve as Coordinated Entry regional hubs. ICA administers small regional allocations that can support some Coordinated Entry and other planning activities. Funds are not generally used for direct services or outreach related to Coordinated Entry but may support system planning and development.

Second, IFA is the direct HUD recipient managing the State of Iowa allocation of the Emergency Solutions Grant (ESG), plus the administrator of the state-funded Shelter Assistance Fund (SAF) grant. For ESG, HUD requires all subrecipients to participate in the CoC's approved Coordinated Entry system. IFA is obligated to ensure subrecipients are meeting all of HUD's grant requirements, which includes Coordinated Entry. For SAF, IFA uses a portion of SAF funds each year to offset HUD's matching contribution requirements for ESG, instead of requiring all ESG subrecipients to

produce the entire matching requirements on their own. This means that many SAF recipients must follow the same general requirements as ESG. As of 2017, SAF subrecipients are highly encouraged to participate in Coordinated Entry, and it is anticipated that this may soon become a program requirement.

The agencies that will oversee the implementation of Coordinated Entry across the Balance of State are Waypoint Services and the Institute for Community Alliances (ICA). Waypoint Services operates the call center for Coordinated Entry and ICA operates the Prioritization List in HMIS and DVIMS for CSRs.

When fully implemented, this system will include:

- Information about available services and programs for persons experiencing a housing or homeless crisis;
- Uniform intake, assessment and screening tools and processes.
- Real-time knowledge about program inventories and capacity.
- Coordinated referrals to receive prevention, housing, or related services; and
- Enrollment prioritization and waitlist management for housing programs.

This section outlines and defines the key components of the CES and how the coordinated entry process will work.

ESTABLISHING A DESIGNATED LEAD AGENCY

Each region will choose a Designated Lead Agency (DLA) to manage the HMIS Prioritization List and to serve as the point of contact for the Coordinated Entry Committee. The DLA will ensure that all agencies participating in the CSR have the appropriate contact information to access the HMIS Prioritization List in a timely manner.

The DLA is responsible for communicating any changes in contact information to the Chair of the Coordinated Entry Committee. The DLA is also responsible to ensure that all parties involved in participating in the CSR Prioritization List Review meetings have signed a Memorandums of Understanding (MOU) to discuss client's confidential information obtained through the Coordinated Entry Assessment process. The MOU allows agencies to enter an "Interagency Data Sharing and Coordinated Services Agreement" with additional confidentiality requirements for agencies not operating in HMIS. A full list of MOU submissions will be maintained by ICA staff.

If a DLA is unable to continue in this role for the region, the DLA needs to develop a proposal on the plan to transfer responsibilities to another willing entity, update the regional Policies and Procedures to reflect this change, and provide these to the Coordinated Entry Committee for review and approval. If approved, the Coordinated Entry Committee will forward the approved request to the Iowa BoS Continuum of Care Board. The Coordinated Entry Change Request form must be submitted to the committee prior to any changes being approved.

ACCESSING COORDINATED ENTRY

Because of the diversity and size of the Balance of State CoC, it is recommended that CSR planning groups follow one or some combination of the identified approaches to access point systems presented in the HUD Notice CPD-17-01. This includes both physical and virtual access points to ensure access across the Balance of State.
The principles of any approach should include:

- Coordinated Entry is easily accessible by individuals and families seeking housing assistance or services.
- A consumer can seek housing assistance through any of the participating housing providers and will receive integrated services.
- Consumers should have equal access to information and advice about the housing assistance for which they are eligible in order to assist them in making informed choices about available services that best meet their needs.
- Consumers that are included in more than one subpopulation (i.e. a parenting unaccompanied youth who is fleeing domestic violence) can be served at all the access points or which they qualify as a target population.
- Participating providers have a responsibility to respond to the range of consumer needs pertaining to homelessness and housing, and act as the primary contact for consumers who apply for assistance through their service unless or until another provider assumes that role.
- Participating providers will guide the consumer in applying for assistance or accessing services from another provider regardless of whether the original provider delivers the specific housing services required by a presenting consumer.
- Participating providers will work collaboratively to achieve responsive and streamlined access to services and cooperate to use available resources to achieve the best possible housing outcomes for consumers, particularly for those with high, complex, or urgent needs.
- Physical locations need to be accessible to individuals with disabilities, including accessible locations for individuals who use wheelchairs as well as people in the CoC who are least likely to access homeless assistance.
- Each CSR will develop local policies and procedures to document steps taken to ensure effective communication with individuals with disabilities, such as using auxiliary aides and services (Braille, audio, large type, assistive listening devices, and sign language interpreters.
- Access points will take reasonable steps to offer CE process materials and participant instruction in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency.

Each DLA will be responsible to submit written local policies and procedures detailing how these principles are incorporated into the CSR. Some CSRs may have to utilize one of the many entry models available, such as: “No Wrong Door”, triage, centralized intake, or 211/Hotlines, depending on the available resources and geographical make up. Regardless of what entry model is chosen by the CSR, consumers must be presented with the information on how to access the CE through any provider/community partner in the region, thus ensuring a “No Wrong Door” approach to informing consumers on accessing the system. Each CSR will have to detail their specific entry

method policies and procedures to ensure they are compliant with both HUD guidelines and the Iowa BoS Coordinated Entry. These policies and procedures will be reviewed annually in April by the Coordinated Entry Committee and will be included as addendums to this document.

Fair and equal access

All CoC's will ensure fair and equal access to coordinated entry, supportive services, and housing for all consumers regardless of actual or perceived race, color, religion, national origin, age, biological sex, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, sexual orientation, or people who are least likely to apply in the absence of special outreach. This also includes but is not limited to people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence/sexual assault. To ensure fair access by individuals with disabilities, physical and communication accessibility barriers must be addressed by appropriate accommodation within each CSR. Each CSR's written policies and procedures must establish protocols for fair and equal access to CoC housing and services.

Given the increased occurrence of discrimination affecting transgender and gender nonconforming residents, HUD-funded projects must take precautions to ensure a project is free of discrimination and inform residents of their fair housing rights. Likewise, if a resident encounters discrimination, a clear protocol must be in place for addressing discriminatory behavior towards transgender and gender-nonconforming residents and intervening to address and prevent harassment, including trauma-informed interventions that prioritize survivor safety.

HUD recognizes a difference may exist between an individual's gender identity and their sex assigned at birth. HUD has established that providers may not deny access to a program or facility because the provider possesses identity documents indicating a sex different than the gender with which the resident or potential client identifies.

A provider may not consider the resident or potential resident ineligible for housing services because their appearance or behavior does not conform to gender stereotypes.

A provider may not ask questions or otherwise seek information or documentation concerning a person's anatomy or medical history related to their gender identity or expression.

The Iowa BoS CoC CES will not use data collected from the assessment process to discriminate or prioritize households for housing and services based on actual or perceived membership in a protected class. The CoC will monitor the CE process and applicable individual projects for compliance with these laws and requirements.

If an individual's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual needs.

Staff and volunteers should be trained in inclusivity and equal access and given support to think through the most equitable way to handle situations they may need guidance in addressing using this framework.

Non-discrimination

The Iowa Balance of State Continuum of Care (IA-501) is required to develop and operate a coordinated entry 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 C.F.R. 5.105(a), including, but not limited to the following:

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

In addition, HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA (Housing Opportunities for Persons With AIDS) Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

The CoC Program interim rule at 24 CFR 578.93(c) also 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). Nondiscrimination and affirmative outreach requirements for the ESG program are located at 24 CFR § 576.407(a) and (b).

Policy

The policy of the Iowa Balance of State Continuum of Care (IA-501) is to provide equal opportunity and equal consideration to all peoples without regard to race, religion, ancestry,

national origin, color, creed, sex, age, physical disability, marital status, sexual orientation, or public assistance status.

Delivery of Services

Iowa Balance of State Continuum of Care, its member agencies, its recipients of CoC, ESG, or HOPWA funds, and its Coordinated Entry System agents and partners shall not discriminate or treat unequally or unfairly in the delivery of services any person because of race, religion, ancestry, national origin, sexual orientation, or sex; and will comply with all federal, state and local anti-discrimination laws.

Affirmative Marketing and Outreach

Iowa Balance of State Continuum of Care, its member agencies, its recipients of CoC, ESG, or HOPWA funds, and its Coordinated Entry System agents and partners shall affirmatively market access Coordinated Entry (and as a result to the housing and services available through Coordinated Entry) 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.

Obligation to Inform

Iowa Balance of State Continuum of Care, its member agencies, its recipients of CoC, ESG, or HOPWA funds, and its Coordinated Entry System agents and partners shall inform in plain writing all persons seeking services of these policies and the process for filing a nondiscrimination complaint.

Reporting a Nondiscrimination Complaint

At any time during the coordinated entry process, applicants for housing or services have the right to file a complaint, should they feel that the non-discrimination principle has been violated. All Applicants, whether individuals or families, will be provided with the process for filing a complaint. All complaints will be addressed and resolved in a timely and fair manner.

The following three contacts will be provided to address discrimination or grievance related concerns:

- For nondiscrimination complaints, contact the:
    - Department of Housing & Urban Development, Des Moines Field Office: 515-284-4512 or https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint
    - Iowa Civil Rights Commission: 515-281-4121, toll free: 1-800-457-4416
- For complaints with Coordinated Entry policies or procedures in the Iowa Balance of State Continuum of Care, contact any Access Site. Access sites are listed at https://iaboscoc.org/regions#header1
    - For housing program related complaints, grievances will be directed to the appropriate housing provider for resolution.

Retaliation

Iowa Balance of State Continuum of Care policy is that the Continuum of Care, its member agencies and its Coordinated Entry System agents and partners shall not retaliate against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful practice.

Emergency Services

Defined access points must provide direct, or make arrangements through other means, universal access to crisis response services for consumers seeking emergency assistance at all hours of the day and all days of the year.
Each CSR must document their planned after-hours emergency services approach. After hours crisis response access may include telephone crisis hotline access, coordination with police or emergency medical care.

Safety Planning

Each CSR must provide necessary safety and security protections for persons fleeing or attempting to flee domestic violence, family violence, stalking, dating violence, sexual assault, human trafficking, or other domestic violence situations. At minimum, people fleeing or attempting to flee will have safe and confidential access to the CE process and victim services, including access to the comparable process used by victim services providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter.
Domestic violence training focused on safety, trauma-informed care, and cultural sensitivity will be completed at least once every three years for all providers involved in the CES. Training will be conducted in a uniformed manner to ensure consistency across the entire BoS.

Veteran Access

Veterans may access Coordinated Entry through any access point in their region. In turn, the VA should be making veterans aware of the Coordinated Entry lead for each region. In an effort to assist veteran households as soon as possible, veterans can get entered into SSVF programs (if eligible) to start working on housing resources prior to them actually receiving a move-in date. This will satisfy the VA technical requirement to not delay services to eligible veterans.

However, the veteran should NOT be marked as referred to SSVF in HMIS until AFTER the regional pull meeting to ensure the veteran shows up on the list for all eligible programs, including PSH programs, guaranteeing full client choice and meeting the obligation of the core tenets of Coordinated Entry at the same time. After the pull meeting, if the veteran is determined to only be eligible for SSVF, a referral may be recorded in HMIS at that time for the SSVF program which had initially entered the client. If the veteran is determined to be eligible and a better fit for another intervention such as PSH, then the client can still receive case management through SSVF while working with the other providers in coordination with each other.

Mainstream Services

The CoC's must implement a screening protocol to assess each client's potential eligibility for the following mainstream resources or services:

- Housing, including Public Housing Authorities
- Medical benefits
- Nutrition assistance
- Income supports
- Veteran Assistance Programs

ASSESSMENT

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. All defined access point providers must administer the Iowa Balance of State Coordinated Entry guidelines as defined by the Iowa BoS Continuum of Care. If access points or assessment processes are conducted or managed by providers who do not receive HUD funding, those providers must still abide by assessment standards and protocols defined by the CoC. Coordinated entry will operate using a strength-based, trauma-informed, client-centered approach, allowing consumers to freely refuse to answer assessment questions and/or refuse referrals without retribution.

The CE utilizes a standardized assessment tool, the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT, VI-F-SPDAT, TAY-VI-SPDAT, PR-VI-SPDAT and JD-VI-SPDAT) for literally homeless individuals. If an individual is seeking homeless prevention, they will be assessed using the standardized Homeless Prevention Assessment Tool. These tools assist the provider in consistently evaluating the level of need of individuals and families accessing services to achieve fair, equitable, and equal access to services within the CoC. The standardized assessment tools are used to prohibit the CES from screening people out of the 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 a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

The assessment can be conducted by any provider who has been trained on the tool through a half hour training video provided by the Coordinated Entry Leadership Team. The Coordinated Entry committee will provide updates and distribute information as needed.

- When an individual or family contacts a service provider for housing assistance, a Prevention/Diversion Screening Form is completed as an initial screen to determine basic eligibility. This form can be completed in person or over the phone. Whether diversion or prevention is achieved, the information is entered into HMIS. Guiding principles for this process:
- The Prevention/Diversion Screening tool will be the same regardless of access point;
- If the program that is screening is also a service provider, the Prevention/Diversion Screening tool can be combined with the VI-SPDAT;

- The Prevention/Diversion Screening tool is meant to shelter or divert an individual or family experiencing or at-risk of homelessness; and
- The Prevention/Diversion Screening tool may be administered differently based on region (i.e. centralized, phone, no wrong door, multiple door approach) and may include additional information if needed for specific regions' initial emergency placement.
- If the individual or family is currently experiencing homelessness, the appropriate version of the VI- SPDAT is completed either in person or over the phone (refer to the VI-SPDAT definition for guidance on the appropriate VI-SPDAT to use). Guidelines for the administration of the VI-SPDAT are as follows:
    - If the individual or family is seeking homeless prevention, a Homeless Prevention Assessment Tool should be completed to prioritize them for prevention assistance if a CSR has adequate prevention services for it to warrant prioritization.
    - If the individual or family is currently living in a place not meant for human habitation, the appropriate VI-SPDAT should be completed at initial point of contact.
    - If the individual or family is currently in emergency shelter, the appropriate VI-SPDAT must be completed after 7 days of entering shelter and must be completed in person. It is recommended to wait 14 days before administering the VI-SPDAT to give the individual or family time to resolve their housing situation on their own.
    - If the individual or family is applying for transitional housing, rapid re-housing, or permanent supportive housing, and a VI-SPDAT has not been previously completed, it will be completed at the initial meeting/assessment for placement on the prioritization list.
    - If the individual is currently in an institutional setting (e.g. jail, substance abuse treatment facility, hospital, etc.), the VI-SPDAT may be administered if their current stay is less than 90 days and they met the definition of literally homeless immediately before their stay in the institution began.
    - If the individual or family refuses to answer questions on the VI-SPDAT, they still have the right to access emergency sheltering services and should still be placed on the Prioritization List. The individual or family will be placed on the bottom of the Prioritization List with a score of "O" and should be made aware of the placement on the list.
    - For overflow and/or night by night shelters, the CSR must develop policies on when to administer the appropriate VI-SPDAT to ensure consistency across the region.
- If the individual or family meets the threshold for acuity the BoS Coordinated Entry Assessment is completed, the Iowa Balance of State Coordinated Services Network Client Informed Consent and Release of Information is signed, and the information is placed on the Prioritization List via HMIS.

Whether the VI-SPDAT/Homeless Prevention Tool is first conducted on paper or directly input into HMIS, all assessments must be recorded in either the HMIS Prioritization List or the local non-prioritization list within 48 hours of when the information was first collected. As stated above, an individual or family may choose to not provide any information, this does not deny

them access to Coordinated Entry, but will cause them to rank at the bottom of the Prioritization List.

If the individual/family is not prioritized for any interventions, the provider administering the assessment tool should explain why and what other services will be available to them (i.e. shelter case management, connection to mainstream resources, help connecting with family or friends). The consumer should be referred to the appropriate emergency shelter or other housing crisis resource, if needed, where they will receive case management and other services to help them access housing. The assessment process ends for the consumer at this point.

Initial Screen of Domestic Violence Survivors

The Domestic Violence Victim Service Providers (DVVSP) in the Balance of State must administer the VI-SPDAT/Homeless Prevention Tool for their consumers who are seeking services from other housing service providers through the coordinated entry process.

The DVVSP will follow this procedure:

- The appropriate version of the assessment tool is completed either in person or over the phone.
- DVVSP will generate the parallel Prioritization List for their consumers with de-identified names either manually via excel file or via the DVIMS system.
- The DVVSP brings their agency lists to the Regional Coordinated Entry Prioritization meetings to discuss their consumers and where they rank in comparison to the main BoS Prioritization List.
- Agencies need only to divulge the assessment score and will only need to discuss additional data elements for tie breaking purposes.
- DVVSP will work with housing providers at the prioritization meeting to determine the best placement and referral for the consumer.
- The domestic violence service provider will advise the consumer and relay the information that the service is available and ask the consumer if they would like to receive the service. The DVVSP then communicates the consumer's intentions to the housing provider. The DVVSP will need a signed release of information and waiver of non-disclosure in order to share the consumer's name with the housing provider for cases in which the consumer intends to use the housing provider's service.
- Since DVVSPs (Domestic Violence Victim Service Providers) are limited in the ability to share consumer data, they must actively communicate with other regions about the consumers on their Prioritization List that are willing/wanting to relocate, whether they are fleeing an abusive situation or not. If a consumer wishes to relocate, the DVVSP must work with the consumer to identify which regions the consumer is wanting to relocate to and actively communicate with the CSR Lead in that region(s) to get the consumer included and prioritized for services. This also includes regions where the DVVSP are the CSR Leads, meaning that if the DVVSP is entering all referrals (regardless of DV status) into the DVIMS system for CE, they will have to communicate with all regions for consumers willing to relocate to assure their region is providing the same level of opportunity and services as other CSR's for their consumers.

PRIORITIZATION

Prioritization of persons with the highest acuity, the presence of the largest number of severe needs, is perhaps the most important aspect of Coordinated Entry. Outreach, or concerted efforts to find the highest need people to prioritize for housing is critical. People with the highest need for housing are least likely to walk into an office or avail themselves of resources and opportunities. These resources and opportunities must be taken to them.

When regions are prioritizing, they make a commitment to making things work faster. The path from literally homeless to permanent housing should be clear, transparent, and as rapid as possible. When prioritization is coupled with programs that operate from a Housing First philosophy, homelessness can be ended quickly and effectively.

It is imperative to note that prioritization is not to be used for services such as entry into emergency shelter, allowing for an immediate crisis response, and people fleeing domestic violence/sexual assault that are seeking safe shelter. Prioritization is used to identify the next step after accessing emergency services, such as transitional housing, rapid re-housing, and/or permanent supportive housing.

Additionally, permanent supportive housing projects choose how they will provide units/beds specifically for those experiencing homelessness by providing a 100% Dedicated or a DedicatedPLUS process.

100% Dedicated is a PSH project that commits 100% of its beds to chronically homeless individuals and families.

DedicatedPLUS is a PSH project where 100% of the beds are dedicated to serving individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum meet one of the following criteria: (1) experiencing chronic homelessness (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the TH project (3) residing in a place not meant for human habitation, emergency shelter, or safe have; but the individual or families experiencing chronic homelessness had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement (4) residing in a transitional housing funded by a joint TH-RRH project and who were experiencing chronic homelessness priority to entering the project (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter.

When there are no chronically homeless individuals/families, projects will follow the order priority as listed for PSH projects not dedicated or prioritized for serving chronically homeless individuals/families.

- First priority- Homeless individuals/families with a disability with long periods of episodic homelessness and severe needs.
- Second priority- Homeless individuals/families with a Disability with severe service needs.

- Third priority- Homeless individuals/families with a disability coming from places not meant for human habitation, safe haven, or emergency shelter with severe service needs.
- Fourth priority- Homeless individuals/families with a disability coming from Transitional Housing.

The matching process and eventual referral linkage process will consider a set of prioritization criteria for each project type. The order of referral priority on the Prioritization List will under no circumstances be based on disability type or diagnosis. Prioritization will be based on VI-SPDAT score, chronic homelessness status, length of time homeless or on the streets, currently fleeing domestic violence, Veteran status, and family/youth status (if the youth is not being served by a youth provider).

Homelessness Prevention services are also available to be prioritized based on the Homeless Prevention Assessment score for need based on current available resources and supports as opposed to a first come first served basis.

The HMIS Lead will work with all participating agencies to create one Prioritization List for each CSR. Agencies that use ServicePoint will be able to make referrals using the BoS Coordinated Entry Assessment. Anyone in a participating agency with a ServicePoint user license can make a referral to the Prioritization List. Individuals and families being referred to the Prioritization Lists do not need to be enrolled in a program at the agency making the referral.

Agencies making referrals to the Prioritization List will be responsible for following up with the individuals and families they refer to determine whether the individual or family is still in need of housing assistance. Follow-up contact must occur every 90 days at a minimum. If the individual or family is still in need of housing, the agency should update contact information, if necessary. If the individual or family is no longer in need of housing, the agency can complete the removal process in the BoS Coordinated Entry Assessment to remove the individual or family from the Prioritization List. Providers that contact a referred household to offer services and find out the household is no longer in need, can also complete a Prioritization List removal in ServicePoint, even if that provider did not make the referral.

In some cases, resources in a CSR are insufficient in meeting the level of need for a particular type of housing or supportive service. In other cases, no resources are available and such projects need to be developed. Regardless, the coordinated entry process still should focus on prioritizing the highest need people for whatever resources are available and on developing alternative referral strategies until new resources are added. Coordinated entry can play a critical role in helping to document these gaps in the crisis response system and justify increased funding to meet the need.

People in a housing crisis who are not likely to be rapidly housed by a project should not be put on the waiting list and told that it is the resource they are waiting for that will end their homelessness. Instead, CSRs should work with people on alternative housing plans, including applying for affordable housing in the community, increasing income from employment and benefits, and exploring other housing opportunities available through the person's personal support network. Alternatively, if a person is prioritized for PSH but only RRH resources are available, coordinated entry should have that person access RRH as a bridge or temporary placement, without it negatively affecting their PSH eligibility.

Data collected during the assessment process cannot be used to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Individual programs may use disability status or other protected class information to limit enrollment, but only if Federal or State statute explicitly allows the limitation (i.e. HOPWA-funded programs may only serve participants who are HIV+/AIDS).

Emergency Prioritization Changes

When the State Governor, Iowa Department of Public Health, or other government entity has declared a state of emergency due to a public health crisis, natural disaster, or other crisis (whether statewide, regional, or local) that requires the necessity to move clients out of congregate living as soon as possible, the Balance of State Coordinated Entry process can move to temporarily suspend dynamic prioritization. Housing the most vulnerable is still preferable, but regions can shift to housing those who are able to attain and sustain housing quickly based on income and consultation with case managers. Depending on the type of emergency, prioritization populations may look different. However, people at high risk of being directly impacted by the crisis, such as those 65+ or those with underlying medical conditions should be prioritized due to being a vulnerable class. Providers should also consider the compounding effect of the crisis and systemic inequities that affect people of color and marginalized populations. For example, housing barriers such as criminal records, poor credit history, and history of eviction – all of which disproportionately impact people of color and contribute to difficulties accessing and maintaining housing.

When resources and funding allow large numbers of people experiencing the crisis to be moved into permanent housing, then dynamic prioritization may be unnecessary, and can be suspended.

The emergency prioritization policy may be enacted on state or regional levels. If a region is facing a crisis, they should notify the Coordinated Entry Committee to request the ability to suspend dynamic prioritization for a period of up to three months, which can be extended if necessary.

Regions will determine the specifics in implementing the change, whether that be scheduling more pull meetings or allowing agencies to pull households between meetings.

This change will be in place only during a state of emergency, or when approved by the Coordinated Entry Committee.

HMIS and Prioritization

1. Rehousing Prioritization
    1. If the individual or family is literally homeless or fleeing domestic violence, is encountered in shelter, on the streets, by phone, or other access point, the proper VI-SPDAT is performed at the appropriate time and then recorded in HMIS immediately (see the VI-SPDAT definition to determine which VI-SPDAT to complete).

2. Individuals and families can be assessed via the VI-SPDAT, even if they are not actually entered in a program. No project entry is required for referrals to the Prioritization List in HMIS. Individuals and families will be placed on the Prioritization List based on the initial score obtained at the original point of contact.
3. Regions ideally meet once per week, with all housing providers and DVVSP around the table, and house people by acuity and eligibility. Reminder that the DLA is responsible to ensure that all parties involved in participating in the CSR Prioritization List Review meetings have signed a Memorandums of Understanding (MOU) to discuss consumer's confidential information. MOU's will be between the DLA and other community members not covered by the HMIS Client Informed Consent and Release of Information form. Scoring based on the VI-SPDAT and the next steps are:
    1. Score of 0-3 on the VI-SPDAT or the VI-F-SPDAT, it is recommended the individual or family be diverted and not entered into a program.
    2. Score of 4-7 on the VI-SPDAT or 4-8 on the VI-F-SPDAT, the individual or family should be housed in a Rapid Re-Housing Program, if available. This includes SSVF programs for eligible Veterans.
    3. Score of 8+ on the VI-SPDAT or 9+ on the VI-F-SPDAT, the individual or family should be housed in Permanent Supportive Housing (PSH), if available. This includes HUD VASH programs for eligible Veterans.
    4. If PSH programs are not available, regions should consider placing people scoring 8-12 on the VI- SPDAT or 9-13 on the VI-F-SPADAT in a Transitional Housing Program, if available.
    5. Tie breakers are used for identical scores and are as follows: Chronic Status, Length of Time Homeless or on the Streets, Currently fleeing DV, Veterans, Youth. When all is equal, those on the list longer will take priority.
    6. Programs using the TAY-SPDAT are encouraged to follow the above listed scores as closely as possible when looking at housing placements.
    7. Programs using the JD-VI-SPDAT should enter the score as the single VI-SPDAT in HMIS as the scoring results are the same.

2. Prevention Prioritization
    1. The goal of prevention assistance is to prevent people from losing their housing and needing to enter shelter. limited resources exist as financial assistance to households at imminent risk of homelessness. To improve the chances of success for households served, services are offered to assist in maximizing whatever income households have, including linking them with additional benefits they qualify for and referring them to education and employment programs. Households should receive the minimum amount of assistance necessary to stabilize in housing and keep from becoming literally homeless.
    2. There are currently no tiebreakers built into the Homeless Prevention prioritization system. Due to this, it is imperative that providers add comprehensive notes regarding the client's current situation, and what interventions/assistance is needed. This allows for providers to pull clients from the prioritization list based not only on assessment score, but on the urgency of a situation.
    3. Households receiving assistance will meet HUD's criteria for defining "At Risk of Homelessness." Funding decisions will be based on the following:
        1. Prioritization score; and
        2. Urgency of housing crisis; and

3. Housing can be safely preserved with an immediate financial intervention; or
4. Household can be immediately relocated and stabilized with an immediate financial intervention.

4. For Prevention Screening, utilization of the Homeless Prevention Tool and recommendations of services provided are as follows:
    1. Score of 0-15: No assistance provided. Programs may however provide referrals to mainstream resources.
    2. Score of 16-23: assistance is provided as resources allow. It is important to consider financial and/or case management support.
    3. Score of 24-31: It is recommended that financial and/or case management supports be provided.
    4. Score of 32+: Strong recommendation for financial AND case management supports.

3. DVVSPs will bring their own agency prioritization lists for comparison and placement in conjunction with the official Prioritization List from HMIS, only divulging assessment scores and tie-breaker information as needed.
4. If the programming options that best meet the consumer's needs are not available in the region, the next best housing option should still be offered to the consumer. Reminder it is the consumer's choice as to which program they go into, despite what they may qualify for. Also, not all permanent supportive housing programs can accept a consumer currently in a transitional housing program. Be sure each DLA is aware of the guidelines of local housing programs.
5. Those families or individuals that refuse to provide any assessment information can still be placed on the Prioritization List with a score of zero (0) as they cannot be ranked above consumers with a valid assessment score. Consumers that refused certain questions in the assessment may amend their answers at a later time and their score can be updated to reflect the more complete assessment.
6. Families and individuals ought to be reassessed per new episode of homelessness. Reassessments may also occur if the families or individuals present with significant changes that may impact overall score (i.e. changes in family size).
7. If a family or individual is continuously literally homeless, CSR's can opt to re-evaluate the family or individual's needs at 90 days to determine if the overall score changes.
8. If a family or individual scores within a specific programmatic range and has either been unsuccessful with that intervention previously, and/or is struggling with securing housing after 180 days, CSR's can re- evaluate at 6 months to determine if the overall score changes.

PULL MEETING GUIDANCE

Regions will hold meetings on a regular basis to pull households off the Prioritization List and into housing programs. These meetings should be held at the same time each week and should ensure access for outside agencies via conference call or other conferencing technology. Due to the statewide nature of the Coordinated Entry process, each region across the Balance of State must meet at a different time so that agencies who have clients that wish to relocate may

participate in another region's pull meeting to advocate for their client, especially DVVSP who have private lists.

Some regions may not have the need to meet every week due to a limited number of housing opportunities in their region, but the region should still hold that time and meet at least every other week to discuss clients on the list and other housing opportunities that may be available.

All agencies and community partners present at the pull meetings must have an MOU on file with the lead agency/and ICA and have been disclosed to ICA to be included on the Coordinated Services Network Release of Information Participating Agencies addendum. If that process has yet to be completed those individuals/agencies must be asked to leave prior to the names being discussed on the Prioritization List.

All CoC, ESG, and ERA2 funded programs will use the CES Prioritization List as the only referral source from which to fill vacancies in housing and/or services funded by CoC and ESG programs. At each weekly pull meeting agencies will discuss the Prioritization List, starting with the highest scoring clients and moving down. If a household scores within the range of one type of project but there is no space in programs of that type, the next best housing option should be used. If the programming options that best meet the client's needs are not available in the region, the next best housing option should still be offered to the client. The household scoring highest that meets all eligibility criteria for a program should be pulled into that program (ex: must be a Veteran for SSVF, must identify as having HIV/AIDS for HOPWA programs, etc.) While regions may focus on those households currently presenting in their region, care should be taken to ensure that the meetings work as a statewide system and regions are pulling from the top of the Prioritization List for each housing opening regardless of that household's region.

In addition to the Iowa Balance of State CoC Coordinated Entry Policies and Procedures, the following are recommendations from the CSR Committee Support Workgroup for regional pull meeting operations:

1. Pull meetings should be held once every two weeks at minimum.
2. All attendees must have an MOU on file with ICA to remain in the meeting. If there is an attendee without a recorded MOU, they will be asked to leave the meeting or removed from the meeting.
    a. The list of agencies with current MOU's on file can be found here: https://iowainstitute.sharepoint.com/:x:/s/IABOSCE/EfLCoW-HUKFJlyYbLdK5CPsByM3NweixlR4pzRjJPzes-Q?rtime=Nixb2kOM2kg
3. The prioritization list should be shared with pull meeting participants both via email prior to the meeting, and during the meeting via screen share.
    a. HMIS prioritization lists should be password protected before being sent to other entities.
    b. DVIMS prioritization lists do not need to be password protected since they do not include identifying information.
4. Case conferencing should regularly occur to discuss clients that may have changes in their situation, or clients that have been pulled but are unable to be contacted.

    a. These discussions should focus on the clients housing need, community collaboration (e.g., wrap-around services), and contact information if needed.
5. Discuss specialized agency openings first, to ensure clients who qualify for those programs are given the opportunity to receive specific services.
    a. For example, if a client is a DV survivor they would probably be best served by a DV agency. If the DV agency is unable to pull the client, then they should be pulled for any openings with general population programs. This guidance also applies to veteran programs, youth, and any other population specific openings.
6. When discussing client situations, only information relevant to housing or current needs should be provided. The CE ROI for clients only covers things directly related to housing. If there is additional information being shared about the client, staff should stop the conversation and move forward with the meeting.
7. If there is a potential for safety concern, that information should be provided privately to the agency pulling the client after the pull meeting.
8. Clients should only be pulled from the list if there are available program openings.
9. Participants should review the minutes from the previous pull meeting.
10. Review of the full regional prioritization list (without filtered referrals) should happen at least quarterly to ensure the list is up to date and clients are still receiving services or still in need of services.
    a. This list should also be sent out to pull meeting participants and be password protected. Reviewing the full list will help with list management, data quality, and streamlining services.

Emergency Pull Guidance:

Emergency Pulls are defined as a situation where a client will immediately lose their housing if they must wait until the next regional pull meeting to be referred to services. Most of these situations revolve around homeless prevention clients, and unless a payment is received immediately/within a few days the client will be evicted. The guidance of the Support Workgroup is to try to make emergency pulls as rarely as possible. However, if you have a situation where you may need to do this, the following are recommendations:

1. Try to ensure the program the client is being pulled for is the best fit for them.
2. If there are multiple clients on the prioritization list with the same score as the emergency client, then staff should review the clients' situations and determine if those factors may constitute an emergency need.
3. When making an emergency pull, you should email the other pull meeting attendees to notify them. In this email, please include information about the client (client ID, score, etc.), information about the need for the emergency pull, and how you determined the client should be pulled immediately.
4. If other participants in the region feel this client should not be pulled, the situation should be discussed at the next regular pull meeting.

If you have any questions about these recommendations, please reach out to the Coordinated Entry Manager, Cassandra Kramer, at Cassandra.kramer@icalliances.org.

Defining "Active" Participation

For an agency to be considered an active participant in the Coordinated Entry System, the following should occur:

1. Attendance at local regional pull meetings should be no less than 75%. If staff cannot attend a meeting due to scheduling conflicts, notifying the DLA of the absence, and providing any updates *prior* to the scheduled meeting will count as attendance.
2. If an agency has a change in the point of contact for pull meeting information or referrals, that information should be provided to the DLA to ensure a representative is included on invitations and minutes.

Maximum participation by an agency would include high attendance percentages, active discussion of clients, consistently "pulling" clients into services, and consistently adding clients into the CES. Understanding that some agencies serve a smaller population than others, the CE Participation Report should be used to determine actual client counts.

Statewide List

Regions should be pulling the statewide list of clients (those in their region as well as those who want to relocate) regularly. Agencies that complete an assessment for a household that wishes to relocate to an area where a DV agency is the lead (currently North Central, Northeast, Northwest and South Central/West regions) must contact the lead agency in that region to notify them of the client who wishes to relocate. Every attempt should be made for the assessment agency to be on the call for the regional pull meeting for the region the client wants to relocate to.

Transfers

The Permanent Supportive Housing (PSH) Transfer Request Form is centered around Housing First and client-choice practices. The Coordinated Entry Transfer Request Form does not cover:

- Transfer requests due to fleeing/experiencing domestic violence, dating violence, sexual assault, staking, and/or human trafficking. Please utilize the Emergency Transfer Planning process for these requests.
- Transferring clients when a HUD CoC-funded project is closing. When CoC-funded projects close, the CoC staff will work with the applicable agency to develop a plan of action to ensure that, to the extent possible, no participants return to homelessness.

Internal Transfers: Participants can request an internal transfer between PSH projects within the same agency. The housing provider must complete the Transfer Request Form, which includes the reason for transfer.

External Transfers: Participants can request a transfer to another PSH program with a different agency, if the participant meets eligibility. The current housing provider must complete the Transfer Request Form and submit it to the potential new housing provider.

In all cases, a release of information must be obtained to share across projects and providers to ensure client confidentiality. All requested information must be kept within the client file in all project locations. Requests will be approved on the condition that appropriate housing is available, and the transfer is warranted. A written response determination will be provided to the requesting program which will include the rationale for denials. If a client is denied, the current housing program will continue to assist the client with their housing situation.

Reason for the transfer request.

- Conflict & Safety Concern- Space has become unsafe for household, but does not qualify under VAWA housing protection, such as someone has taken over the unit and household can no longer live there, violence taking place in the apartment building, or tenants in building harassing client. (Not crime within the neighborhood that is not specifically targeting household or building.)
- Reasonable Accommodation and/or Modifications- Household is unable to live in home due to accommodations that cannot be made such as requiring an elevator or large door frame for wheelchair in building without these features, larger units due to medical equipment or needing an additional room for a live-in aid. (Should not include items that can be put into current projects such as grab bars or lift.)
- Change in Household Composition- Family size changes so household requires a smaller or larger unit. (Not a desire for a larger unit, has not be based on household size.)
- Client Choice- Household would be able to reach employment and education goal, or not have their health jeopardized living in a different location that cannot be obtained by the current program such as needing to be located closer to a medical facility for necessary service such as dialysis. (Not geographic preference that in unrelated to these noted areas.)

REFERRAL PROCESS

The CE process includes uniform and coordinated referral process for all beds, units, and services available at participating projects. Each program will establish and make publicly available the specific eligibility criteria the project uses to make enrollment determinations. It is up to the DLA in each CSR to collect this information from all participating programs. All CoC, ESG, and ERA2 funded programs will use the CES Prioritization List as the only referral source from which to fill vacancies in housing and/or services funded by CoC and ESG programs. CSRs will hold regular meetings to review the Prioritization List. It is recommended the meetings happen on a weekly basis, or at a minimum of every other week. At each CSR meeting agencies will discuss the Prioritization List, starting with the highest scoring consumers and moving down. If any community partners attend these Prioritization List meetings, a signed MOU must be on record with ICA to be included on the Coordinated Services Network Release of Information participating agencies addendum. If that process has yet to be completed those

individuals/agencies must be asked to leave prior to the names being discussed on the Prioritization List.

If any physical copies of the Prioritization List are generated for these meetings, they must be kept confidential and destroyed securely upon completion.

Providers will review consumers on the Prioritization List for possible project entry. Additional information may be needed, either from the consumer, through follow-up from the referring agency, or through the consumer's current case manager, to ensure specific project eligibility requirements are met.

Consumers may be placed on the Referral List on the Prioritization List by completing the "Coordinated Entry Event" section of the Coordinated Entry Assessment in ServicePoint. If it is determined later that the client does not meet the minimum requirements for the specific project entry they were referred to, the referral may be closed out as a "client rejection or a program rejection" depending on the situation. Once closed out, the client can be referred to another housing program during the next pull meeting. Closing out a referral does not remove a client from the prioritization list or affect their placement on the list. Providers will work to ensure that the least number of referrals are open at any one time, and the referrals should be up to date by pull meetings to ensure the most accurate information is being presented.

Assign with Consumer Choice Process

Sometimes potential program participants might feel strongly that they want to be referred to one type of project, but their assessment results suggest a different type. Similarly, assessment protocols might send provider referrals it does not feel able or well suited to accommodate. Coordinated entry requires the referral system to include a mechanism for addressing such incompatibility concerns.

Programs will provide safe, affordable housing meeting consumers' needs in accordance with the coordinated entry process, based on acuity and eligibility. Programs will provide rapid and successful entry into permanent housing for each eligible household, by acuity, with as few barriers as possible. Coordinated Services Regions will focus their attention on the ability of all consumers in the region to access the appropriate housing intervention.

Steps:

1. In providing or arranging for housing, programs consider the specific household needs of the individual or family experiencing homelessness.
2. Programs assist households in finding suitable housing quickly and effectively and do so guided by consumer input and choice.
3. Programs agree to only accept referrals through the coordinated entry system, closing all side doors to permanent housing placement.

Consumer choice should remain at the center of any referral and placement, with the consumer being completely informed of the steps and processes necessary to move from homelessness to permanent housing. CSRs decide how the referral process will work in their region. However, the process should include, whenever possible, a warm hand-off of the consumer to the referred

agency, which could include either a phone call or email with a method for transmitting intake materials including the completed Prevention/Diversion Screening Tool and/or the VI-SPDAT/Homeless Prevention Assessment Tool. Regions should take into consideration resources for transportation to get consumers from screening site to referred agency, if applicable. Policies developed at the regional level will be submitted to the CEC and added as an addendum to this document.

Reminder that consumers have the option to refuse the housing option recommended for them. If the consumer refuses the recommended housing option and chooses another available housing option, their name will stay on the Prioritization List until an opening is available, and as long as the consumer remains homeless. It is up to the CSR on how many times a consumer can attempt a specific housing intervention before the consumer's choice is more limited to ensure success in housing based on available resources.

Relocation

When completing the initial Coordinated Entry assessment with a client or household, the survey asks if the client is willing and able to relocate to a different region. If the client says yes, then the access point staff should engage the client in conversation around where they want to relocate. As this is a serious conversation about where the client wants to live, the access point staff should record notes about this conversation, specifically around areas where they are willing to relocate or any places they are not willing to relocate. These should be documented in the Client Prioritization Notes section of the assessment. These notes will pull as a separate tab on the Iowa Balance of State Prioritization List and will help regions to assess whether a client from another region would be willing to relocate to their region when housing is available. While the notes section is not a required data element to enter in HMIS, it is imperative that this is completed to make the statewide Coordinated Entry process work.

The notes section can also be utilized for clients who may be assessed in one region and then move to another region for temporary housing. In this situation, it is important to remember that a client should not be added to the Prioritization List more than once, so in presenting for services in another region, that region should edit the original addition to the Prioritization List with the new region and any changes since the original assessment.

If a client does not authorize the access point to share their personal information (i.e. their HMIS record is locked down), then the region must have someone represent that household at the regional pull meetings in the regions the household wants to relocate to. This includes DV agencies who assess households through the CE process but are unable to share their information due to confidentiality concerns. Updated information about call in numbers and the times of the meetings can be found on the shared Google Drive in the Coordinated Entry folder. The only information shared about the clients willing to relocate should be assessment scores and family size, with tiebreaker information ready to share if needed. No client names should be disclosed without permission.

Rapid Rehousing to Permanent Supportive Housing Transition Policy

This policy is to assist with the transition of clients in a Rapid Rehousing (RRH) program to a Permanent Supportive Housing (PSH) program when the current program is not sustainable. It is not a guarantee of Permanent Supportive Housing for those in Rapid Rehousing but is an option on a case-by-case basis.

Process when there is a PSH opening:

- Providers should email the regional pull meeting list to ensure agencies are aware there is an opening and are prepared to discuss clients if necessary.
- During the pull meeting, review the prioritization list and pull any clients directly from the list for PSH openings based on score and eligibility.
- If there are no clients on the prioritization list scoring in the PSH range, the following should happen:
    - Clients actively enrolled in a Rapid Rehousing program who meet PSH eligibility criteria (chronic homelessness status) and who originally scored within the PSH range on the VI-SPDAT should be reassessed using the VI-SPDAT or VI-F-SPDAT to have an updated score. If the client scores within the PSH range on the updated assessment, they should be referred for the opening.
    - The agency working with the client through RRH should provide documentation of chronicity and disability to the PSH agency prior to the referral for services.
- If there are no clients referred from the above process, the next client on the list meeting eligibility, regardless of score range, should be pulled.

Multiple clients available for transition:

- Review the updated VI-SPDAT/VI-F-SPDAT scores to determine priority. Discussions may still take place for clients whose scores do not accurately reflect their need on a case-by-case basis.
- Clients under 30 days should not be recommended for transition.

Defining Chronic Homelessness

In 2015, HUD published the Defining Chronically Homeless Final Rule clarifying the definition of chronic homelessness, which applies to all program participants admitted after January 2016.

HUD encourages CoCs to prioritize funding for projects serving households with the highest level of need, including those that may be chronically homeless. However, only projects that serve individuals and families defined as chronically homeless must document chronic status for HUD.

In order to be eligible for housing restricted to chronically homeless individuals or families under the CoC program, participants must me the definition of chronically homeless. The definition of chronically homeless is:

- A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:

    - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, **and**
    - Has been homeless and living as described 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 as described.
- An individual who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility**; **or**
- 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 of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

*A "break" in homeless is considered to be 7 or more nights.

**An individual residing in an institutional care facility does not constitute a break in homelessness.

Documentation Requirements can be found here: https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness/recordkeeping-requirements/

Defining Documented Disability

In the Defining "Chronically Homeless" Final Rule (2015) disability is defined as one or more of the following:

- Physical, mental, or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, brain injury or a chronic physical illness that:
    - Is expected to be long-continuing or of indefinite duration; and
    - Substantially impedes the person's ability to live independently; and
    - Could be improved by more suitable housing.
- Developmental Disability: Defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000. Means a severe, chronic disability that:
    - Is attributable to a mental or physical impairment or combination; **and**
    - Is manifested before age 22; **and**
    - Is likely to continue indefinitely; **and**
    - Results in substantial limitations in three or more major life activities, **and**
        - Self-care
        - Receptive and expressive language
        - Learning

        - Mobility
        - Self-direction
        - Capacity for independent living
        - Economic self-sufficiency
- Reflects need for:
    - A combination and sequence of special, interdisciplinary, or generic services; **or**
    - Individualized supports; **or**
    - Other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

*Many programs have specific requirements for documented disability. Work with local PSH programs to make sure you are aware of those requirements.

REMOVAL PROCESS

Only when the consumer has been housed by said agency will the accepting agency complete the Prioritization List removal section of the Coordinated Entry Assessment via HMIS to remove the consumer from the list. Through that process the agency will report what project type the consumer is being entered into and ultimately their permanent housing date (for RRH and PSH projects only). For TH projects, the CSR will determine when a referral will be removed from the Prioritization List. Factors to consider may include but are not limited to the type of TH program (scattered-site vs. cluster-site, for specific population only, additional available housing resources). The CSR must include the local procedure for removal from the Prioritization List for TH programs to the CEC for approval.

Consumers may also be removed from the Prioritization List without being housed by an agency due to self- resolution or no longer being able to be found and contacted. The CSR entity that adds consumers to the Prioritization List are responsible for regular check-ins with consumers to make sure they are still in need and available for housing. If a consumer cannot be located or contacted after 90 days they will be removed from the prioritization list via HMIS by the agency that added them and select the appropriate reason for their removal without placement.

For regions utilizing the Balance of State Call Center to create 24-hour access to the Coordinated Entry System, it is the responsibility of the Designated Lead Agency to monitor these clients for referrals made to an agency outside of the Coordinated Entry system, as well as provide check-ins with clients and remove clients from the Prioritization List when necessary.

COORDINATED ENTRY POLICIES

This section outlines and defines the policies governing Coordinated Entry.

JOINING COORDINATED ENTRY

All programs that receive CoC, ESG, or ERA2 funding are required by their funders to participate in coordinated entry. Programs that receive SAF funding are strongly encouraged to participate in the coordinated entry process as well. Other programs are encouraged and welcome to join coordinated entry. Programs that are not required by their funder to participate in CE will sign a Memorandum of Understanding agreeing to participate in the system for a minimum of six months.

SYSTEM ADVERTISEMENT AND OUTREACH

Outreach and Community Education

Each CSR is **tasked with** contacting private and public agencies including those in the CoC, 211, VA, social service agencies, and state and/or local government agencies to educate and provide information on available programs. Outreach activities are **expected** to be done a minimum of once per year. These activities can be done in conjunction with the Point in Time Count or at another time as determined by the CSR. Each CSR is **expected** to coordinate with existing street outreach programs as well as private and public agencies, social service organizations, etc. for referrals, so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through Coordinated Entry.

Each CSR is **encouraged** to provide resources/information about Coordinated Entry to 24-hour establishments, restaurants, hospitals, hot meal programs, churches, schools, check cashing locations, and other places known to be frequented by the target population. In addition, each CSR is **encouraged** to explore various outreach activities such as hosting a booth at a local community event, resource fairs, festivals, and county fairs to provide information and resources.

Community education may include posting flyers at the locations stated above (as allowed), newspaper ads, radio, websites, etc., to generate referrals and client applications. The education topics should focus on people experiencing housing instability and should also clearly state eligibility requirements. Information about Coordinated Entry will also be available on the Iowa BoS CoC website located at http://iaboscoc.org/task-group.

DATA COLLECTION

Data will be collected on everyone that is assessed through Coordinated Entry. This section, in addition to instructions embedded within the assessment tool, will detail when and how data about consumers going through Coordinated Entry will be collected.

Once the Prevention/Diversion Screening Tool has been completed and the consumer is deemed eligible to be assessed, the staff member will review the Iowa Balance of State Coordinated Services Network Client Informed Consent and Release of Information with the consumer. The staff member will explain what data will be requested, how and with whom it will be shared, and

what the consumer's rights are regarding the use of their data. The staff member will be responsible for ensuring consumers understand the Release of Information and their rights regarding data confidentiality. If they sign the form or verbally consent, the staff member will begin the appropriate version of the VI-SPDAT/Homeless Prevention Assessment Tool, either in ServicePoint or on paper, with relevant data entered into the data fields in HMIS within 48 business hours. *Please note that shelter guests are given a minimum of one week to resolve their homeless situation on their own before the assessment is completed.*

Some consumers should never be entered into ServicePoint. These include:

- Consumers who want domestic violence specific services should never have information entered into HMIS (ServicePoint). The assessment should be done on a paper form, the score recorded, and the form shredded. If the consumer is being served by a DVVSP, that agency may enter their information into a HMIS-comparable database.
- Consumers who do not consent to data sharing may still be entered into HMIS for their shelter stay. The agency must follow the correct procedure for locking the consumer record but should not be entered into the Coordinated Entry Prioritization List. Those consumers not willing to share will have to be manually represented by the agency at the CSR meetings.
- Consumers under age of 18 without parental/guardian to sign the Iowa Balance of State Coordinated Service Release of Information consent can be added to the HMIS system, but cannot have their information shared, therefore they cannot be part of CE. Exceptions can be made for those individuals under 18 that have been emancipated by the courts.

Data collected during the assessment process cannot require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

DECLINED REFERRALS AND GRIEVANCE PROCEDURES

There will be times when programs will not accept a referral after interviewing the individual or family. Refusals are acceptable only in certain situations, including:

- The referred individual/family does not meet the program's eligibility criteria.
- The referred individual/family would be a danger to others or themselves if allowed to stay at this particular housing program.

If a housing program declines a referral, this will result in a case conference with the Coordinated Services Region to discuss the issue that caused the decline.

If a program is consistently declining referrals (more than 2 out of every 4) that are not the result of failures to meet project entry requirements, they will need to meet with the chair of the Coordinated Entry Committee and the Governance Task Group of the Iowa BoS Continuum of Care s to discuss the issue(s) that is causing the declines.

Individual Declines Referral

Individuals or families being referred have the right to refuse acceptance into any program. These individuals/families will remain on ServicePoint as open under Coordinated Entry. There will not be a limit to the amount of times a referred individual/family can refuse to enter into programs.

If the referred individual/family has gone through a program or does not want to work with the program/agency, the housing program can still contact the referred individual/family by phone and the individual/family is able to decline the interview. Immediately upon working with any individual or family, staff must provide the individual or family with the Coordinated Entry Grievance Policy. All individual's or family's concerns and grievances must be resolved promptly and fairly, in the most informative and appropriate manner. Agencies and providers shall inform individuals and families of the process listed below for filing a grievance.

The individual/family will remain on the Prioritization List and if the housing program, as a result, needs another individual/family to contact, the housing program will follow-up with the next name on the Prioritization List that meets criteria.

Client Grievances

All households served by the Iowa Balance of State CoC have the right to file a complaint or grievance if they feel they have been treated unjustly by the Coordinated Entry System (CES) or by any program or agency within the Iowa Balance of State CoC.

Iowa Balance of State CoC expects that all agencies and programs in the Continuum of Care homeless response system will use their agency's grievance process to ensure that client/participant complaints are dealt with quickly and fairly. Agency and program level grievance procedures are considered an informal grievance process for the CoC. As such, agencies and programs in the CoC are responsible to provide information and assistance to file a formal grievance with the CoC when issues cannot be resolved at the agency or program level.

Informal Grievance Procedure - Client

The Iowa Balance of State homeless response system has a participant grievance procedure to ensure that participants' complaints are dealt with quickly and fairly. Participants in programs and participants in CES are given a copy of this grievance procedure and a Grievance Form when the grievance is identified. Staff at homeless-designated housing and/or service programs as well as CES access and assessment sites should explain participants' rights to them and how the grievance procedure works, including that a staff member will help them complete the form and file the grievance if asked.

Steps in informal grievance resolution process:

1. Participant discusses grievance with whomever grievance is against (i.e., service provider agency) and works to resolve grievance informally between the parties involved. When the

grievance is about CES, the CES lead staff for the agency should be involved in the conversation if possible.

2. If the grievance is not resolved through this informal process, the participant should file a formal grievance following the agency's grievance process.
3. If the grievance is still not resolved through the agency's formal process, the participant should submit a formal grievance to the Coordinated Entry Committee Chairperson following the process outlined on the next page.

Formal Grievance Procedure - Client

For grievances that cannot be resolved informally as described in the previous section, participants may submit a formal grievance to the CoC.

Steps in formal grievance resolution process:

1. Participant completes Grievance Form and submits to Coordinated Entry Committee Chairperson. The lead program or CES staff at the agency serving the participant is responsible for assisting the participant with the form if asked by the participant.
2. Coordinated Entry Review Committee reviews the grievance, attempts to substantiate the claims.
3. The committee then works to resolve the grievance with the participant. The committee will confer with the CES Lead Agency, CoC Lead Agency, and other CoC partners as necessary.
4. Committee facilitator will then provide a written response to the grievance within ten (10) business days of the review. Copies of the response will be forwarded to the CoC Lead Agency within ten (10) business.
5. If the participant is not satisfied with response to grievance, participant will be invited to participate in a case conference with staff from CoC Lead Agency, Grievance Review Committee, and other CoC partners as necessary.
6. If the participant is not satisfied with results of the case conference, the participant can then file a grievance with the Iowa Balance of State Continuum of Care Board for review.

If the grievance is against the Coordinated Entry Committee Chairperson, the Grievance Form should be submitted to the Coordinated Entry Committee Co-Chairperson to follow the resolution process above.

Agency/Program Grievances

All agencies and programs participating in the Iowa Balance of State CoC have the right to file a complaint or grievance if they feel they have been treated unjustly by the CoC or by another program or agency within the Iowa Balance of State CoC.

The Iowa Balance of State CoC expects that all agencies and programs in the CoC homeless response system will follow CoC expectations for conduct of agencies and programs. Expectations are outlined in CoC policies and procedures (including the Governance Charter, CoC Policy, CoC Member Agreement, CoC Coordinated Entry Partner Agreement, CoC Grantee MOU, etc.), and in funding agreements and any other policy or guide created by the CoC or an applicable program funder for the purposes of ensuring a transparent, fair, and effective homeless response system in the region.

Iowa Balance of State CoC also expects that, because the CoC is a community-led entity, most disagreements between agencies and the CoC or between agencies within the CoC should be addressed through either 1) peer-to-peer professional engagement as partners in the same homeless response system or 2) regular CoC decision-making processes for policies and priority-setting.

As such, the Grievance Policy for agencies and programs is limited to resolving the following types of issues:

- Verified conflict of interest violations
- Breach of Iowa Balance of State CoC-established policies and procedures
- Technical breach of regulations established by HUD or other applicable funding sources
- Technical error in procedures that is repeated and/or has material impact on agency/program ability to function
- Denial of right to participate in a reasonable manner in CoC decision-making processes
- Violation of client confidentiality requirements

Informal Grievance Procedure - Agency

The Iowa Balance of State CoC has a grievance procedure to ensure that agency/program complaints are dealt with quickly and fairly. This grievance procedure and a Grievance Form are posted on the CoC website and are accessible to all CoC agency/program participants. Agencies/programs will be directed to this process when the grievance is identified.

Steps for informal grievance resolution:

1. Agency/program staff person discusses grievance with whomever grievance is against (i.e., service provider agency) and works to resolve grievance informally between the parties involved. When the grievance is about CES, the CES lead staff for the agency(ies) should be involved in the conversation if possible.
2. If the grievance is not resolved through this informal process, the aggrieved agency/program should submit a formal grievance to the Coordinated Entry Committee Chairperson following the process outlined below and inform the other agency's staff and director or other lead contact of the grievance to be filed.

Formal Grievance Procedure - Agency

For grievances that cannot be resolved informally as described in the previous section, participants may submit a formal grievance to the CoC.

Steps in formal grievance resolution process:

1. Agency/program completes grievance form and submits to Coordinated Entry Committee Chairperson.
2. Coordinated Entry Review Committee reviews the grievance, attempts to substantiate the claims.
3. The committee then works to resolve the grievance with the agency/program. The committee will confer with the CES Lead Agency, CoC Lead Agency, and other CoC partners, as necessary.
4. Committee facilitator will then provide a written response to the grievance within ten (10) business days of the review. Copies of the response will be forwarded to the CoC Lead Agency within ten (10) business.
5. If the program/agency is not satisfied with response to grievance, agency/program will be invited to participate in a case conference with staff from CoC Lead Agency, Grievance Review Committee, and other CoC partners as necessary.
6. If the agency/program is not satisfied with results of the case conference, the agency/program can then file a grievance with the Iowa Balance of State Continuum of Care Board for review.

If the grievance is against the CoC Lead Agency, the Grievance Form should be submitted to the Coordinated Entry Committee Co-Chairperson to follow the resolution process above.

All grievances received will be recorded and maintained in CoC files along with details of resolution.

- If the grievance is related to discrimination of fair housing; contact: Local Civil Rights Commissions, if applicable, or the State of Iowa Civil Rights Commission at https://icrc.iowa.gov/ or via phone at 1-800- 457-4416.
- To file a formal fair housing complaint, contact: U.S. Department of Housing and Urban Development https://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp
- File a complaint online: https://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/online-complaint Or contact HUD regional office at 800-743-5323 or the main office at 800-233-3247 TTY (800) 300-7525.

Anti-Retaliation Policy

The Iowa Balance of State CoC provides agencies and participants who wish to file a grievance the opportunity to do so without retaliation from the party accused or any representative associated. Retaliation includes, but is not limited to harassment, intimidation, violence, program dismissal, refusing to provide services, use of profane or derogatory language to or in reference to the complainant, or breach of contract.

The Iowa Balance of State CoC will take immediate steps to stop retaliation and prevent its recurrence. These steps may include, but are not limited to:

- Technical Assistance
- Implementing a Corrective Action Plan
- Written report of grievance and retaliation to program funder(s)
- Discontinuing CoC Funding (Decision made at the discretion of the CoC Board)

The Coordinated Entry Committee Chairperson will request supporting documentation from the alleged victim of retaliation to substantiate the claims. Supporting documents may include police reports, emails, and eye-witness statements. If the Coordinated Entry Committee Chairperson is the accused party, the Coordinated Entry Committee Co-Chairperson will fulfill this role.

MONITORING AND REPORTING OF CE

All CSRs must adhere to the Iowa BoS Continuum of Care approved CE Monitoring and Reporting Plan. The CE Monitoring and Reporting Plan will include requirements for reports on performance objectives related to CE utilization, efficiency, and effectiveness. The specific CE Monitory and Reporting Plan will be published by the Iowa Council on Homelessness and updated on an annual basis.

The Iowa Balance of State CE Monitoring and Reporting Plan will include the following narrative and management report sections to be submitted annually by each CSR:

1. Narrative: A narrative description of the status of CE implementation during the reporting period. The narrative must be no longer than 1-page in length and identify the CoC's experience of barriers and challenges related to the implementation and management of Coordinated Entry and identify plans for expansion and improvements in the upcoming reporting period.
2. CE Management Report. An HMIS-generated CE management report covering the 12-month period coinciding with the State's fiscal year (i.e., July 1 to June 30). The CE Management Report will include the following performance indicators related to both the literally homeless list and the homeless prevention list:
    a. Number of individuals and households completing Coordinated Entry Assessment that were then added to the Prioritization List.
    b. Number of individuals and households by assessment score added to the prioritization list.
    c. Length of time from placement on Prioritization List to program entry.
        1. Average length of time from addition to list to referral to housing services.
        2. Average length of time waiting on Prioritization List until exit.
        3. Average length of time from Prioritization List addition to permanent housing date if entering project.
    d. Number of consumers removed from the Prioritization List
    e. Destination of individuals and households to each service strategy as a result of CE after Prioritization List removal:
        1. Rapid Re-housing

2. Transitional Housing
3. Permanent Supportive Housing
4. Return to Homelessness
5. All other/No exit interview conducted.

The following schedule identifies specific CoC reporting requirements, including required data, report structure, and submission deadlines:

CoC CE Evaluation Component	Format	Reporting Period	Due Date
CoC Annual Report (DLA/Region tasked with submission)	Narrative **AND** CE Management Report	July 1- June 30	August 30
CoC Quarterly Report (ICA Staff tasked with submission to Report Workgroup and DLA)	CE Management Report	I. July 1- September 30 II. October 1- December 31 III. January 1- March 31 IV. April 1- June 30	I. October 31 II. January 31 III. April 30 IV. July 31
CoC Stakeholder Feedback - Providers	Narrative report incorporating data from Participating Agencies Survey	July 1- June 30	August 30
CoC Stakeholder Feedback – Clients	Narrative report incorporating data from Client Survey	I. January 1- March 1 II. July 1- September 1	I. April 30 II. October 31

EVALUATION

Once Coordinated Entry is implemented, the system must regularly evaluate its effectiveness. CSRs and the CEC should use the lessons derived from these evaluations to further improve their systems.

The Coordinated Entry Committee will evaluate the system primarily by CSR but will also consider aggregate data. This section includes potential questions to be used for evaluation purposes and the types of data that may be gathered to evaluate the functioning and success of CE.

Questions for Participating Agencies

- How educated is the community regarding the Coordinated Entry System?
- Is there a clear understanding of how CE operates by providers in your region?
- What is done to ensure equal access for all clients seeking CE assistance?
- How are clients referred to Coordinated Entry?
- Are there organizations in your region that do not participate in CE but do their own intake or assessment? If so, how does this affect the CES?

- What trends are you noticing through the CES in your region?
- What barriers in accessibility and implementation exist in your region?
- What are providers doing to address current barriers in your region?
- Are there participating programs that do not take a low barrier approach/housing first approach to assisting clients? What additional barriers are being caused?
- How effective is the DLA in operating the region?
- How effective are the access points in the region regarding region support and participation?
- Do you fully understand the role and responsibilities of your agency in the Coordinated Entry System?
- What have been the challenges in operating coordinated entry, and how can the CEC help to address them?
- What trainings would benefit your agency/region?
- Do you have any additional feedback?

Questions for Consumers

This survey will be completed twice per year, during the months of January and July for any clients that are engaged in CE during those months. The January survey will focus on clients entering the CES and the July survey will focus on clients exiting the CES.

- Entering CES:
    - Was Coordinated Entry explained to you
        - Yes/No
    - Where did you hear about Coordinated Entry?
        - Local Agency
            - Which agency?
        - Advertisement
        - Friend/Family
        - Other
            - List other
    - Which agency did you first reach out to when you became homeless?
        - Short Answer
    - How did you complete the Coordinated Entry Assessment?
        - By Phone
        - Walk-In (in person)
        - Scheduled Appointment (in person)
        - With Outreach Worker (in person)
        - Other
            - Short Answer
    - How long did you have to wait to complete the Coordinated Entry Assessment?
        - 24 Hours
        - 2-4 Days
        - Less than a week
        - 1-2 weeks

        - Less than a month
        - A month or longer
    - What could have PREVENTED you from becoming homeless? (Check all that apply)
        - Rental Assistance
        - Other Financial Assistance
        - Landlord Mediation/Negotiation
        - Help finding a job
        - Substance Use Treatment
        - Health Care
        - Help finding an Apartment
        - Mental Health Treatment
        - Help with Budgeting
        - Case Management
        - Other
            - Short Answer
    - Do you have any recommendations for the Coordinated Entry system that would make it easier for people in need of services to get the help they need?
    - Demographics:
        - Household: single, household with kids, adults only
        - Age: 18-24; 25 or older
        - Gender
        - Race
        - Ethnicity

- Exiting CES
    - Was Coordinated Entry explained to you? (Yes/No)
    - Where did you hear about Coordinated Entry?
        - Local provider
            - Which agency?
        - Advertisement
        - Friend/Family
    - Did you understand the process of the Coordinated Entry system? (Yes/No)
        - If no, what was/is unclear about the process?
    - How did you complete the Coordinated Entry assessment?
        - By phone
        - Walk-in (in person)
        - Scheduled an appointment (in person)
        - With outreach worker (in person)
        - Other:
    - In which county were you when you first asked for services?
    - Chose for range between "Strongly Agree" to "Strongly Disagree"
        - It was easy for me to find services to help me when I became homeless.
        - I felt that the services I received while homeless were focused on helping me get into permanent housing as quickly as possible.
            - If strongly disagree, why was it not helpful/easy
    - How long were you waiting to get assistance from a housing provider?

- Were you referred to any programs to help you find housing? (Yes/No)
- How many programs were you referred to? (0-10)
- Did you find housing through any program that you were referred to? (Yes/No)
- How many homeless assistance organizations or programs did you have to work with before you got into permanent housing?
- If you worked with multiple agencies, did the referral process go smoothly? (Yes/No)
    - If answered no, please explain.
- Do you have any recommendations for the Coordinated Entry system that would make it easier for people in need of services to get the help they need?
- Demographics:
    - Household: single, household with kids, adults only
    - Age: 18-24; 25 or older
    - Gender
    - Race
    - Ethnicity

TRAINING

Each CoC must develop and implement an annual CE training plan to ensure all participating CE partners are knowledgeable of CoC-specific CE participation and performance expectations, are following statewide guidelines and protocols for CE operations, and strive to achieve promising approaches for the most effective coordinated entry. Needs or gaps in training effectiveness will be assessed annually as part of each CoC's evaluation of CE processes.

TRAINING PLAN

The following trainings are required of all access points throughout the Balance of State once and updated when changes are made:

- The Coordinated Entry Process (15-minute recording)
    - What is Coordinated Entry?
    - Coordinated Entry Policies & Procedures
    - General eligibility requirements
    - Housing First
    - CE access points and access protocols
    - Data collection/management/sharing
    - Prioritization Process
- VI-SPDAT

Trainings to complete yearly:

- Diversion
- Point in Time Unsheltered Count (this training is for regions to train potential volunteers and new staff about how to conduct a PIT (Point In Time) unsheltered count and may be in addition to the trainings provided by ICA regarding data collection)

Trainings to complete at least once every three years:

- Equal Access
- Trauma Informed Care
- Domestic violence 101
- Statewide guidelines have been established of what should be included in this training, though this will be led by local domestic violence agencies to ensure locally accurate information is distributed. Employees who are certified DV advocates do not need to go through this training.
- Requirements for this training can be found at: https://drive.google.com/drive/folders/1MonpsL7099doJKqMEq7rxC6RCvC8pdBg.

The BOS (Balance of State) training system is available through an online learning platform that allows access points to view trainings on their own time instead of one day each year. By use of this training platform, regions have the autonomy to choose the training they would like their access points to complete from the library of options that are available to them. Every access point within a region will complete the same training. Equal Access, Trauma Informed Care, and Domestic Violence 101 will be held annually on a rotating schedule (one per year). These sessions will be held live and also recorded for those who cannot attend.

Regions are required to complete 4 hours of training each year in addition to the yearly training requirements. These hours can include any of the every three year required trainings or alternative options including:

- Confidentiality and Fair Housing Laws
- Effective client engagement techniques for challenging, difficult to engage consumers
- Motivational Interviewing
- Co-occurring disorders
- Information specific to immigrant/refugee and undocumented populations
- Maintaining high quality data collection and reporting practices
- Strategies for maintaining client confidentiality and privacy while coordinating care among multiple CoC partners
- ACES
- Best practices for emergency shelter and housing programs
- Ethics and Confidentiality

CE Intake and Assessment staff are expected to submit proof of training annually to ensure requirements are being fulfilled.

ANNUAL CE INTAKE ASSESSOR CERTIFICATION PROCESS

To ensure equal access and standardization of the Iowa BoS CoC Coordinated Entry system, any staff conducting Coordinated Entry assessments and intakes must be an ICA Certified Assessor starting January 2023. To become a Certified Assessor, staff must complete the following:

New Staff:

For staff completing assessments/intakes via paper forms, you must complete the following courses:

Iowa Balance of State Paperwork Course

Iowa Balance of State Access Point Course

*To enroll staff in these courses, please complete the training request form, located here, and select both "Paper Forms Only" and "Coordinated Entry" options:

DVIMS: https://ica.formstack.com/forms/dvims_training_lms

HMIS: https://ica.formstack.com/forms/hmis_training_lms

*If you do not select the Coordinated Entry Course, staff will not automatically be enrolled in it.

For staff completing assessments/intakes *and* entering the data into HMIS or DVIMS, you must complete the following courses:

Iowa Balance of State New User Training

Iowa Balance of State Access Point Course

Iowa Balance of State Coordinated Entry Course

*To enroll staff in these courses, please complete the respective training request form below, and select either "New User/License" or "Existing User" (depending on if they are already a database user, **and** "Coordinated Entry":

DVIMS: https://ica.formstack.com/forms/dvims_training_lms

HMIS: https://ica.formstack.com/forms/hmis_training_lms

*If you do not select the Coordinated Entry Course, staff will not automatically be enrolled in it.

For staff that have completed the "New Staff" courses within the last calendar year, you will only need to upload your proof of completion to be issued a certification for the upcoming year.

Existing Staff and Renewals:

Coordinated Entry Assessment Staff are required to complete four hours of training annually to renew their certification. These hours can include any trainings provided by the CoC, ESG, or HUD regarding (but not limited to) housing services, equity and diversity, confidentiality, ethics, best practices for housing programs, and case management.

The Iowa BoS CoC or the ICA Coordinated Entry Team host a minimum of two statewide trainings per year covering these topics.

Statewide Diversion training is held annually and does not count towards the total hours required.

Each year either Equal Access, Trauma Informed Care, or DV 101 training is hosted for free. Attendance at one of these training opportunities counts towards the total four hours required for renewal. Staff are also required to attend these topics at least every three years to ensure they are aware of best practices.

What documentation is required?

You will need to attach proof of attendance for Diversion Training, for either Equal Access, Trauma Informed Care, or DV 101 Training, and for any additional hours of training needed to reach the required four total hours. If you do not have proof of attendance, you will need to provide the date, length, and location of the training(s), as well as who facilitated the training(s).

To request a certificate renewal, please complete the online request form located here:

https://ICA.formstack.com/forms/annual_ce_certification_request

The training renewal request process opens on November 1st of each year, and submissions are due no later than December 15th. If your request is approved, you will receive an email with your certificate towards the end of December. This certificate is valid for the following year. If your request is denied, you will be contacted to discuss what is needed to renew.

By January 15th, agencies and DLA's will receive a list of staff that have been certified. Those who have not been certified for the upcoming calendar year should no longer be completing Coordinated Entry Assessments and Intakes with clients.

If you have any questions about this process, please contact the Iowa Coordinated Entry Team at iowace@icalliances.org, or the Coordinated Entry Manager, Cassandra Kramer, at Cassandra.kramer@icalliances.org.

APPENDICES

APPENDIX A: DEFINITIONS

- At-risk of Homelessness- An individual or family who has income below 30% of area median family income for the area, as defined by HUD, and who does not have sufficient resources or support networks immediately available to prevent them from moving into an emergency shelter or other place described in the "homeless" definition.
- Case Conferencing- Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication.
- Coordinated Entry (CE)- A coordinated process designed to coordinate program participant intake, assessment, the provision of referrals, and assist in the prioritization of referrals for housing assistance. A coordinated entry covers the entire geographic area covered by the Balance of State, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. This definition establishes basic minimum requirements for the Continuum's coordinated entry (*CoC Interim Rule*).
- Chronically Homeless-
    - An individual who:
        - Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; **AND**
        - Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years where those occasions also cumulatively total at least 12 months; **AND**
        - Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post- traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all the criteria in paragraph 1 of this definition [as described in Section 1.D.1. (a) of this notice] prior to entering that facility;
- 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 the criteria of paragraph 1 of this definition [as described in Section 1.D.1. (a) of this notice], including a family whose composition has fluctuated while the head of household has been homeless. (*24 CFR 578.3*)
- Consumer- Individual or family who accesses the Coordinated Entry
- Continuum of Care (CoC)– A group composed of representatives of relevant organizations, which generally includes nonprofit homeless providers; victim service providers; faith-based organizations; governments; businesses; advocates; public housing agencies; school districts; social services providers; mental health agencies; hospitals; universities; affordable housing developers; law enforcement; organizations that serve homeless and formerly homeless veterans, and homeless or formerly homeless persons

that are organized to plan for and provide a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies to address the various needs of homeless persons and persons at risk of homelessness for a specific geographic area.

- Designated Lead Agency- Agency chosen by the Coordinated Services Region to manage the Prioritization List and serve as the point of contact for the Coordinated Entry Committee.
- Developmental Disability – Defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000, and means a severe, chronic disability that is attributable to a mental or physical impairment or combination, and is manifested before age 22, and is likely to continue indefinitely. It must result in substantial limitations in 3 or more major life activities (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency) AND reflects need for special services or individualized support, or other form of assistance this is lifelong or extended duration.
- Disabling Condition – A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury, which is expected to be of long- continued and indefinite duration, substantially impedes the person's ability to live independently, and is of such a nature that such ability could be improved with more suitable housing conditions; a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 200; or 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 Shelter – Any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.
- 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 re-house homeless individuals and families; and (6) prevent families and individuals from becoming homeless.
- Fair Market Rent – Means the rents published in the Federal Register annually by HUD
- Families – Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the followings: (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) A group of persons residing together, and such group includes, but is not limited to (a) A family with our without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (b) An elderly family; (c) A near-elderly family; (d) A disabled family; (e) A displaced family; and (f) The remaining member of a tenant family.
- Homeless- There are 3 categories within the definition of homelessness, as defined under the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) that are actively used within the Iowa Balance of State:
    - Literally Homeless (HUD Homeless Definition Category 1) – An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

    - An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground (aka "unsheltered");
    - An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); **OR**
    - An individual who is exiting an institution where he/she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (*24 CFR 578.3*)
- Imminently at Risk of Homelessness (HUD Homeless Definition Category 2) – An individual or family who will imminently lose their primary nighttime residence, provided that:
    - The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
    - No subsequent residence has been identified; **AND**
    - The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing (*24CFR 578.3*)
- Fleeing domestic abuse or violence (HUD Homeless Definition Category 4) – Any individual or family who:
    - Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
    - Has no other residence; **AND**
    - Lacks the resources or support networks, e.g., family, faith-based or other social networks, to obtain other permanent housing (*24 CFR 578.3*)
- Homeless Management Information System (HMIS) – The information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD. The HMIS used in Iowa Balance of State is Service Point.
- Homeless Prevention Assessment Tool - the standardized instrument for determining homeless prevention assistance used in the Coordinated Entry System.
- HMIS Lead – The entity designated by the Continuum of Care to operate the Continuum's HMIS on its behalf. The Institute from Community Alliances (ICA) is the HMIS Lead for the Iowa Balance of State.
- Homeless Prevention – A program targeted to individuals and families at risk of homelessness. Specifically, this includes those that meet the criteria under the "at risk of homelessness" definition at 576.2, as well as those who meet the criteria in Category 2, 3, and 4 of the "homeless definition and have an annual income below 30% of family median income for the area.

- Housing Interventions – Housing programs and subsidies; these include transitional housing, rapid re- housing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g., Housing Choice Vouchers).
- Housing First – An approach to connect individuals and families experiencing homelessness quickly and successfully 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 as opposed to addressing predetermined treatment goals prior to permanent housing entry.
- Permanent Housing – Community-based housing without a designated length of stay, and includes both Permanent Supportive Housing and Rapid Re-housing.
- Permanent Supportive Housing – Permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.
- Physical, Mental or Emotional Impairment – Expected to be long-continuing or of indefinite duration; substantially impedes the person's ability to live independently, and could be improved by more suitable housing.
- Program – A specific set of services or a housing intervention offered by a provider.
- Provider – Organization that provides services or housing to people experiencing or at-risk of homelessness.
    - Example: The Emergency Residence Project (Provider) has Emergency Shelter (Program) and Transitional Housing (Program).
- Public Housing Authority – Local entity that administers public housing and Housing Choice Vouchers (HCV) (aka Section 8 vouchers).
- Rapid Re-housing – Housing relocation and stabilization services and short- or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing. Assistance may be provided for up to 24 months during any 3-year period, and may include rental arrear for up to six months, to eligible persons who qualify as homeless under Category 1 and 4 of the "homeless" definition.
- Release of Information (ROI) – Written documentation signed by a participant to release his/her personal information to authorized partners.
- Rent Reasonableness – A process conducted by the recipient or sub-recipient to determine if the rent charge for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, considering the location, size, type, qualify, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charge by for comparable unassisted units.
- Street Outreach – The act of reaching out to unsheltered homeless people; connecting them with emergency shelter, housing or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.
- Transitional Housing – Facilitates the movement of homeless individuals and families to permanent housing within 24 months
- Victim Service Provider – A private nonprofit organization whose primary mission is to provide services to victims and survivors of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, emergency safe shelters, domestic violence transitional housing programs, and other programs.

- VI-SPDAT; VI-F-SPDAT; TAY-VI-SPDAT; PR-VI-SPDAT and JD-VI-SPDAT– *Vulnerability Index-Service Prioritization Decision Assistance Tool; Vulnerability Index-Service Prioritization Decision Assistance Tool for Families; Transition Age Youth- Vulnerability Index-Service Prioritization Decision Assistance Tool*; *Prevention-Rehousing Vulnerability Index-Service Prioritization Decision Assistance Tool; and Justice- Discharge Vulnerability Index-Service Prioritization Decision Assistance Tool* are the standardized assessment tools for literally homeless or those fleeing domestic violence used in Coordinated Entry. The tools are pre-screening, or triage tools that are designed to be used by all providers within Coordinated Entry to quickly assess the health and social needs of people experiencing homelessness and match them with the most appropriate support and housing interventions that are available. There are different versions of the VI-SPDAT, depending on the situation of the individual or family seeking assistance. It is best practice to ask referrals (if the household has more than one person) how they would like to complete the assessment. It is recommended the different versions be utilized as stated below:
  - TAY-VI-SPDAT: will be completed with all single youth ages 17-24
    - If the transitional age youth has a child (i.e. 22-year-old with a 4-year-old), a VI-F-SPDAT will be used
    - Adults:
      - Couples: Adults will be screened separately and do individual VI-SPDAT's, enter each score into HMIS. The higher score will be the one used on the Prioritization List. This will also assist in the ability for the referral to disclose any safety concerns to the staff completing the assessment.
      - Families: If a household of 2 or more people identify themselves as a family, complete the VI-F-SPDAT

APPENDIX B: HUD'S COORDINATED ENTRY POLICY BRIEF

U.S. Department of Housing and Urban Development Office of Community Planning and Development

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Special Attention of: **Notice: CPD-17-01** **Issued:** January 23, 2017
All Secretary's Representatives **Expires:** This Notice is effective until it is
All Regional Directors for CPD amended, superseded, or rescinded
All CPD (Community Planning and Development) Division Directors

Continuums of Care (CoC) **Cross Reference:** 24 CFR Part 578,
Recipients and Subrecipients of the 42 U.S.C. 11381, *et seq.*, 24 CFR Part 576, Continuum of Care (CoC) Program and 42 U.S.C. 11371, *et seq.*, Notice CPD-
Recipients and Subrecipients of the 014-12, 42 U.S.C. 13925, *et seq*. Emergency Solutions Grants (ESG) Program

Subject: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System

Table of Contents

I. Purpose

Under the authority of 24 CFR 578.7(a)(8), this Notice establishes new requirements that

Continuums of Care (CoC) and recipients of CoC Program and Emergency Solutions Grants (ESG) Program funding must meet related to the development and use of a centralized or coordinated assessment system. It also provides guidance on additional policies that CoCs (Continuum of Care Programs) and ESG recipients should consider incorporating into written policies and procedures to achieve improved outcomes for people experiencing homelessness.

The CoC and ESG Program interim rules use the terms "centralized or coordinated assessment" and "centralized or coordinated assessment system;" however, HUD and its Federal partners have begun to use the terms "coordinated entry" and "coordinated entry process." "Centralized or coordinated assessment system" remains the legal term but, for purposes of consistency with phrasing used in other Federal guidance and in HUD's other written materials, the Notice uses the term "coordinated entry" or "coordinated entry process."

A. Background

In June 2010, the United States Interagency Council on Homelessness published *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness,*[1] in which HUD and its Federal partners set goals to end veteran and chronic homelessness by 2015,[2] and end family and youth homelessness and set a path to end all homelessness by 2020. The development of a comprehensive crisis response system in each community, including new and innovative types of system coordination, is central to the plan's key objectives and strategies. Although a relatively new concept at the time, communities had already begun to develop and operate coordinated entry processes independently in response to the same conditions identified by the plan, many through the implementation of the Homelessness Prevention and Rapid Re-Housing Program (HPRP) under Title XII of the American Recovery and Reinvestment Act of 2009. HUD requires each CoC to establish and operate a "centralized or coordinated assessment system" (referred to as "coordinated entry" or "coordinated entry process") with the goal of increasing the efficiency of local crisis response systems and improving fairness and ease of access to resources, including mainstream resources. Both the CoC and ESG Program interim rules require use of the CoC's coordinated entry process, provided that it meets HUD requirements. Coordinated entry processes are intended to help communities prioritize people who are most in need of assistance. They also provide information to CoCs and other stakeholders about service needs and gaps to help communities strategically allocate their current resources and identify the need for additional resources. The CoC Program interim rule set the basic parameters for coordinated entry and left further requirements to be set by HUD notice. Since the CoC Program interim rule was published in 2012, HUD has learned a great deal about what makes a coordinated entry process most effective and has determined that additional requirements are necessary. This Notice establishes those additional requirements.[3]

B. Applicability and Deadlines for Compliance

This Notice establishes additional requirements for coordinated entry, as authorized under 24 CFR 578.7(a)(8). Each CoC must establish or update its coordinated entry process in accordance with the requirements of 24 CFR 578.7(a)(8) and this Notice by January 23, 2018. As required under 24 CFR 576.400(d) and 578.7(a)(8), each CoC and each ESG recipient operating within the CoC's geographic area must also work together to ensure the CoC's coordinated entry process allows for coordinated screening, assessment, and referrals for ESG projects consistent with the written standards for administering ESG assistance established under 24 CFR 576.400(e).

1. Amended in 2012 and 2015. https://www.usich.gov/opening-doors [2] The goal of ending chronic homelessness has been extended to 2017.

2. Authority established in 24 CFR 578.7(a)(8), "This system must comply with any requirements established by HUD by Notice."

Once the CoC establishes or updates its coordinated entry process to meet the requirements in this Notice and 24 CFR 578.7(a)(8), all CoC program recipients and subrecipients must begin using that process as required under 24 CFR 578.23(c)(9) and (11). However, as provided in section 578.23(c)(9), a victim service provider may choose not to use the CoC's coordinated entry process, if victim service providers in the area use a coordinated entry process that meets HUD's requirements and the victim service provider uses that system instead.
Similarly, once the CoC establishes or updates its coordinated entry process to meet the requirements in this Notice and 24 CFR 578.7(a)(8), HUD will expect that coordinated entry process to be used for all ESG programs and projects within the geographic area as required under 24 CFR 576.400(d). To be clear, however, section
576.400(d) allows but does not require victim services providers under ESG to use the CoC's coordinated entry process.

c. **Key Terms**

1. **Affirmative Marketing and Outreach.** 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).

Nondiscrimination and affirmative outreach requirements for the ESG program are located at 24 CFR § 576.407(a) and (b).

1. **"Coordinated Entry Process" and "Centralized or Coordinated Assessment System."**
The CoC Program interim rule at 24 CFR 578.3 defines centralized or coordinated assessment as the following:
"…a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and
includes a comprehensive and standardized assessment tool…"
For the purpose of this Notice, HUD considers the terms "Centralized or Coordinated Assessment System" and "Coordinated Entry Process" to be interchangeable.

1. **Access Points**. Access points are the places–either virtual or physical–where an individual or family in need of assistance accesses the coordinated entry process. These can include the following examples:

a. a central location or locations within a geographic area where individuals and families present to receive homeless housing and services;

b. a 211 or other hotline system that screens and directly connects callers to appropriate homeless housing and service providers in the area;

c. a "no wrong door" approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area but is assessed using the same tool and methodology so that referrals are consistently completed across the CoC;

d. a specialized team of case workers that provides assessment services at provider locations within the CoC; or

e. a regional approach in which "hubs" are created within smaller geographic areas.

4. Distinct elements of the assessment and referral processes. The processes of *assessment*, *scoring, prioritization* and *determining eligibility* comprise four distinct elements of the coordinated entry process that connect coordinated entry participants to potential housing and services.

e. *Assessment.* In the context of the coordinated entry process, HUD uses the term "Assessment" to refer to 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. Assessment tools often contain a range of questions and can be used in phases to progressively engage a participant over time. See the Additional Policy Considerations Section III.C. for more information on assessment processes and tools.

a. *Scoring*. In the context of the coordinated entry process, HUD uses the term "Scoring" to refer to the process of deriving an indicator of risk, vulnerability, or need based on responses to assessment questions. The output of most assessment tools is often an "Assessment Score" for potential project participants, which provides a standardized analysis of risk and other objective assessment factors. While assessment scores generally reflect the factors included in the prioritization process (see Section I.C.4.c), the assessment score alone does not necessarily determine the relative order of potential participants for resources. Additional consideration, including use of case conferencing, is often necessary to ensure that the outcomes of the assessment more closely align with the community's prioritization process by accounting for unique population-based vulnerabilities and risk factors. See the Additional Requirements Section II.B.3. for more information on the weighting of assessment scores.

c. *Prioritization.* In the context of the coordinated entry process, HUD uses the term "Prioritization" to refer 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 that are established under 24 CFR 576.400(e). In addition, the coordinated entry process must, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. Regardless of how prioritization decisions are implemented, the prioritization process must follow the requirements in Section II.B.3. and Section I.D. of this Notice.

a. *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.

D. Non-Discrimination Requirements

The CoC must develop and operate a coordinated entry 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 C.F.R. 5.105(a), including, but not limited to the following:

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

In addition, HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

II. Requirements for a Coordinated Entry Process

A. The CoC Program interim rule establishes minimum requirements that all coordinated entry processes must meet.

Per the requirements at 24 CFR 578.7(a)(8) and the definition of a "centralized or coordinated assessment system" at 24 CFR 578.3, a CoC's coordinated entry process must:

1. Cover the entire geographic area claimed by the CoC;
2. Be easily accessed by individuals and families seeking housing or services;
3. Be well-advertised;
4. Include a comprehensive and standardized assessment tool;
5. Provide an initial, comprehensive assessment of individuals and families for housing and services; and,
6. Include a specific policy to guide the operation of the centralized or coordinated assessment system 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 specific providers.

This section also requires the coordinated entry process to comply with any additional requirements established by HUD through Notice. Section II.B. of this Notice establishes these additional requirements.

B. CoCs Must Incorporate Additional Requirements into Their Coordinated Entry Process

Each CoC must incorporate additional requirements into their written policies and procedures to ensure that its coordinated entry implementation includes each of the requirements described in this section:

1. Full coverage. Provisions at 24 CFR 578.3 require that a CoC's coordinated entry process cover the CoC's entire geographic area; however, 24 CFR 578.3 does not prohibit multiple CoCs from joining together and using the same coordinated entry process. Individual CoCs may only have one coordinated entry process covering their geographic area; however, for CoCs, such as Balance of State CoCs, whose geographic areas are very large, the process may establish referral zones within the geographic area designed to avoid forcing persons to travel or move long distances to be assessed or served. This Notice further establishes that CoCs that have joined together to use the same regional coordinated entry process must implement written policies and procedures that at a minimum describe the following:

a. the relationship of the CoC(s) geographic area(s) to the geographic area(s) covered by the coordinated entry process(es); and
b. how the requirements of ensuring access, standardizing assessments, and implementing uniform referral processes occur in situations where the CoC's geographic boundaries and the geographic boundaries of the coordinated entry process are different.

2. Use of Standardized Access Points and Assessment Approaches.

a. Unless otherwise provided in this Notice, the coordinated entry process must offer the same assessment approach at all access points and all access points must be usable by all people who may be experiencing homelessness or at risk of homelessness. The coordinated entry process may, but is not required to include separate access points and variations in assessment processes to the extent necessary to meet the needs of the following five populations:

1. adults without children;
2. adults accompanied by children;
3. unaccompanied youth;
4. households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
5. persons at risk of homelessness. See II.B.8 for more information. Variations for these five populations are permissible but not required.

b. The CoC may not establish a separate access point and assessment process for veterans; however, a coordinated entry process may allow Veterans Administration (VA) partners to conduct assessment and make direct placements into homeless assistance programs, including those funded by the CoC and ESG programs, provided that the method for doing so is in collaboration between those VA partners and the CoC and that the method is included in the CoC's Coordinated Entry policies and procedures and the written standards for the affected programs.

c. A CoC or recipient of federal funds may be required to offer some variation to the process, e.g., a different access point, as a reasonable accommodation for a person with disabilities. For example, a person with a mobility impairment may request a reasonable accommodation in order to complete the coordinated entry process at a different location.

a. If determined necessary, variations in access and assessment approaches for the five populations listed in paragraph (a) may be used to remove population specific barriers to accessing the coordinated entry process and to account for the different needs, vulnerabilities, and risk factors of the five populations in assessment processes and prioritization. Examples of variations could include the following:

1. A dedicated access point for unaccompanied youth that provides a safe and supportive youth environment and that is located in a space easily accessible to and commonly frequented by youth to increase the likelihood that unaccompanied youth will access the coordinated entry process;
2. An assessment tool used with unaccompanied youth that includes youth friendly language to elicit a comparable answer to a similar but different question asked of adults over the age of 24;
3. Assessment scoring criteria that weight the risk of immediate harm higher for households with young children when prioritizing persons for housing and services than for households without minor children;
4. Assessment locations and information systems for people fleeing domestic violence that may include separate but comparable processes and databases in order to provide safety, security, and confidentiality; or
5. Assessment scoring criteria that weight a single event of homelessness higher for pregnant women or families with children from the ages of 0 to 5 when prioritizing persons for housing and services than for individuals or families with older children.

e. Variations in assessment locations and processes shall only be considered necessary for the five populations listed in paragraph a, if the CoC reasonably determines that the variations would facilitate access to the coordinated entry process and improve the quality of information gathered through the assessment.

a. CoCs must ensure 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, CoCs must ensure that households who are included in more than one of the five populations listed in paragraph a, e.g., a parenting unaccompanied youth who is fleeing domestic violence, can be served at all of the access points for which they qualify as a target population.

a. CoCs' written policies and procedures for coordinated entry must:

1. Describe the standardized assessment process, including documentation of the criteria used for uniform decision-making across access points and staff. Criteria must reflect the prioritization process adopted to meet the requirements outlined in Section II.B.2. of this

Notice. If the CoC is implementing different access points and assessment tools for the different populations listed above, written policies and procedures must separately document the criteria for uniform decision-making within each population for whom different access points and assessment processes are used.

1. The CoC must have written policies concerning data collected through the assessment as described in Section II.B.12 "Privacy Protections." Additionally, data from the assessment may 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 I.C.4.d for clarification).

1. **Use of Standardized Prioritization in the Referral Process**. The CoC must use the coordinated entry process to prioritize homeless persons within the CoC's geographic area for referral to housing and services. The prioritization policies must be documented in Coordinated Entry policies and procedures and must be consistent with CoC and ESG written standards established under 24 CFR 576.400(e) and 24 CFR 578(a)(9). These policies and procedures must be made publicly available and must be applied consistently throughout the CoC areas for all populations.

The assessment process described in Section II.B.3., including information gathered from assessment tools, case workers, and others working with households, must provide sufficient information to make prioritization decisions. CoCs' written policies and procedures must include the factors and assessment information with which prioritization decisions will be made for all homeless assistance, with caveats made in II.B.7. The CoC should refer to Notice CPD-016-11, Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing, or any subsequent notices that update or replace CPD-016-11 for detailed guidance on prioritizing Permanent Supportive Housing (PSH) beds. The prioritization process may use any combination of the following factors:

a. significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type);
b. high utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities;
c. the extent to which people, especially youth and children, are unsheltered;
d. vulnerability to illness or death;
e. risk of continued homelessness;
f. vulnerability to victimization, including physical assault, trafficking, or sex work; or
g. other factors determined by the community that are based on severity of needs.

These factors are intended to help identify and prioritize homeless persons within the geographic area for access to housing and services based on severity of needs. CoCs are prohibited from using any assessment tool or the prioritization process, including the factors listed in items a. through g. or any other factors adopted by the community, if it would discriminate based on race, color, religion, national origin, sex, age, familial status, disability, type or amount of disability or disability-related services or supports required. In addition, CoCs are prohibited from discriminating based on actual or perceived sexual orientation, gender identity, or marital status.

Assessment tools might not produce the entire body of information necessary to determine a household's prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions that address one or more of the factors discussed above. For these reasons, it is important that case workers and others working with households have the opportunity to provide additional information through case conferencing or another method of case worker input. It is important to note, however, that only information relevant to factors listed in the coordinated entry written policies and procedures may be used to make prioritization decisions, and must be consistent with written standards established under 24 CFR 576.400(e) and 24 CFR 578.7(a)(9).

A community-wide list generated during the prioritization process, referred to variously as a "By Name List," "Active List," or "Master List," is not required, but can help communities effectively manage an accountable and transparent referral process. If a community-wide list is used, CoCs must extend the same Homeless Management Information System (HMIS) data privacy and security protections prescribed by HUD in the HMIS Data and Technical Standards to "By Name List," "Active List," and "Master List" data. See III.E. for further recommendations on the maintenance of these lists.

In the event that two or more homeless households within the same geographic area are identically prioritized for referral to the next available unit, and each household is also eligible for referral to that unit, the CoC should refer the household that first presented for assistance in the next available unit. The CoC's written policies and procedures must also include a process by which individuals and families may appeal coordinated entry decisions.

1. **Lowering Barriers.** CoCs must maintain Coordinated Entry written standards that prohibit the coordinated entry process from screening people out of the coordinated entry 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 that are 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.

1. **Marketing**. CoCs' written policies and procedures for the coordinated entry process must:

a. Include a strategy to ensure the coordinated entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

b. Ensure that all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process, regardless of the location or method by which they access the system.

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). 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.

1. **Street Outreach**. Street outreach efforts funded under ESG or the CoC program must be linked to the coordinated entry process. Written policies and procedures must describe a process by which all participating street outreach staff, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized processes as persons assessed through site- based access points. CoCs may decide whether to incorporate the assessment process, in part or whole, into street outreach activities or separate the assessment process so that it is only conducted by assessment workers who are not part of street outreach efforts.

1. **Emergency services**. The coordinated entry process must allow emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short term crisis residential programs, to operate with as few barriers to entry as possible. Additionally, persons must be able to access emergency services independent of the operating hours of the coordinated entry's intake and assessment processes. Written policies and procedures must:

a. 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 PSH. If emergency services are funded through the ESG Program, the project must follow the written standards required under 576.400(e)(3)(iv); and

b. 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 and how they will be connected, as necessary, to coordinated entry as soon as the intake and assessment processes are operating.

8. **Homelessness prevention services**. Persons must be able to access homelessness prevention services funded with ESG Program funds through the coordinated entry process. The coordinated entry process may include separate access point(s) for homelessness prevention so that people at risk of homelessness can receive urgent services when and where they are needed, e.g. on-site at a courthouse or hospital, provided that the separate access point(s) meet all requirements in II.B.2 of this Notice. Written policies and procedures must describe the process by which persons will be prioritized for referrals to homelessness prevention services. To the extent that other homelessness prevention programs participate in the coordinated entry process, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs.

1. **Referrals to participating projects**. The coordinated entry process must implement a uniform and coordinated referral process for all beds, units, and services available at participating projects. Written policies and procedures must document:
the uniform referral process, including standardized criteria by which a participating project may justify rejecting a referral; and in the rare instances of rejection, the protocol that participating

projects must follow to reject a referral, as well as the protocol the coordinated entry process must follow to connect the rejected household with a new project.

1. **Safety planning**. The ESG and CoC program rules provide several safeguards and exceptions to using coordinated entry for victims of domestic violence, dating violence, sexual assault, and stalking. The ESG rule does not require ESG-funded victim service providers to use the CoC's coordinated entry process, but allows them to do so. The CoC program rule does not require CoC-funded victim service providers to use the CoC's coordinated entry process, if they use an alternative coordinated entry for victim service providers in the area that meets HUD's minimum coordinated entry requirements. Finally, section 578.7(a)(8) of the CoC program rule requires the CoC to develop a specific coordinated entry policy 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.

This Notice further establishes that the coordinated entry process must not jeopardize the safety of the individuals and families seeking assistance. The written policies and procedures for coordinated entry must include protocols that ensure at a minimum that people fleeing or attempting to flee domestic violence and victims of trafficking 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 shelters.

1. **Participant autonomy**. The coordinated entry process must allow participants autonomy to freely refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to assistance. Written policies and procedures must specify the conditions for participants to maintain their place in coordinated entry prioritized list when the participant rejects options. See Section III.A. for further guidance on ensuring participant choice in the assessment and referral process.

1. **Privacy protections**. The coordinated entry process must ensure adequate privacy protections of all participant information.

a. 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.

b. Participants must also be free to decide what information they provide during the assessment process.

c. CoCs are prohibited from denying 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.

d. CoCs are also prohibited from denying 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.

a. Participants may not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking. Further, section 578.103(b) of the CoC program rule requires that records containing PII are kept secure and confidential and the address of any family violence project not be made public.

a. The assessment and prioritization 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. Further requirements on the collection of disability information for the purposes of prioritization is described in II.B.3(a) of this Notice.

a. Participants must be informed of the ability to file a nondiscrimination complaint.

13. **Data security protections**. When a community uses a system other than HMIS to record information from a coordinated entry process, it must meet HUD's requirements in 24 CFR 578.7(a)(8) and Section II.A and be compliant with HUD's HMIS Privacy and Security Notice or any future regulations that update the requirements therein.

Communities that do use HMIS as part of their coordinated entry process should include specific policies and procedures to allow for participation by victim service providers that are prohibited by law from entering personally identifying information in HMIS.

1. **Assessor training**. The CoC must provide training protocols and at least one annual training opportunity, which may be in-person, a live or recorded online session, or a self-administered training, to participating staff at organizations that serve as access points or otherwise conduct assessments.

a. 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 and any adopted variations described in Section II.B.2.

b. The protocols must include the requirements for prioritization and the criteria for uniform decision-making and referrals outlined in Section II of this Notice. CoCs must distribute training protocols and offer at least one training to all participating staff within 12 months of the publication of this Notice.

c. The CoC must update and distribute training protocols at least annually.

1. **Ongoing planning and stakeholder consultation**. The CoC must facilitate ongoing planning and stakeholder consultation concerning the implementation of coordinated entry.

a. CoCs must solicit feedback at least annually from participating projects and from households that participated in coordinated entry during that time period. Solicitations must address the quality and effectiveness of the entire coordinated entry experience for both participating projects and households, and appropriate feedback methodologies include the following:

i. Surveys designed to reach either the entire population or a representative sample of participating providers and households;

ii. Focus groups of five or more participants that approximate the diversity of the participating providers and households; and

iii. Individual interviews with participating providers and enough participants to approximate the diversity of participating households.

CoCs may use any combination of these methods and must use the feedback that they receive to make necessary updates to their coordinated entry process written policies and procedures.

b. The participants selected by the CoC to participate in the evaluation must include individuals and families currently engaged in the coordinated entry process or who have been referred to housing through the coordinated entry process in the last year.

a. Written policies and procedures must describe the frequency and method by which the 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.

III. Additional Policy Considerations

In addition to the requirements established in Section II. of this Notice, HUD strongly encourages CoCs to include the following elements as part of their coordinated entry process. This section contains recommendations and not requirements.

A. Incorporating a Person-Centered Approach

Written policies and procedures should include the following 6 principles that reinforce a person-centered approach throughout the coordinated entry process and have been observed in successful implementations of coordinated entry.

1. *Person-centered assessments*. CoCs should include assessments into coordinated entry that are based in part on participants' strengths, goals, risks, and protective factors.
1. *Accessible tools and processes*. CoCs should include tools and processes into coordinated entry that are easily understood by participants being assessed and referred, in addition to using required accessible formats for persons with disabilities and the requirement in II.B.5(c) of this Notice.
1. *Sensitivity to lived experiences*. CoCs should include sensitivity to participants' lived experiences in every aspect of coordinated entry, including the development of assessment tools and delivery protocols that are trauma informed, minimize risk and harm, and address potential psychological impacts.
1. *Participant choice*. CoCs should include participants' choices 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.
1. *Clear referral expectations*. CoCs should include referral protocols into coordinated entry that 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.
1. *Commitment to referral success.* CoCs should include a commitment 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.

B. Incorporating Cultural and Linguistic Competencies

All staff administering assessments should use culturally and linguistically competent practices, and CoCs are strongly encouraged to incorporate cultural and linguistic competency training into the required annual training protocols for participating projects and staff members.[3] Assessments should include culturally and linguistically competent 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.[4] HUD is encouraging CoCs to train participating projects that receive referrals in culturally and linguistically competent practices so that appropriate resources available to participants are as comprehensive as possible.

C. Assessment Tools and Processes

1. CoCs should develop or select standardized tools to facilitate their standardized assessment process that gather only the information necessary to determine the severity of need and eligibility for housing and related services, and that can provide meaningful recommendations to persons being assessed.
2. The assessment component of the coordinated entry process may be implemented in phases in order to capture information on an as-needed basis as participants navigate the process, recognizing that trauma-informed approaches are necessary throughout these phases. For example, assessment phases may include the following:

a. screening for diversion or prevention;
b. assessing shelter and other emergency needs;
c. identifying housing resources and barriers; and
d. evaluating vulnerability to prioritize for assistance.

Assessments conducted in different phases should build on each other and limit the frequency with which a participant must repeat a personal story so as to reduce trauma and improve system efficiency. Information collection related to prioritization ranking and program eligibility may also occur concurrently with these different phases, even though assessment generally occurs before referral. Once connected to housing and services, project staff may conduct more sophisticated assessments to evaluate a participant's need for specialized services or resources. The phased assessment process used during coordinated entry is not intended to replace those more specialized assessments but rather to connect participants to the appropriate housing solution as quickly as possible. Similarly, the assessment process does not preclude the use of complementary assessments designed to support access to mainstream services that are made available during assessment or otherwise conveniently accessed.

1. See the following materials to learn more about using culturally and linguistically competent practices:

http://youth.gov/announcements/build-linguistic-and-cultural-competence-your-program
http://nccc.georgetown.edu/foundations/frameworks.html#ccdefinition
http://www.tapartnership.org/COP/CLC/

1. Cultural competency and recovery within diverse populations; Ida, D. J, Psychiatric Rehabilitation Journal, Vol 31(1), 2007, 49-53.

D. Incorporating Mainstream Services

The CoC should include relevant mainstream service providers in the following activities: identifying people experiencing or at risk of experiencing homelessness; facilitating referrals to and from the coordinated entry process; aligning prioritization criteria where applicable; coordinating services and assistance; and conducting activities related to continual process improvement. Written policies and procedures should describe how each participating mainstream housing and service provider will participate, including, at a minimum, the process by which referrals will be made and received. 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.

E. Using HMIS and Other Data Collection Systems

HUD does not require CoCs to use their HMIS as part of their coordinated entry process. However, many communities recognize the benefit of using this option to complement their mandatory HMIS recordkeeping and have incorporated HMIS into their coordinated entry. HUD encourages communities to use HMIS, but recognizes that other systems might be better or more quickly able to meet the community's coordinated entry needs. HUD expects that, even when using a data management system other than HMIS, the CoC works toward being able to use HMIS for coordinated entry or toward having a system that seamlessly shares data with HMIS. See requirements for data security for any system in II.B.12 of this Notice.

Further, communities maintaining a "By-Name-List," "Active List," or "Master List" outside the HMIS infrastructure will necessarily be managing client-level data. These data contain personally identifiable information and have the potential to cause harm to clients if data were inappropriately disclosed or unintentionally breached. CoCs should identify and implement data handling protocols to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses and disclosures of data.

F. Addressing Waiting Lists

Prolonged stays on waiting lists for housing resources can have a negative impact on the wellbeing of participants and reduce the overall performance of a community's homeless assistance system. CoCs should keep the time spent on their single, prioritized list for housing resources at 60 days or less. If a community cannot offer a housing resource to every prioritized household experiencing homelessness in 60 days or less, then the CoC should tighten its prioritization standards in order to differentiate and identify for resources those households with the most needs and highest vulnerabilities more precisely. This will mean that CoCs will need to update their written standards appropriately and that some households that are eligible for homeless assistance will no longer be placed on a prioritized list for housing. In these instances, the CoC will need to develop strong relationships with providers of mainstream resources in order to offer these households as much assistance as possible to help resolve their homelessness outside of the dedicated homeless assistance system.

IV. Questions Regarding this Notice

Please submit questions regarding this Notice to HUD's Ask A Question at www.hudexchange.info/get- assistance/my-question.

APPENDIX C: HUD'S COORDINATED ENTRY POLICY BRIEF

Released February 2015

An effective coordinated entry process is a critical component to any community's efforts to meet the goals of Opening Doors: Federal Strategic Plan to Prevent and End Homelessness. This policy brief describes HUD's views of the characteristics of an effective coordinated entry process. This brief does not establish requirements for Continuums of Care (CoCs), but rather is meant to inform local efforts to further develop CoCs' coordinated entry processes.

Provisions in the CoC Program interim rule at 24 CFR 578.7(a)(8) require that CoCs establish a Centralized or Coordinated Assessment System. In this document, HUD uses the terms coordinated entry and coordinated entry process instead of centralized or coordinated assessment system to help avoid the implication that CoCs must centralize the assessment process, and to emphasize that the process is easy for people to access, that it identifies and assesses their needs, and makes prioritization decisions based upon needs. However, HUD considers these terms to mean the same thing. See 24 CFR 578.7(a)(8) for information on current requirements.

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.

HUD has previously provided guidance regarding prioritization for permanent supportive housing (PSH) in Notice CPD-014-12 Notice on Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status. This brief builds upon that Notice and provides guidance for using coordinated entry to prioritize beyond permanent supportive housing (PSH).

Qualities of Effective Coordinated Entry

An effective coordinated entry process has the following qualities:

- **Prioritization**. HUD has determined that an effective coordinated entry process ensures that people with the greatest needs receive priority for any type of housing and homeless assistance available in the CoC, including PSH, Rapid Rehousing (RRH), and other interventions.
- **Low Barrier**. The coordinated entry process does not screen people out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of

employment or income, drug or alcohol use, or having a criminal record. In addition, housing and homelessness programs lower their screening barriers in partnership with the coordinated entry process.

- **Housing First orientation**. The coordinated entry process is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements.
- **Person-Centered**. The coordinated entry process incorporates participant choice, which may be facilitated by questions in the assessment tools or through other methods. Choice can include location and type of housing, level of services, and other options about which households can participate in decisions.
- **Fair and Equal Access**. All people in the CoC's geographic area have fair and equal access to the coordinated entry process, regardless of where or how they present for services. Fair and equal access means that people can easily access the coordinated entry process, whether in person, by phone, or some other method, and that the process for accessing help is well known. Marketing strategies may include direct outreach to people on the street and other service sites, informational flyers left at service sites and public locations, announcements during CoC or other coalition meetings, and educating mainstream service providers. If the entry point includes one or more physical locations, they are accessible to people with disabilities, and easily accessible by public transportation, or there is another method, e.g., toll-free or 211 phone number, by which people can easily access them. The coordinated entry process is able to serve people who speak languages commonly spoken in the community.
- **Emergency services**. The coordinated entry process does not delay access to emergency services such as shelter. The process includes a manner for people to access emergency services at all hours independent of the operating hours of the coordinated entry intake and assessment processes. For example, people who need emergency shelter at night are able to access shelter, to the extent that shelter is available, and then receive an assessment in the days that follow, even if the shelter is the access point to the coordinated entry process.
- **Standardized Access and Assessment**. All coordinated entry locations and methods (phone, in- person, online, etc.) offer the same assessment approach and referrals using uniform decision-making processes. A person presenting at a particular coordinated entry location is not steered towards any particular program or provider simply because they presented at that location.
- **Inclusive**. A coordinated entry process includes all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, and survivors of domestic violence. However, CoCs may have different processes for accessing coordinated entry, including different access points and assessment tools for the following different populations: (1) adults without children, (2) adults accompanied by children, (3) unaccompanied youth, or (4) households fleeing domestic violence. These are the only groups for which different access points are used. For example, there is not a separate coordinated entry process for people with mental illness or addictions, although the systems addressing those disabilities may serve as referral sources into the process. The CoC continuously evaluates and improves the process ensuring that all subpopulations are well served.
- **Referral to projects**. The coordinated entry process 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 fill all vacancies through referrals, while other housing and services projects determine the extent to which they rely on referrals from the coordinated entry process.

- **Referral protocols**. Programs that participate in the CoC's coordinated entry process accept all eligible referrals unless the CoC has a documented protocol for rejecting referrals that ensures that such rejections are justified and rare and that participants are able to identify and access another suitable project.
- **Outreach**. The coordinated entry process is linked to street outreach efforts so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the coordinated entry process.
- **Ongoing planning and stakeholder consultation**. The CoC engages in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually. Feedback from individuals and families experiencing homelessness or recently connected to housing through the coordinated entry process is regularly gathered through surveys, focus groups, and other means and is used to improve the process.
- **Informing local planning**. Information gathered through the coordinated entry process is used to guide homeless assistance planning and system change efforts in the community.
- **Leverage local attributes and capacity**. The physical and political geography, including the capacity of partners in a community, and the opportunities unique to the community's context, inform local coordinated entry implementation.
- **Safety planning**. The coordinated entry process has protocols in place to ensure the safety of the individuals seeking assistance. These protocols ensure that people fleeing domestic violence have safe and confidential access to the coordinated entry process and domestic violence services, and that any data collection adheres to the Violence Against Women Act (VAWA).
- **Using HMIS and other systems for coordinated entry**. The CoC may use HMIS to collect and manage data associated with assessments and referrals or they may use another data system or process, particularly in instances where there is an existing system in place into which the coordinated entry process can be easily incorporated. For example, a coordinated entry process that serves households with children may use a system from a state or local department of family services to collect and analyze coordinated entry data. Communities may use CoC Program or ESG program funding for HMIS to pay for costs associated with coordinated entry to the extent that coordinated entry is integrated into the CoCs HMIS. A forthcoming paper on Coordinated Entry and HMIS will provide more information.
- **Full coverage**. A coordinated entry process covers the CoC's entire geographic area. In CoCs covering large geographic areas (including statewide, Balance of State, or large regional CoCs) the CoC might use several separate coordinated entry processes that each cover a portion of the CoC but in total cover the entire CoC. This might be helpful in CoCs where it is impractical for a person who is assessed in one part of the CoC to access assistance in other parts of the CoC.

The remainder of this brief clarifies a few aspects of the coordinated entry process that deserve further explanation and emphasis, including how communities prioritize people in their coordinated entry process, how communities think about and address waiting lists, and

considerations for the assessment tools and processes that communities implement. This document also clarifies some of the considerations to be made at the local level as communities further develop their process.

Prioritizing people who are most vulnerable or have the most severe service needs

One of the main purposes of coordinated entry is to ensure that people with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance. HUD's policy is that people experiencing chronic homelessness should be prioritized for permanent supportive housing. In some cases PSH projects are required to serve people experiencing chronic homelessness and in other cases, HUD provides incentives for projects to do so. HUD is strongly encouraging communities to fully implement the prioritization process included in Notice CPD-014-12.

In addition to prioritizing people experiencing chronic homelessness, the coordinated entry process prioritizes people who are more likely to need some form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness. When considering how to prioritize people for housing and homelessness assistance, communities can use the following:

- Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing;
- High utilization of crisis or emergency services, including emergency rooms, jails, and psychiatric facilities, to meet basic needs
- The extent to which people, especially youth and children, are unsheltered, increasing Vulnerability to illness or death
- Risk of continued homelessness
- Vulnerability to victimization, including physical assault or engaging in trafficking or sex work

Communities should decide what factors are most important and, to the greatest extent possible, use all available data and research to inform their prioritization decisions. The coordinated entry process is meant to orient the community to one or two central prioritizing principles by which the community can make decisions about how to utilize its resources most effectively. This prioritization ensures that across subpopulations and people with different types of disabilities, those most vulnerable or with the most severe service needs will be prioritized for assistance. The prioritization may not target a category of people with a particular disability. However, individual programs, including CoC funded projects, may restrict access to people with a particular disability or characteristic. In these cases, the coordinated entry process should ensure that people are only referred to projects for which they are eligible. At the same time, providers should ensure that eligibility criteria are limited to those required by Federal or local statute or by funding sources.

Communities should take care to ensure that their prioritization process does not allow people who are more vulnerable or who have more severe service needs to languish in shelters or on the streets because more intensive types of assistance are not available. Evidence indicates that one of the most important factors to successfully ending an episode of homelessness is the speed with which the intervention is made available to the person (see discussion of assessment tools below and HUD's February 2015 report on assessment tools). This means that if a person is assessed as

being highly vulnerable, that person may be prioritized for PSH, but if PSH is not available or the PSH has a long waiting list, that person should be prioritized for other types of assistance such as RRH or TH. CoCs should not assume that because a person is prioritized for one type of assistance, they could not be served well by another type of assistance. However, CoCs should be aware that placing a household in transitional housing can affect their eligibility for other programs. For example, people coming from transitional housing are not eligible for most rapid re-housing funded under the ESG and CoC Programs and placement in transitional housing can affect a person's chronic homelessness status.

Addressing waiting times through coordinated entry

Long wait times make homeless assistance less effective and reduce the overall performance of a community's homeless assistance system. When a community faces a scarcity of needed resources, they should use the coordinated entry process to prioritize which people will receive housing assistance rather than continuing to add people to a long waiting list. For example, if a community has enough permanent supportive housing to serve 10 new households per month, but 30 households are assessed as needing PSH every month, the coordinated entry process should be adjusted to prioritize approximately 10 households for PSH each month. The other 20 households should be prioritized for other resources available in the community, such as RRH, TH (taking care to consider the impact of placement in TH on an individual's chronically homeless status or future eligibility in other programs), housing subsidies, or other mainstream resources. Short waiting times of a few days or weeks might be necessary to properly manage utilization, but waiting times for homeless assistance of several months or years should be eliminated whenever possible. Although PSH is almost always the most effective resource for people with high levels of vulnerability and high service needs, including those experiencing chronic homelessness, the lack of available PSH should not result in people languishing in shelters or on the streets without further assistance.

Most communities face a gap between need and availability based on limited resources. Communities should be proactively taking steps to close these gaps that are identified through the coordinated entry process. For example, if there is insufficient PSH available in the community, the CoC should be working with PHAs (Public Housing Agencies), other affordable housing providers, and Medicaid-funded agencies to increase the supply of PSH. To the maximum extent possible, existing PSH should be targeted to chronically homeless people based on the severity of their service needs (as described in Notice CPD-014-12). Where there are individuals in PSH who no longer need a high level of services, the CoC should pursue "move up" strategies that help those individuals shift to another form of housing assistance, freeing up the PSH assistance for another prioritized household.

Implementing effective assessment tools and processes

HUD does not endorse any specific assessment tool or approach, but there are universal qualities that any tool or criteria used by a CoC for their coordinated entry process should include. HUD outlined some of these qualities in the Notice CPD-014-12 and is building on those qualities in this brief. HUD recognizes the need for guidance as both the process and the tools continue to evolve, so some of the qualities have remained the same, while others have had changes and additions

that reflect HUD's evolving understanding of the assessment process and what is most effective. Please refer to HUD's February 2015 report on assessment tools for further information.

At its core, the assessment process is not a one-time event to gather as much information about a person as possible. Instead, assessments are performed only when needed and only assess for information necessary to help an individual or family at that moment. Initial assessments happen as quickly as possible regardless of where households are residing–streets or in shelter, and the assessment process uses tools as a guide to start the conversation, not as a final decision-maker. Following are several principles that communities can use to ensure an effective assessment process:

- **Phased assessment**. The assessment tools are employed as a series of situational assessments that allow the assessment process to occur over time and only as necessary. For example, an assessment process may have separate tools that assess for each of the following:
    - Screening for diversion or prevention
    - Assessing shelter and other emergency needs
    - Identifying housing resources and barriers
    - Evaluating vulnerability to prioritize for assistance
    - Screening for program eligibility
    - Facilitating connections to mainstream resources

These assessments will likely occur over a period of days or weeks, as needed, depending on the progress a homeless household is making. The different assessments build on each other so a participant does not have to repeat their story. There will also be instances where a participant should be reassessed or reprioritized, particularly if they remain homeless for a long period of time.

- **Necessary information**. The assessment process only seeks information necessary to determine the severity of need and eligibility for housing and services and is based on evidence of the risk of becoming or remaining homeless. For example, a coordinated assessment process would only assess for a particular disability to determine if that household could be referred to a program that requires a particular disability as part of its eligibility criteria.
- **Participant autonomy**. The protocol for filling out assessment tools provides the opportunity for people receiving the assessment to freely refuse to answer questions without retribution or limiting their access to assistance.
- **Person-centered**. The assessment process provides options and recommendations that guide and inform client choices, as opposed to rigid decisions about what individuals or families need. The process also incorporates participants' strengths, goals, and protective factors to recommend options that best meet the needs and goals of the people being assessed.
- **Cultural competence**. Staff administering assessments use culturally competent practices, and tools contain culturally competent questions. For example, questions are worded to reflect an understanding of LGBTQ issues and needs, and staff administering assessments are trained to ask appropriately worded questions and offer options and recommendations that reflect this population's specific needs.

- **User-friendly**. Tools are brief, easily administered by non-clinical staff including outreach workers, minimize the time required to utilize, and easy for those being assessed to understand.
- **Privacy protections**. Privacy protections are in place to ensure proper consent and use of client information.
- **Meaningful recommendations**. Tools are designed to collect the information necessary to make meaningful recommendations and referrals to available housing and services. Participants being assessed should know exactly what program they are being referred, what will be expected of them, and what they should expect from the program. The coordinated entry process should avoid placing people on long waiting lists.
- **Written standards and policies and procedures**. The CoC has written standards describing who is prioritized for assistance and how much assistance they might receive, and the policies and procedures governing the coordinated assessment process are approved by the CoC and easily accessible to stakeholders in the community.
- **Sensitive to lived experiences**. Providers recognize that assessment, both the kinds of questions asked and the context in which the assessment is administered, can cause harm and risk to individuals or families, especially if they require people to relive difficult experiences. The tool's questions are worded and asked in a manner that is sensitive to the lived and sometimes traumatic experiences of people experiencing homelessness. The tool minimizes risk and harm and provides individuals or families with the option to refuse to answer questions. Agencies administering the assessment have and follow protocols to address any psychological impacts caused by the assessment and administer the assessment in a private space, preferably a room with a door, or, if outside, away from others' earshot. Those administering the tool are trained to recognize signs of trauma or anxiety.

Integrating youth into the coordinated entry process

CoCs with a network of youth serving programs should consider whether they would better serve youth by creating coordinated entry access points dedicated to underage and transition aged youth. These access points can be located in areas where homeless youth feel comfortable and safe. They can be staffed with people who specialize in working with youth. CoCs should take care to ensure that if they use separate coordinated entry points for youth, that those youth can still access assistance from other parts of the homeless assistance system and that youth who access other coordinated entry points can access assistance from youth serving programs.

Regardless of whether a CoC uses youth dedicated access points, the coordinated entry process must ensure that youth are treated respectfully and with attention to their developmental needs.

Serving people fleeing domestic violence

CoCs must work with domestic violence programs in their communities to ensure that the coordinated entry process addresses the safety needs of people fleeing domestic violence. This includes providing a safe location or process for conducting assessments, a process for providing confidential referrals, and a data collection process consistent with the Violence Against Women Act.

If the CoC's coordinated entry process uses separate access points for people fleeing domestic violence, CoCs should take care to ensure that people who use the DV coordinated entry process can access homeless assistance resources available from the non-DV portion of the coordinated entry process and vice versa. Many people experiencing homelessness have a history of domestic violence and should be able to access appropriate DV services even if they are not accessing it through a DV coordinated entry point. Similarly, people fleeing domestic violence often have housing and homeless assistance needs that should not be limited by their decision to access a DV coordinated entry access point.

Defining coordinated entry roles in the homeless assistance system

Diverse stakeholders have different roles in a coordinated entry process. In some cases, these roles are clearly defined. Often, the roles are challenging to define and can change over time.

Homeless assistance organizations

All homeless assistance organizations should be involved in the coordinated entry process by helping people access the system and receiving referrals. Homeless assistance organizations may also provide assessments or provide space for assessments to be conducted. Emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing programs should only receive referrals through the coordinated entry process.

Mainstream housing and services

Affordable housing and mainstream services are crucial tools for ending homelessness and should be involved in the coordinated entry process. As a CoC's coordinated entry process is developed, mainstream providers can act as a source or receiver of referrals. For instance, sources of referrals could include mental health service providers, substance abuse service providers, Department of Veterans Affairs (VA) Medical Centers, jails, or emergency rooms. Receiving agencies could include public housing authorities, multifamily properties (like Section 8 PBRA, 811, and 202), mental health service providers, and substance abuse providers. Organizations acting as receiving agencies will determine the extent to which they will rely on referrals from the coordinated entry process. In some instances, certain services could be co-located with a physical access point, or a virtual access point, like a telephone service such as 2-1-1. The more mainstream programs and resources that are connected to your coordinated entry process through the coordination of referral, application, and eligibility determination processes, the more effectively your community can consistently connect homeless individuals with housing resources and the community-based supports that they need to maintain that housing.

How a provider or program is integrated into the coordinated entry process will depend on a number of factors including the makeup of the local homeless population, the patterns of service use in the community, and whether the coordinated entry process has been folded into an existing mainstream service system or if it stands alone. These decisions evolve as communities build their processes, and communities might decide to incorporate certain mainstream services over time–as a referral source, a receiving agency, or both.

Prevention and Diversion

There are many more people who qualify for homelessness prevention assistance than homeless assistance. In developing coordinated entry processes, CoCs should consider how much capacity they have to manage prevention assistance. At a minimum, ESG funded prevention assistance should be incorporated into the coordinated entry process. Communities should decide to what extent they include additional non-prevention programs and how they are incorporated.

A Note on Future Guidance

As more communities implement coordinated entry and more research on the topic is conducted, HUD is learning more about what makes an effective coordinated entry process, and the Department will continually modify its guidance and recommendations to communities. This is challenging for communities, who have to adjust their processes to stay up to date. Nonetheless, HUD believes it is important to act on the best available evidence known at the time, while also recognizing that communities need time and resources to keep up with new guidance.

In the coming months, HUD anticipates releasing the following materials related to coordinated entry:

- Summer 2015: Notice on the requirements for development and implementation of a CoC's coordinated entry process. This notice will establish requirements for coordinated entry and timelines for implementation.
- Ongoing: Technical Assistance products
- Meeting HUD expectations and requirements
- Special considerations for youth
- Special considerations for people fleeing domestic violence
- Compliance and monitoring
- Options for funding coordinated entry
- Advanced approaches for coordinated entry processes and systems
- Deciding on community-specific assessment tools
- Planning and implementation
- Data sharing
- CoC written standards
- Using progressive engagement

Additionally, HUD intends to release the Emergency Solutions Grant (ESG) and CoC Program interim rules for public comment in 2015. During this time, HUD encourages CoCs, ESG recipients and subrecipients, and CoC Program recipients to submit comments on the requirements contained in the interim rules related to coordinated entry.

Resources on Coordinated Assessment

HUD's Office of Policy Development & Research February 2015 Summary Report: Assessment Tools for Allocating Homelessness Assistance: State of the Evidence

HUD's requirements for a Centralized or Coordinated Assessment System in CoC Program Interim Rule (24 CFR 578.7(a)(8)). HUD's Office of Special Needs Assistance Programs (SNAPS) July 2013 Weekly Focus on Coordinated Assessment

HUD's Overview of Coordinated Assessment Systems Prezi and Video

Community Solutions' recorded one hour conference call with slide deck: Overview of Coordinated Assessment and Housing Placement System.

Community's Solutions' CAHP System Overview - Zero: 2016

Corporation for Supportive Housing's January 2015 Report: Improving Community-wide Targeting of Supportive Housing to End Chronic Homelessness: The Promise of Coordinated Assessment

National Alliance to End Homelessness Coordinated Assessment Toolkit

United States Interagency Council on Homelessness Coordinated Assessment: Putting the Key Pieces in Place

APPENDIX D: HMIS POLICIES AND PROCEDURES

TABLE OF CONTENTS

Version – June 2017

1. INTRODUCTION

This document provides the framework for the ongoing operations of the Institute for Community Alliances Homeless Management Information System Project (ICA HMIS). The *Project Overview* provides the main objectives, direction and benefits of ICA HMIS. The *Governing Principles* establish the values that are the basis for all policy statements and subsequent decisions. Finally, the *Operating Procedures* provide specific policies and steps necessary to control the operational environment for:

Privacy

- Release and Disclosure of Client Data

Security

- User Authorization
- Server Security
- Server Availability
- Workstation Security

Data Quality

- Project Participation
- Collection and Entry of Client Data
- Training
- Technical Support

Other Obligations and Agreements discuss external relationships required for the continuation of this project.

2. PROJECT OVERVIEW

The long-term vision of the ICA HMIS is to enhance our Continua of Care participating agencies' collaboration, service delivery and data collection capabilities. Accurate information will put the various Continua of Care that ICA supports in a better position to request funding from various sources and help plan better for future needs.

The mission of the ICA HMIS Project is to support an integrated network of homeless and other service providers that use a central database to collect, track and report uniform information on client needs and services. This system will not only meet Federal requirements but also enhance local service planning and delivery.

The fundamental goal of the ICA HMIS is to document the demographics of homelessness in our partner Continua according to the HUD HMIS Data and Technical Standards. It is then the goal of the project to identify patterns in the utilization of assistance and document the effectiveness of the services for the client. This will be accomplished through analysis of data that is gathered from the actual experiences of homeless persons and the service providers who assist them in shelters and homeless assistance programs throughout the partner Continua. Data that is gathered via intake interviews and

program participation will be used to complete HUD required and related reports. This data may also be analyzed to provide unduplicated counts and anonymous aggregate data to policy makers, services providers, advocates, and consumer representatives.

The project utilizes a web-enabled application (ServicePoint™) residing on a central server to facilitate data collection by homeless service organizations across the various CoCs. Access to the central server is limited to agencies formally participating in the project and then only to authorized staff members who meet the necessary training and security requirements.

This HMIS project is staffed and advised by The Institute for Community Alliance. The Institute for Community Alliance's Executive Director is the authorizing agent for all agreements made between participating agencies and The Institute for Community Alliance. The ICA HMIS System Administrators are responsible for the administration of the network and user access. The Institute for Community Alliance Project Staff will also provide training and technical assistance to users of the system throughout the continua.

Various data related sub-committees of the Continua are responsible for oversight and guidance of the ICA HMIS. These groups are committed to balancing the interests and needs all stakeholders involved; homeless men, women, and children; service providers; and policy makers.

Potential benefits for homeless men, women, and children and case managers: Service coordination can be improved when information is shared among case management staff within one agency or with staff in other agencies (with written client consent) who are serving the same clients.

Potential benefits for agencies and program managers: Aggregated, information can be used to develop a more complete understanding of clients' needs and outcomes, and then used to advocate for additional resources, complete grant applications, conduct evaluations of program services, and report for funding agencies such as HUD.

Potential benefits for community-wide Continua of Care and policy makers: CoC - wide involvement in the project provides the capacity to generate HUD Annual Progress Reports (APRs), Consolidated Annual Performance and Evaluation Reports (CAPERs), and other HUD required or related reports. The network provides data to the Continua of Care and allows access to aggregate information both at the local and regional level that will assist in identification of gaps in services, as well as the completion of other service reports used to inform local policy decisions aimed at addressing and ending homelessness.

3. Governing Principles

Described below are the overall governing principles upon which all decisions pertaining to the ICA HMIS are based.

Participants are expected to read, understand, and adhere to the spirit of these principles, even when the Policies and Procedures do not provide specific direction.

Confidentiality
The rights and privileges of clients are crucial to the success of the ICA HMIS. These policies will ensure clients' privacy without impacting the delivery of services, which is the primary focus of agency programs participating in this project.

Policies regarding client data are founded on the premise that a client owns his/her own personal information and provides the necessary safeguards to protect client, agency, and policy level interests. Collection, access and disclosure of client data through the ICA HMIS will only be permitted by the procedures set forth in this document.

Data Integrity
Client data is the most valuable and sensitive asset of the ICA HMIS. These policies will ensure integrity and protect this asset from accidental or intentional unauthorized modification, destruction or disclosure.

System Availability
The availability of a centralized data repository is necessary to achieve the ultimate state or CoC-wide aggregation of unduplicated homeless statistics. The System Administrator is responsible for ensuring the broadest deployment and availability for homeless service agencies across all participating Continua.

Compliance
Violation of the policies and procedures set forth in this document will have serious consequences. Any deliberate or unintentional action resulting in a breach of confidentiality or loss of data integrity will result in the withdrawal of system access for the offending entity.

4. Roles and Responsibilities

The Institute for Community Alliances

Executive/Associate Director

- Liaison with HUD
- Project Staffing
- The Institute for Community Alliances Signatory for Memorandums of Understanding
- Overall Responsibility for Success of ICA HMIS

Project Manager (Security Officer) and System Administrator

- Selection and Procurement of Server Hardware
- Hosting Facility Agreement
- Domain Registration
- Procurement of Server Software and Licenses
- Distribution of End User Licenses
- Creation of Project Forms and Documentation
- Project Website Maintenance
- Project Policies and Procedures and Compliance
- General Ongoing Network Management
- Central Server Administration
    - ♦ Server Security, Configuration, and Availability
    - ♦ Maintenance of Software
    - ♦ Configuration of Network and Security Layers
    - ♦ Anti-Virus Protection for Server Configuration
    - ♦ System Backup and Disaster Recovery
- Keeper of Signed Memorandums of Understanding
- User Administration
    - ♦ Manage participating Agency Administrators
    - ♦ Manage User Licenses
- System Uptime and Performance Monitoring
- Ongoing Protection of Confidential Data
- Curriculum Development
- Training Documentation
- Confidentiality Training
- Application Training for Agency Administrators and End Users
- Outreach/End User Support
- Training Timetable
- Helpdesk

Data Analyst

- Adherence to HUD Data Standards
- Application Customization
- Data Monitoring
- Data Validity
- Aggregate Data Reporting and Extraction
- Assist Partner Agencies with Agency-Specific Data Collection and Reporting Needs (Within Reason and Within Constraints of Other Duties)

Participating Agency (CoC)

Participating Agency Executive Director

- Authorizing Agent for CoC agreements (Memorandum of Understanding)
- Designation of Agency Administrator
- Agency Compliance with Policies and Procedures
- Oversight and Distribution of End User Licenses
- Agency Level HUD Reporting
- Each Participating Agency is responsible for ensuring they meet the Privacy and Security requirements detailed in the HUD HMIS Data and Technical Standards. Annually, Participating Agencies, in cooperation with the Institute, will conduct a thorough review of internal policies and procedures regarding HMIS.

Participating Agency Administrator

- Authorizing Agent for Participating Agency User Agreements
- Keeper of Participating Agency User Agreements
- Keeper of Executed Client Informed Consent Forms
- Authorizing Agent for End User License Requests
- Staff Workstations
- Internet Connectivity
- End User Adherence to Workstation Security Policies
- Detecting and Responding to Violations of the Policies and Procedures
- First Level End User Support
- Maintain Agency/Program Data in ICA HMIS Application

Agency End User Staff

- Safeguard Client Privacy Through Compliance with Confidentiality Policies
- Data Collection as Specified by Training and Other Documentation

5. Operating Procedures * Security

5.1 Project Participation

Policies

- Agencies participating in ICA HMIS shall commit to abide by the governing principles of ICA HMIS and adhere to the terms and conditions of this partnership as detailed in the Memorandum of Understanding

Procedures

Confirm Participation

1. The Partner Agency shall confirm their participation in ICA HMIS by submitting a Memorandum of Understanding to the ICA HMIS System Administrator.
2. The ICA HMIS System Administrator will obtain the co-signature of The Institute for Community Alliance Executive Director.
3. The ICA HMIS System Administrator will maintain a file of all signed Memorandums of Understanding.
4. The ICA HMIS System Administrator will maintain a list of all Partner Agencies

Terminate Participation

Voluntary

1. The Partner Agency shall inform the ICA HMIS System Administrator in writing of their intention to terminate their agreement to participate in ICA HMIS.
2. The ICA HMIS System Administrator will inform The Institute for Community Alliance's Executive Director and update the Participating Agency List.
3. The ICA HMIS System Administrator will revoke access of the Partner Agency staff to ICA HMIS. Note: All Partner Agency-specific information contained in the ICA HMIS System will remain in the ICA HMIS system.
4. The ICA HMIS System Administrator will keep all termination records on file with the associated Memorandums of Understanding.

Lack of Compliance

1. When the ICA HMIS System Administrator determines that a Partner Agency is in violation of the terms of the partnership, Executive Directors of Partner Agency and ICA will work to resolve the conflict(s).
2. If the Executive Directors are unable to resolve conflict(s), the appropriate CoC Data Committee will be called upon to resolve the conflict. If that results in a ruling of Termination:
    i. The Partner Agency will be notified in writing of the intention to terminate their participation in ICA HMIS.
    ii. The ICA HMIS System Administrator will revoke access of the Partner Agency staff to ICA HMIS.
    iii. The ICA HMIS System Administrator will keep all termination records on file with the associated Memorandums of Understanding.

Assign Primary HMIS Administrator Contact

1. The Partner Agency shall designate a primary contact for communications regarding ICA HMIS by submitting information in writing to the ICA HMIS System Administrator.
2. The ICA HMIS System Administrator will obtain all signatures necessary to execute the Partner Agency Technical Administrator Agreement.
3. The ICA HMIS System Administrator will maintain a file of all signed Technical Administrator Assignment forms.
4. The ICA HMIS System Administrator will maintain a list of all assigned Partner Agency Technical Administrators and make it available to the ICA HMIS staff.

Re-Assign Technical Administrator

1. The Partner Agency may designate a new or replacement primary contact in the same manner as above.

Site Security Assessment

1. Prior to allowing access to ICA HMIS, the Partner Agency Technical Administrator and the ICA HMIS System Administrator may meet to review and assess the security measures in place to protect client data. The Partner Agency Executive Director (or designee) and Partner Agency Administrator may meet with a The Institute for Community Alliance staff member to assess The Partner Agency's information security protocols. This review shall in no way reduce the responsibility for Partner Agency information security, which is the full and complete responsibility of the Partner Agency, its Executive Director, and Administrator.
2. Partner Agencies shall have virus protection software on all computers that access ICA HMIS.

a. User Authorization & Passwords

Policies

- Partner Agency staff participating in ICA HMIS shall commit to abide by the governing principles of ICA HMIS and adhere to the terms and conditions of the Partner Agency User Agreement.
- The Partner Agency Technical Administrator must only request user access to ICA HMIS for those staff members that require access to perform their job duties.
- All users must have their own unique user ID and should never use or allow use of a user ID that is not assigned to them (see Partner Agency User Agreement).
- Temporary, first time only, passwords will be communicated via email or phone to the owner of the user ID.

- User-specified passwords should never be shared and should never be communicated in any format.
- New user IDs must require password change on first use.
- Passwords must consist of at least 8 characters and must contain a combination of letters and numbers (no special characters; alpha and numeric only). The password must contain at least two numbers (required by software). According to the HUD Data and Technical Standards Final Notice (July 2004):

  User authentication. Baseline Requirement. A CHO must secure HMIS systems with, at a minimum, a user authentication system consisting of a username and password. Passwords must be at least eight characters long and meet reasonable industry standard requirements.
- Passwords must be changed every 45 days. If they are not changed within that time period they will expire, and the user will be locked out of the system.
- For Partner Agency Administrators and Agency Users, passwords may only be reset by the ICA HMIS System Administrator.
- Three consecutive unsuccessful attempts to login will disable the User ID until the account is reactivated by the ICA HMIS System Administrator.
- It is the responsibility of the partnering Agency to inform The Institute for Community Alliance about any changes to IP address information previously submitted and approved for authorized access to ICA HMIS.

Procedures

Workstation Security Assessment

1. Prior to requesting user access for any staff member, the Partner Agency Administrator will assess the operational security of the user's workspace.
2. Partner Agency Administrator will confirm that the workstation has virus protection properly installed and that a full-system scan has been performed within the last week.
3. Partner Agency Administrator will confirm that workstation has and uses a hardware or software firewall.

Request New User ID

1. When the Partner Agency Administrator identifies a staff member that requires access to ICA HMIS, a "User Ethics & Responsibility Agreement" (UERA) *will* be provided to the prospective user.
2. The prospective user must read, understand and sign the *UERA* and return it to the Executive Director.
3. The Agency Executive Director will co-sign the *UERA*, retain a copy on file and return original to ICA.

4. The ICA System Administrator will create the new user ID as specified and notify the user ID owner of the temporary password via email.

Change User Access

1. When the Partner Agency Administrator determines that it is necessary to change a user's access level, the Partner Agency Technical Administrator will contact ICA who will update the user ID as needed.

Rescind User Access

Voluntary

Use this procedure when any ICA HMIS user leaves the agency or otherwise becomes inactive.

Compliance Failure:

Use this procedure when any ICA HMIS user breaches the "User Ethics & Responsibility Agreement" (UERA), or violates the Policies and Procedures, or breaches confidentiality or security.

1. The Partner Agency Administrator will deactivate staff user IDs
2. The ICA HMIS System Administrator will deactivate all other user IDs

Reset Password

1. When a user forgets his or her password or has reason to believe that someone else has gained access to their password, they must immediately notify their Partner Agency Technical Administrator.
2. The Partner Agency Technical Administrator will reset the user's password and notify the user of the new temporary password.

b. Collection and Entry of Client Data

**Privacy/Data Quality*

Policies

- Client data will be gathered according to the policies, procedures, and confidentiality rules of each individual program.
- Client data may only be entered into ICA HMIS with client's authorization to do so.
- All universal and program data elements from the HUD ICA HMIS Data and Technical Standards Final Draft should be collected, subject to client consent.

- Client data will only be shared with Partner Agencies if the client consents, has signed the Client Consent form, and the signed Client Consent form is available on record.
- Client data will be entered into ICA HMIS in a timely manner.
    - ♦ Client identification should be completed during the intake process or as soon as possible following intake and within 24 hours.
    - ♦ Required assessments should be entered as soon as possible following the intake process and within 48 hours.
    - ♦ If service records are recorded, ICA recommends these should be entered on the day services began or as soon as possible within the next 24 hours.

- All client data entered into ICA HMIS will be kept as accurate and as current as possible.
- Hardcopy or electronic files will continue to be maintained according to individual program requirements, and according to the HUD ICA HMIS Data and Technical Standards Final Draft.
- No data may be imported without the client's authorization.
- Any authorized data imports will be the responsibility of the Partner Agency.
- Partner Agencies are responsible for the accuracy, integrity, and security of all data input by said Agency.
- Our Continuum of Care is committed to entering client specific data into ICA HMIS that is accurate, complete, and timely to ensure quality of data, and to provide reports to agency executive management, public policy decision makers, and all participating homeless service and housing providers.
- Data quality of client specific data is essential to the meaningful analysis and accurate reporting of Continuums of Care data.
- Data quality shall be a concern of highest importance and all members of Continuums of Care will work to continuously improve quality.
- Quality assurance shall be the ultimate responsibility of each Partner's Agency's Executive Director. The Institute for Community Alliance will provide Exception Reports to the Partner Agency Technical Administrator who is designated by the Partner Agency Executive Director.
- The Partner Agency that creates a client record owns the responsibility for a baseline of data quality to include: non-duplication of client record, Release of Information (ROI), Universal & Program level data elements as defined by HUD Data Standards, up-to-date Program Entries and Exits, and answers to the questions, "Currently Homeless?" and "Chronically Homeless?".

- Each Partner Agency that comes in contact with a client has an opportunity to improve data quality and should make every effort to do so when that opportunity arises.
- Each Partner Agency has agreed to and is responsible for collecting and entering all of the data elements on Iowa Basic or MACCH (Metro Area Continuum of Care for the Homeless) Basic Intake Form, whether required by HUD or not.
- The Continuums of Care will decide on a plan to dispose of (or remove identifiers from) client data seven (7) years after it was created or last changed.

Procedures

1. Refer to User Manual and/or Training Materials for specific data entry guidelines.
2. The Institute for Community Alliance will provide each agency with an ongoing Exceptions Report and provide the training necessary in order for the Partner Agency to be able to download and report to the appropriate parties within the agency.
3. The Partner Agency Technical Administrator will share data with authorized personnel only (those with ICA HMIS authorization).
4. Partner Agency Technical Administrator will be responsible for reviewing the weekly Exception Reports and notifying users to make corrections, within one week.
5. Partner Agency Technical Administrator will inform the ICA HMIS System Administrator if there are any technical issues retrieving the Exception Reports within three (3) business days.
6. Upon request of Partner Agency Executive Management, The Institute for Community Alliance will provide measures and metrics to verify data quality.
7. Upon request by The Continua's Executive Committee, The Institute for Community Alliance will provide measures and metrics to assess the data quality of individual programs.
8. The CoC's Data Committee shall develop with ICA the procedure to properly dispose of client data within the seven-year time frame allocated in the HUD Data Standards.

c. Release of Disclosure of Client Data

Policies

- Client-specific data from ICA HMIS may be shared with Partner Agencies only when the sharing agency has secured a valid Release of Information from that client authorizing such sharing, and only during such time that Release of Information is

valid (before its expiration). Other non-ICA HMIS inter-agency agreements do not cover the sharing of ICA HMIS data.

- Sharing of client data may be limited by program specific confidentiality rules.
- No client-specific data will be released or shared outside of the Partner Agencies unless the client gives specific written permission or unless withholding that information would be illegal (see Release of Information). Note that services may NOT be denied if client refuses to sign Release of Information or declines to state any information.
- Release of Information must constitute INFORMED consent. The burden rests with the intake staff to inform the client before asking for consent. As part of informed consent, a notice must be posted explaining the reasons for collecting the data, the client's rights, and any potential future uses of the data. An example of such a sign for posting may be found at www.icalliances.org under "Iowa Forms".
- Client shall be given print out of all data relating to them upon written request and within 10 working days.
- A report of data sharing events, including dates, agencies, persons, and other details, must be made available to the client upon request and within 10 working days.
- Aggregate data that does not contain any client specific identifying data may be shared with internal and external agents without specific permission. This policy should be made clear to clients as part of the Informed Consent procedure.
- Each Partner Agency Executive Director is responsible for his or her agency's internal compliance with the HUD Data Standard.

Procedures

1. Procedures for disclosure of client-specific data are readily obtained from the above policies, combined with the configuration of ICA HMIS, which facilitates appropriate data sharing.

5.5 Server Security

Policies

- The ICA HMIS System Administrator and our HMIS Vendor will strive to secure and keep secure the servers, both physically and electronically.

Procedures

1. All procedures for maximizing Server Security are the responsibility of the ICA HMIS System Administrator and our HMIS vendor.

5.6 Server Availability

Policies

- The ICA HMIS System Administrator will strive to maintain continuous availability by design and by practice.
- Necessary and planned downtime will be scheduled when it will have the least impact, for the shortest possible amount of time, and will only come after timely communication to all participants.
- The ICA HMIS System Administrator is responsible for design and implementation of a back and recovery plan (including disaster recovery).

Procedures

1. A user should immediately report unplanned downtime to his or her Partner Agency Technical Administrator.
2. All other procedures for maximizing server availability, recovering from unplanned downtime, communicating, and avoiding future downtime are the responsibility of the ICA HMIS System Administrator.
3. The ICA HMIS System Administrator or our HMIS vendor will backup system, software, and database data on a weekly basis, as well as incremental backups nightly.

5.7 Workstation Security

Policies

- The Partner Agency Technical Administrator is responsible for preventing degradation of the whole system resulting from viruses, intrusion, or other factors under the agency's control.
- The Partner Agency Technical Administrator is responsible for preventing inadvertent release of confidential client-specific information. Such release may come from physical or electronic or even visual access to the workstation, thus steps should be taken to prevent these modes of inappropriate access (that is, do not let someone read over your shoulder: lock your screen).
- All workstations to be used with ICA HMIS must be secured by a firewall between the workstation and the internet. Software firewalls are acceptable.
- Recommended Internet connection: DSL or Cable Modem, at least 128 kbits.
- Definition and communication of all procedures to all Partner Agency users for achieving proper agency workstation configuration and for protecting their access by all Agency users to the wider system are the responsibility of the Partner Agency Technical Administrator.

Procedures

1. At a minimum, any workstation accessing the central server shall have anti-virus software with current virus definitions (24 hours) and frequent full-system scans (weekly).

5.8 Training

Policies

- The Partner Agency Executive Director shall obtain the commitment of the Partner Agency Technical Administrator and designated staff persons to attend training(s) as specified in the *Memorandum of Understanding (MOU)* between Partner Agency and The Institute for Community Alliance.

Procedures

Start-up Training

The Institute for Community Alliance will provide training in the following areas prior to the Partner Agency using ICA HMIS:

- Partner Agency Administrator training
- End User training
- Confidentiality training

Partner Agency Technical Administrator Training

Training will be done in a group setting, where possible to achieve the most efficient use of time and sharing of information between agencies. Training will include:

- New user set-up
- Assigning agency within ICA HMIS hierarchy
- End User training
- Running package reports
- Creating customized reports

5.9 Compliance

Policies

- Compliance with these Policies and Procedures is mandatory for participation in ICA HMIS.
- Using the Servicepoint™ software, all changes to client data are recorded and will be periodically and randomly audited for compliance.
- Each Partner Agency is responsible for ensuring they meet the Privacy and Security requirements detailed in the HUD HMIS Data and Technical Standards. Annually, Partner Agencies will conduct a thorough review of internal policies and procedures regarding ICA HMIS.

Procedures

1. See "Project Participation" and "User Authorization" sections for procedures to be taken for lack of compliance.

5.10 Technical Support

Policies

- Support requests include problem reporting, requests for enhancements (features), or other general technical support.
- Users shall submit support requests to their Partner Agency Technical Administrator (email is suggested).
- Users shall not, under any circumstances, submit requests to software vendor.
- Users shall not submit requests directly to The Institute for Community Alliance without a specific invitation. All requests to The Institute for Community Alliance shall be submitted to Partner Agency Technical Administrator, who may then escalate to The Institute for Community Alliance, who may then escalate to vendors as appropriate.
- The Institute for Community Alliance will only provide support for issues specific to ICA HMIS software and systems.

Procedures

Submission of Support Request

1. User encounters problem or originates idea for improvement to system or software.
2. User creates support request via email sent to Partner Agency Technical Administrator specifying the severity of the problem and its impact on their work, specific steps to reproduce the problem, and any other documentation that might facilitate the resolution of the problem. User shall also provide contact information and best times to contact.
3. The Partner Agency Administrator, upon receipt of a support request, shall make reasonable attempts to resolve the issue.
4. If the Partner Agency Administrator is unable to resolve the issue and determines that the problem is specific to ICA HMIS software and systems, the Partner Agency Administrator shall consolidate multiple similar requests and submit to ICA. *Note: If the Support Request is deemed by ICA HMIS System Administrator to be an agency-specific customization[1], resolution of the request may be prioritized accordingly. ICA reserves the right to charge on an hourly basis for these changes if/when the workload for such agency-specific customizations becomes burdensome.*

5. The ICA HMIS System Administrator may at this point determine that the cause of the reported issue is outside the scope of control of the ICA HMIS software and systems.
6. The ICA HMIS System Administrator will consolidate such requests from multiple Partner Agencies, if appropriate, and strive to resolve issues according to their severity and impact.
7. If the ICA HMIS System Administrator is unable to resolve the issue, other software or system vendor(s) may be included in order to resolve the issue(s).
8. In cases where issue resolution may be achieved by the end user or other Partner Agency personnel, the ICA HMIS System Administrator will provide instructions via email to the Partner Agency Administrator.

5.11 Changes to This and Other Documents

Policies

- The Data Committee of the Continua will guide the compilation and amendment of these Policies and Procedures.

Procedures

Changes to Policies & Procedures

1. Proposed changes may originate from any participant in ICA HMIS.
2. When proposed changes originate within a Partner Agency, they must be reviewed by the Partner Agency Executive Director, and then submitted by the Partner Agency Executive Director to the ICA HMIS System Administrator for review and discussion.
3. ICA HMIS System Administrator will maintain a list of proposed changes.
4. The list of proposed changes will be discussed by the Technology Committee, subject to line-item excision and modification. This discussion may occur either at a meeting of the Technology Committee, or via email or conference call, according to the discretion and direction of the Technology Committee Chairperson.
5. Results of said discussion will be communicated, along with the amended Policies and Procedures. The revised Policies and Procedures will be identified within the document by the date of the Technology Committee discussion.
6. Partner Agencies Executive Directors shall acknowledge receipt and acceptance of the revised Policies and Procedures within 10 working days of delivery of the amended Policies and Procedures by notification in writing or email to ICA HMIS System Administrator. The Partner Agency Executive Director shall also ensure circulation of the revised document within their agency and compliance with the revised Policies and Procedures.

6 Other Obligations and Agreements

Certain HUD grants for ICA HMIS projects provide for a limited number of user licenses within various Continua. While it may not be possible to meet every agency's full requirements for licenses within the HUD grant to The Institute for Community Alliance, the ICA HMIS System Administrator will endeavor to ensure that every agency participating in Continua with these designated funds, will have their minimum requirements met from the HUD grant as long as these funds are available.

6.1 HUD HMIS Data and Technical Standards

This document should, at a minimum, reflect the baseline requirements listed in the HMIS Data and Technical Standards Final Notice, published by HUD in July 2004, and revised in 2010 and 2014. Users of ICA HMIS are required to read and comply with the HMIS Data and Technical Standards. Failure to comply with these standards carries the same consequences as does failure to comply with these Policies and Procedures. In any instance where these Policies and Procedures are not consistent with the ICA HMIS Standards from HUD, the HUD Standards take precedence. Should any inconsistencies be identified, notice should be made to: david.eberbach@icalliances.org

6.2 HIPAA

For agencies or programs where HIPAA (Health Insurance Portability and Accountability) applies, HIPAA requirements take precedence over both the HUD ICA HMIS Data Requirements (as specified in those requirements) and these policies and procedures. **It should be noted here that the Iowa HMIS network software ServicePoint™ is fully HIPPA compliant and can support HIPPA requirements in the local agency setting**.