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Greater Kansas City Continuum of Care for

Jackson County, Missouri and Wyandotte County, Kansas

Coordinated Entry System

POLICY & PROCEDURE MANUAL

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Overview

The Greater Kansas City Continuum of Care for Jackson County, Missouri and Wyandotte County, Kansas (herein referred to as the GKC CoC) consists of projects and programs that provide housing and supportive services to homeless individuals and families. The goal of projects and programs funded under the CoC Program is to assist individuals and families with attaining and sustaining permanent housing as quickly as possible. CoC funds are currently used to support Permanent Supportive Housing, Transitional Housing, and Rapid Rehousing.

The U.S. Department of Housing and Urban Development (HUD) conducts an annual CoC Program national competition. The Greater Kansas City Coalition to End Homelessness (GKCCEH) is the lead agency responsible for completing and submitting an annual application for CoC funding on behalf of the GKC CoC (MO-604, KS-505). Additional information on the CoC can be found on the HUD website: <https://www.hudexchange.info/programs/coc/>. More information about CoC funding for the each County within the GKC CoC is available on the [GKCCEH Webpage](#).

This Policy and Procedure Manual is intended to provide the foundation for decision making related to the GKC CoC Coordinated Entry System (CES). This Manual will be reviewed, evaluated, and updated annually or as deemed necessary for improvements to the performance of the CES. For questions related to this document or requests for further information on policies or procedures not referenced within, please send an email to hhoffman@gkcceh.org.

Introduction to Key Concepts

Coordinated Entry

Coordinated Entry (CE) is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. Through CE, a CoC ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible.

The Department of Housing & Urban Development (HUD) has further stated “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.” Each CoC must establish or update its coordinated entry process in accordance with the requirements of [24 CFR 578.7\(a\)\(8\)](#), by January 23, 2018.

Once fully implemented, CE can transform a CoC from a network of projects making individual decisions about whom to serve, into a fully integrated crisis response system. By gathering information through a standardized assessment process, CE provides a CoC with data it can use for system and project planning and resource allocation.

CE consists of four core elements:

- Access – the engagement point for persons experiencing a housing crisis
- Assessment – a measure of the person’s housing needs, preferences, and vulnerability

- Prioritization – a process for managing the CoC’s inventory of community housing resources and services, ensuring that those persons with the greatest need and vulnerability receive the supports they need to resolve their housing crisis
- Referral – the process by which persons are referred to available CoC housing resources

Each of these core elements and the GKC CoC’s procedures for implementation are described more fully below.

Housing First

Housing First is a homeless assistance approach that prioritizes providing people experiencing homelessness with permanent housing as quickly as possible - and then providing voluntary supportive services as needed. This approach is low barrier, prioritizing client choice in both housing selection and in service participation. The core components of Housing First include:

- **Low barrier admission policies** – Homeless programs having low barrier admission policies are those who place a minimum number of expectations on participants. Policies should be designed to “screen-in” rather than “screen-out” applicants with the greatest barriers to housing, such as having no or very low income, poor rental history or past evictions, or criminal histories.
- **Few to no programmatic prerequisites to housing** – Homeless persons are offered permanent housing with no programmatic preconditions such as demonstration of sobriety; completion of drug, alcohol or mental health treatment; or agreeing to comply with a treatment regimen upon program entry.
- **Voluntary, but engaged services** – Supportive services are proactively offered to help clients achieve and maintain permanent housing, but participants are not required to participate in services as a condition of housing.

Roles and Responsibilities

Coordinated Entry Work Group

The GKCCEH Continuum of Care is leading the efforts for Coordinated Entry via a volunteer work group, specifically selected to implement the design elements for the system. Planning for Coordinated Entry, began when GKCCEH brought in a consulting company, Corporation for Supportive Housing (CSH) to implement a 2 day design lab on March 21 & 22, 2017, where community partners came together to work out the basic functions and design of the system. From that design lab, a CES Work Group was born.

The GKC CoC Coordinated Entry (CE) Work Group oversees the coordinated entry system planning process. The CE Work Group is also tasked with ensuring that all CE policies and procedures are in alignment with ESG Program and CoC Program written standards. The CE Work Group initially met weekly to build and implement all of the design elements required of the system. That CE Work Group continues to meet at least twice a month to address ongoing design challenges, additions and enhancements.

Greater Kansas City Coalition to End Homelessness, Director of CES

In December 2017, the GKCCEH appointed Amy Bickford, as the Director of Coordinated Entry Systems, who has been a part of the CE Work Group from the beginning. The Director of Coordinated Entry Systems will be working with the work group going forward to finish and refine the full implementation of the CES.

At a minimum the Director of CES, will have the following CES responsibilities:

- Ensure alignment of coordinated entry policies and procedures with ESG Program and CoC Program written standards;
- Oversee the full CES system, including reporting on its effectiveness to the CE Work Group, the CoC and to HUD;
- Ongoing management, including data collection and the annual evaluation of the CES process required by HUD;
- Determine that all CoC- and ESG Program-funded housing and supportive services projects in the CoC are accepting referrals ONLY from the CES, as required by the terms of their grants;
- Development of planning to strongly encourage all other homeless assistance projects to accept coordinated entry referrals for vacancies in their projects;
- Oversee training of all CES staff at all ACCESS and ASSESSMENT points;
- Oversee development and implementation of a robust quality assurance plan for the ASSESSMENT process;
- Ensure staff, assessors, screeners are receiving all required training and skills enhancements to address language proficiency, cultural competency, safety planning, crisis intervention, etc.
- In coordination with other GKCCEH staff and Board work to develop a resource development plan to acquire ongoing financial support to operate the full CES fully and/or in support with partners.

Coordinated Entry Advisory Committee

The CE Work Group has been and will be instrumental in getting all parts and phases of Coordinated Entry fully implemented. This work group, which has been led and steered by volunteers, will move into an Advisory Committee in the near future, and will continue to provide input and support to the system and to the Director of Coordinated Entry Systems.

CES Community Partners

The current design chosen has limited entry points to the CE system via Hubs. Hubs were selected based on their capacity to contribute resources and time to operate the Coordinated Entry System from the beginning of implementation. Hubs identify and appoint their own staff to be available during predetermined hours to accept homeless persons on a first come first serve basis for VAT assessments. The responsibilities for these CES Community Partners is to comply with these Policies and Procedures and continue to work with GKCCEH, the CoC and the Director of Coordinated Entry Systems, to ensure compliance.

CoC-Funded Agencies

According to HUD notice *CPD-17-01: Notice Establishing Additional Requirements for Coordinated Entry*, all programs that receive Continuum of Care (CoC) or Emergency Solutions Grant (ESG) funding are required to participate in the coordinated entry system for their Continuum of Care. Therefore, all CoC-

and/or ESG-funded projects within the GKC CoC geographic area are required to accept referrals only from the GKC CoC's designated coordinated entry process.

In addition, utilization of a Housing First approach is mandated for CoC/ESG-funded Permanent Housing and Transitional Housing programs. This means that funded agencies providing Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), and Transitional Housing (TH) projects must not place preconditions or additional eligibility requirements upon participants, beyond those established by the County. The Housing First approach begins with an immediate focus on helping individuals and families obtain housing. Agencies must not require participants to engage in supportive service activities or make other rules, such as requiring sobriety, a condition of getting housing. However, RRH projects may require case management as a condition of receiving rental assistance.

Other Homeless Service Providers

Programs not funded under the Continuum of Care or Emergency Solutions Grant that are providing services to homeless persons in the GKC CoC geographic area are strongly encouraged to accept CE referrals for vacancies. The GKCCEH is responsible for ongoing outreach to non-funded programs and for collaborating with those agencies to promote and ease participation in the CE system.

Victim Service Providers

HUD allows and actively promotes the full participation and integration of victim service providers into the CoC coordinated entry process. The GKC CoC included representatives from victim service agencies in the CE Workgroup to ensure full participation and integration into the process.

Access

Access refers to how people experiencing a housing crisis learn that coordinated entry exists and access crisis response services. It is comprised of all entry points to a local housing and service system, which includes physical front doors, outreach teams, hotlines, virtual access, after-hours access, etc.

Full Coverage

The GKC CoC has oversight of the full Coordinated Entry System. Because the CoC is managing the system, the geographic area covered within the CE system fully aligns with the geographic coverage area of the GKC CoC. The geographic coverage area for both the GKC CoC and the CE system is all encompassing of Jackson County, Missouri and Wyandotte County, Kansas. The CE system assures access to all persons within the full GKC CoC's geographic region. The standardized assessment tool selected is used throughout the full two county region in the CE system. Uniform referrals are utilized for all persons on the By Name List, for the full geographic region. Where clients select to live within one specific county over the other, accommodations to that housing location preference are addressed through the uniform referral system.

In Person Access...*Coordinated Entry Hubs*

In order to ensure that the crisis response system of the GKC CoC is accessible throughout the entire Kansas City metropolitan area (Jackson and Wyandotte counties), the GKC CoC has adopted a multi-site centralized access model. Access points, referred to as "Hubs", were chosen based on their proximity to other frequently used resources (such as local emergency shelters, food kitchens, veterans' services,

etc.) as well as their geographic location within the metropolitan area. The GKC CoC is aware that the chosen Hub locations may change over time, pending information gathered through the CE process. The choice to utilize Hubs was made for several reasons, including but not limited to:

- Meetings HUD requirements
- Considered a national best practice
- Decreases confusion for individuals experiencing a homelessness
- Increases reliability and validity, ensuring that the most vulnerable are prioritized.

Currently, the GKC CoC utilizes the following community Hubs:

| | | |
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| <p>Frank Williams Housing Resource Center 1201 N 7th Street Kansas City KS 66101 (Wyandotte County)</p> | <p>reStart Housing Solutions Center 1444 E 8th Street Kansas City MO 64106 (Jackson County)</p> | <p>Community Services League 404 N Noland Road Independence MO 64050 (Eastern Jackson County)</p> |
| <p>Community LINC 4012 Troost Kansas City MO 64110 (Jackson County)</p> | <p>Kansas City VA Medical Center 4801 E Linwood Blvd Kansas City MO 64128 (Jackson County)</p> | |

Persons who are experiencing domestic violence may be screened at a community Hub listed above. Additionally, the following local domestic violence agencies act as Hubs for survivors of domestic violence who are currently in services at their agencies:

| | |
|---|--|
| <p>Rosebrooks Center (Jackson County)</p> | <p>Hope House, Inc. (Eastern Jackson County)</p> |
|---|--|

The model of selecting Hubs for “In Person Access” was chosen for this Coordinated Entry system to create the most valid and reliable assessment as possible so that all persons screened for housing and supportive services are done so in a uniform, fair and systematic manner. This system and the assessment tool chosen boasts that the best way to be screened is by having it done “In Person.”

Outreach Access...*Mobile Screenings*

Due to various reasons, there are inevitably going to be some individuals/families that will not be able to access a HUB in person, or via the phone after hours, so further refinement to the CES system was needed. The best way, and the preferred mechanism for an assessment is to present to a Hub in person. After several attempts have been made to get someone to access a Hub for an assessment have failed, then a referral can be done to obtain a Mobile screening for CE from a Mobile Screener. Mobile screeners were chosen from existing street outreach staff within the community. Providing this service

ensures that those that can't access a Hub have the same opportunity to be assessed and prioritized for housing and services as those that are able to access a Hub.

The procedure for Mobile Screenings as an access point became functional on December 4, 2017. As outreach workers or other community workers find a person in need of a Mobile Screening, they can access a web-based referral form to make a referral for a mobile assessment to be done with a homeless individual/family they are working with. The CES Director assigns the referral to a Mobile Screener. The Mobile Screener receives the referral and works with the Outreach Worker to coordinate a time where both the Outreach Worker & the Mobile Screener go to meet the homeless individual/family to have the Mobile Screening completed. After the visit is completed, the Mobile Screener will write up the VAT assessment so that the individual/family is placed on the community By Name List.

After Hours Access...Emergency Services

The GKC CoC utilizes a United Way 2-1-1 phone number to provide immediate after hours access to emergency resources and supportive services. The United Way Call Center specialists are trained in being able to triage callers when found they are homeless to ask certain questions to determine need. When appropriate and warranted, call specialists assist persons with getting to emergency shelter resources, and further educate homeless persons found to need assessment in CES to refer them to the Hubs identified above. The Director of CES is working with United Way to build on this provision to the CES in the near future.

During hours when the GKC CoC Hubs are not operating, people experiencing a housing crisis will have access to other emergency services. The GKC CoC created an [“Emergency Resources”](#) tool to identify available emergency resources, including a domestic violence crisis hotline; veterans homeless hotline; youth S.O.S hotline; and emergency shelter facilities for youth, veterans, women, families, and men. Each of these provide emergency access to all different types of populations who may be experiencing a housing crisis. Persons are able to access these emergency services independent of the operating hours of the GKC CoC coordinated entry Hubs.

Training and Quality Assurance

All Hub staff that participate in doing VAT assessments with homeless individuals and families have been trained by approved VAT trainers. Training sessions for all Hub staff is conducted in as closely as possible the same manner where the same materials are consistently used. All staff that are trained have to complete at least 2 VAT assessments and get approval of written up assessments from the Approved VAT Trainers before they can do them with clients on their own.

Hub staff also complete the Lethality Assessment Program (LAP) training provided by a local community domestic violence program. All HUB screeners who complete the training are certified to complete the LAP screen, provide domestic violence education and safety plan.

There is a sub work group within the CES Work Group that is charged with doing Quality Assurance (QA) checks for content and appropriateness of score and write up on completed VAT assessments. Each Hub identifies a person to be designated as the Hub Captain, which further oversees their own agency staff which are trained to do CES assessments. Hub Captains are required to attend monthly Hub Captain Conference Calls with the CES QA Work Group to receive ongoing feedback and training for the CES system. Having the QA Work Group and the Team Conference Calls for all Hub Captains helps to assure the same process is taking place at all Hub Access Points.

Having an assessment completed at a Hub enables a person's or family's name to be added to the Community By Name List. Once on the Community By Name List, all names are treated in a fair and consistent manner when matching persons to housing and resources. This process is done through Community Placement Team/Case Conferencing Meetings led by the Director of CES.

The GKC CoC coordinated entry process uses the same assessment process at all Hubs, as shown in Figure 1 and described more fully below:

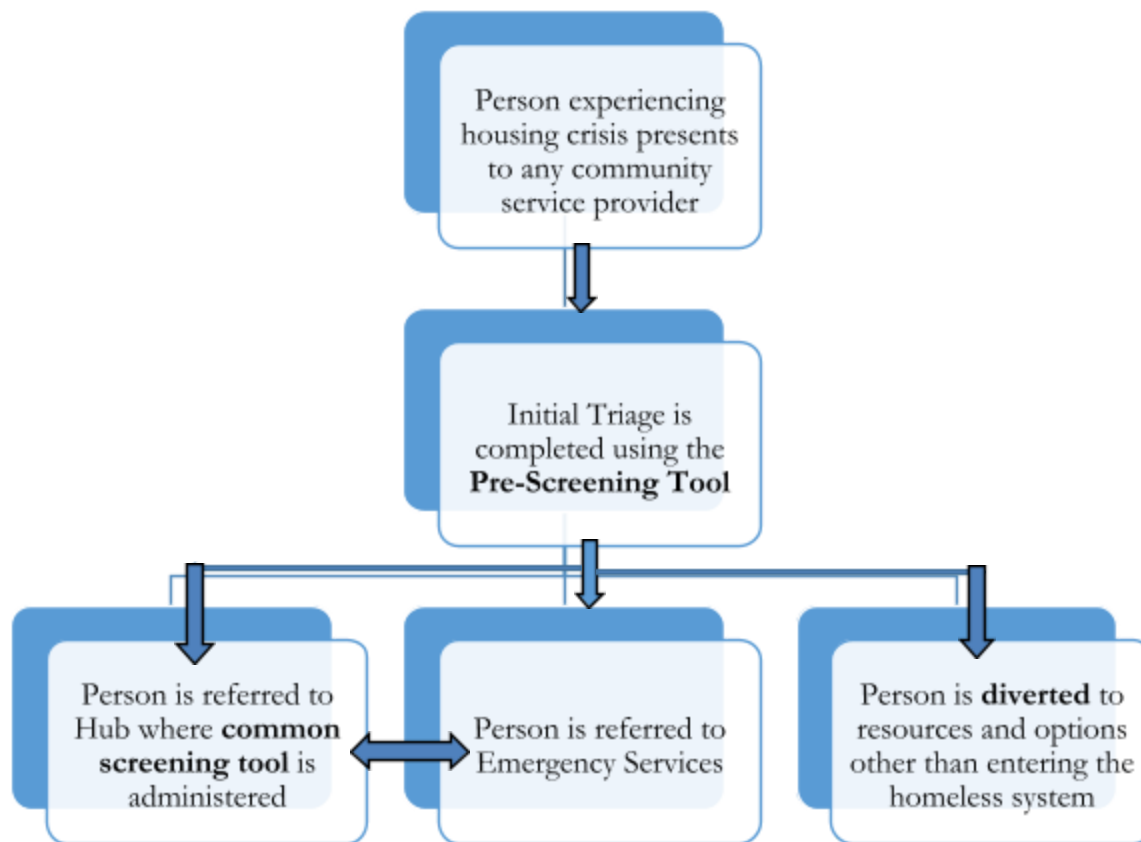


Figure 1

Pre-Screening Tool

Any provider (particularly non-housing providers) that comes into contact with a person experiencing a housing crisis is asked to complete a Coordinated Entry Pre-Screen Tool. The Pre-Screen Tool will collect important information about the person's situation, including whether or not they are experiencing domestic violence and where the person intends to stay that night. The Pre-Screen Tool provides guidance for making referrals to domestic violence providers, United Way 2-1-1, emergency shelters, and/or a community Hub. Each time a Pre-Screen Tool is completed, the person experiencing a housing

crisis is also provided with a copy of the [Coordinated Entry Screening Sites & Emergency Resources document](#). A current copy of the [Pre-Screen Tool is located at here](#).

Marketing and Non-Discriminatory Access

All populations and subpopulations (chronic homelessness, veterans, adults with children, youth, and survivors of domestic violence) in the GKC CoC's geographic area must have fair and equal access to the coordinated entry process, regardless of where or how they present for services. All Hubs must be accessible for persons with disabilities, including those who use wheelchairs and those who are least likely to access homeless assistance. Upon request, Hubs must provide appropriate and reasonable accommodations for persons with disabilities and/or limited English proficiency so they can participate equally in the CE system. This includes but is not limited to qualified language interpreters, auxiliary aids, and adaptive communication devices.

Marketing strategies include direct outreach to people on the street and other service sites; informational flyers left at service sites and public locations; online information; announcements during CoC and other coalition meetings; presentations to potential referral sources such as public schools, churches, food pantries, first responders; etc.

This Coordinated Entry System must also comply with the nondiscrimination provisions of federal civil rights laws as applicable, including the following:

- Fair Housing Act;
- Section 504 of the Rehabilitation Act;
- Title VI of the Civil Rights Act;
- Titles II and III of the Americans with Disabilities Act; and
- HUDs Equal Access and Gender Identity Rules

Safety Planning

Persons who are experiencing a housing crisis due to fleeing or attempting to flee domestic violence must have safe and confidential access to coordinated entry at either a domestic violence agency acting as a Hub or at a community Hub. To ensure this, each Hub staff person who is trained to administer the VAT is also trained to conduct a lethality assessment, referred to as a LAP, with persons who are experiencing and/or fleeing domestic violence. The LAP training also includes training components around safety planning with persons who are experiencing domestic violence. Persons served at a community Hub or through a Mobile Screening and who screen as high lethality during the LAP are offered to be immediately connected with a domestic violence provider for safety planning, emergency shelter, and other resources. All persons identifying as survivors of domestic violence, whether screened as high lethality or not, are offered information about domestic violence resources in their area.

Data collected at all Hubs must conform to the applicable requirements of the Violence Against Women Act, CoC Program, and/or HMIS Data Standards.

Privacy

Collecting and sharing personal and protected information is often a necessary aspect of helping persons to resolve their housing crisis. However, the collection and disclosure of participant data among CoC providers affiliated with the CE process must always be managed in a way that ensures privacy, provides

participants with choice about what and how to share their information, and does not result in repercussions when participants choose not to disclose or share data. Maintaining the confidentiality of participants' sensitive information is an important way of gaining trust from project participants and ensuring vulnerable populations are protected from potential harm resulting from the collection and disclosure of sensitive information about their lives.

CoC-Funded agencies must participate in the community Homeless Management Information System (HMIS), unless they are a victim service provider who must collect data in a comparable database.

The GKC CoC utilizes Case Worthy as its HMIS. This is a secure and confidential database operated by trained representatives which allows agencies and community providers to work together to make sure assistance needed is received in a timely manner. The use of an HMIS allows the CoC to get an accurate count of all people experiencing homelessness or who are at-risk of homelessness in the GKC CoC service area. All Case Worthy users must receive confidentiality training and sign strict agreements to protect the participant's personal information and limit its use appropriately. Any person or agency that violates this agreement may lose their access rights and may face penalties including legal action.

Assessment

Assessment is the process of gathering information about the person presenting to the crisis response system. It includes documenting information about the barriers a person faces to being rapidly rehoused and any characteristics that might make the person more vulnerable while homeless. The assessment process must also appropriately triage the person by asking about immediate needs, accurately evaluating the person's vulnerability and barriers to housing, and providing information to support accurate referrals.

Standardized Assessment Process

The GKC CoC has incorporated a standardized assessment process across its coordinated entry system. The same assessment process is used at each Hub and across all subpopulations, including the use of a common screening tool and identical scoring criteria. The common screening tool collects sufficient information to make consistent prioritization decisions and facilitates access to housing and supportive services across the GKC CoC's service area.

It should be noted that the assessment process under coordinated entry collects only enough information to determine if a person is likely to qualify for housing and supportive service projects. While the assessment process may check for significant barriers to eligibility, it is not the purpose of the coordinated entry assessment process to determine eligibility for each project. Eligibility determinations are a project-level activity and must occur independently from assessment/prioritization. Therefore, eligibility determination is more appropriate during the referral phase of coordinated entry, when the specific project the person might enroll in has been identified.

Common Screening Tool

The Coordinated Entry Work Group researched assessment tools and came to a decision to implement a new assessment tool, called the *Vulnerability Assessment Tool* (VAT), which was created by [DESC](#) in Seattle, Washington, with the launch of CE in July 2017.

The GKC CoC utilizes a common screening tool called the Vulnerability Assessment Tool (VAT). More information about how the VAT was chosen can be found here:

http://www.hscgkc.org/uploads/3/4/9/5/34958486/ce-background_for_screening_tool_1.pdf

The VAT provides a structured way of measuring an individual's vulnerability to continued instability. By rating an individual's level of functioning or severity of condition across 10 domains, a comprehensive assessment of vulnerability can be reached and then compared with vulnerability assessments of other people experiencing homelessness. The assessment process includes a structured interview followed by completion of rating scales.

During the assessment process, specific questions are asked to determine if the person is experiencing or fleeing from domestic violence. For those who identify that they are experiencing or fleeing domestic violence, an additional step is taken where screeners incorporate the Lethality Assessment Program (LAP) and complete a LAP screen. The LAP screen is based from a tool designed by Jackie Campbell called the Danger Assessment and is a strategy to prevent intimate partner homicides and serious injuries. The LAP screen provides an easy and effective method for community members to identify intimate partner violence survivors at highest risk of serious injury or murder. It is a standardized, evidenced based lethality assessment instrument. The screening includes 11 yes/no questions with a referral process for local community based domestic violence programs. All Hub screeners complete a training and are certified to complete the LAP screen, provide domestic violence education and safety plan. For more information about LAP, please see this referenced link: <https://www.dangerassessment.org/>

The VAT and LAP are used for all sub populations currently experiencing homelessness (including veterans, youth, families, single adults, persons experiencing domestic violence, etc.). Screeners conducting the VAT may use skip logic to avoid asking questions within the VAT that are not applicable to certain subpopulations. To ensure reliable application of the tool, the VAT and LAP may only be administered at each Hub by trained staff persons. Trained mobile screeners may also administer the VAT and LAP with those unable to access a Hub location.

Participant Autonomy

The GCK CoC assessment process must allow people presenting to the crisis response system to refuse to answer assessment questions and to reject housing and service options offered without suffering retribution or limiting their access to assistance:

- If, while conducted a VAT, a trained screener encounters a person who refuses to answer screening questions, the screener must inform the person being screened of the possible impact of not providing all requested information, which may include but is not limited to referrals to inappropriate resources and incorrect placement on the housing By Name List;
- The screener must make every effort to assess and resolve the person's housing needs in spite of missing information; and
- The person's refusal to answer screening questions must not be taken into consideration during future assessments or referrals.

Additionally, any person placed on the By Name List must be allowed to maintain their place on the list after rejecting service options that are offered.

If a person who has been screened using the VAT requests to see the results of their VAT screening, the following steps should be taken:

- The person screened shall be shown their results either in electronic or paper format, but shall not be provided with a copy of the screening results.
- The person screened may also be shown the VAT tool in electronic or paper format, but should not be given a copy of the tool as it may only be used by trained personnel and is not available to the general public.

VAT Screener Selection

Each Hub is required to identify personnel who can conduct VATs at their Hub location. When selecting VAT screeners, each Hub should consider information such as the potential screener’s experience serving specific populations, their knowledge of community resources, their cultural and linguistic competency with specific subpopulations, and the agency’s staffing capacities.

Additionally, the GKC CoC will utilize mobile screeners to conduct VATs. Mobile screeners are selected from current outreach staff through an application process. The Director of Coordinated Entry Systems with support from the Coordinated Entry Work Group will determine when, due to need, the application process should be opened up to acquire additional Mobile Screeners. Additionally CE staff consider information such as the potential screener’s experience serving specific populations, their knowledge of community resources, their cultural and linguistic competency with specific subpopulations, and the agency’s staffing capacities, when making staffing selections.

VAT Screener Training

Before conducting VATs, each screener must complete initial training that includes the following:

- VAT training
- LAP training*

*Screeners may begin conducting VAT screenings before attending LAP training, in which case they will refer persons experiencing domestic violence to a domestic violence hotline for further assistance in completing the LAP. However, screeners are expected to complete the LAP training as soon as possible.

In addition to initial training, all VAT screeners must complete at least one additional training on an annual basis. This training may be in-person, recorded, or self-administered. Training topics must include the following:

- materials that clearly describe how assessments are to be administered with fidelity to the written policies and procedures of the GKC CoC coordinated entry process;
- requirements for prioritization; and
- criteria for decision-making and referrals.

Additional training topics may include:

- trauma-informed assessment practices;
- safety planning;
- ensuring equal access and making reasonable accommodations; or
- cultural and linguistic competency.

The scheduling and facilitation of all initial and ongoing trainings, as well as ensuring that all VAT screeners have completed the required trainings is the responsibility of CE Work Group initially and will transition to the Director of Coordinated Entry by mid-2018.

Data Collection Process

VAT screeners must adequately inform persons they screen of the coordinated entry data collection process, including what data will be requested, how and with whom that data will be shared, and the person's rights regarding the use of their data. The screener is responsible for then obtaining a signed Release of Information (ROI) that allows data to be entered into Case Worthy. The screener is responsible for creating a client profile (if not already in existence) and entering the scores from the VAT (and LAP if applicable) into Case Worthy in 7 business days. The VAT information can then be exported into the By-Name List to be used for prioritization purposes. Click here for the [Case Worthy ROI](#).

The GKC CoC CE assessment process must allow people being screened to refuse permission to enter identifying information into Case Worthy without suffering retribution or limiting their access to assistance. In instances when an individual does not want their identifying information entered into Case Worthy, or for victim service providers who are precluded from utilizing the HMIS, the following steps are taken:

To gain access to services through Coordinated Entry, those who wish to remain anonymous and domestic violence survivors are entered into the database anonymously along with non-identifying information to screen for eligibility and placement. Domestic violence providers who are completing VAT screenings will utilize the database number from their comparable database, and the case manager will be the contact person.

In Case Worthy, the Homeless Management Information System for the CoC, personally identifying information will enter through a separate process workflow, whereby a very minimal amount of information will be entered. Clients will be associated with a tracking number or a client number from an external database. Minimal family status information is collected, such as relationship to Head of Household, if there are dependents, and Veteran status of all persons. Finally, it will be designated in the system that the client is part of the Coordinated Entry process and the client VAT and LAP assessments will be entered. These clients are then scored and prioritized within the By Name List alongside those who have provided personally identifiable information, according to community prioritization standards.

Prioritization

Prioritization refers to the process that takes place after a person experiencing a housing crisis has been assessed. Prioritization is used to determine the person's priority for housing and supportive services; the person's prioritization status then drives the referral process (discussed in the next section).

The GKC CoC utilizes a prioritization process that aligns with existing CoC Program and ESG Program written standards established under HUD regulations 24 CFR 578(a)(9) and 24 CFR 576.400(e).

Prioritization Requirements

The GKC CoC uses the coordinated entry process to prioritize homeless persons within the CoC's geographic area for access to housing and supportive services. Prioritization is based on specific and definable criteria that must be applied consistently throughout the CoC. The same prioritization criteria are used across all subpopulations. The prioritization criteria used by the GKC CoC includes several different factors, including chronicity (length of time homeless, number of times homeless, disability

status); vulnerability and risk factors (VAT score); subpopulation type (veterans, families, youth, singles); and lethality (LAP).
The prioritization process for Permanent Supportive Housing (PSH) is outlined in Figure 2 below.

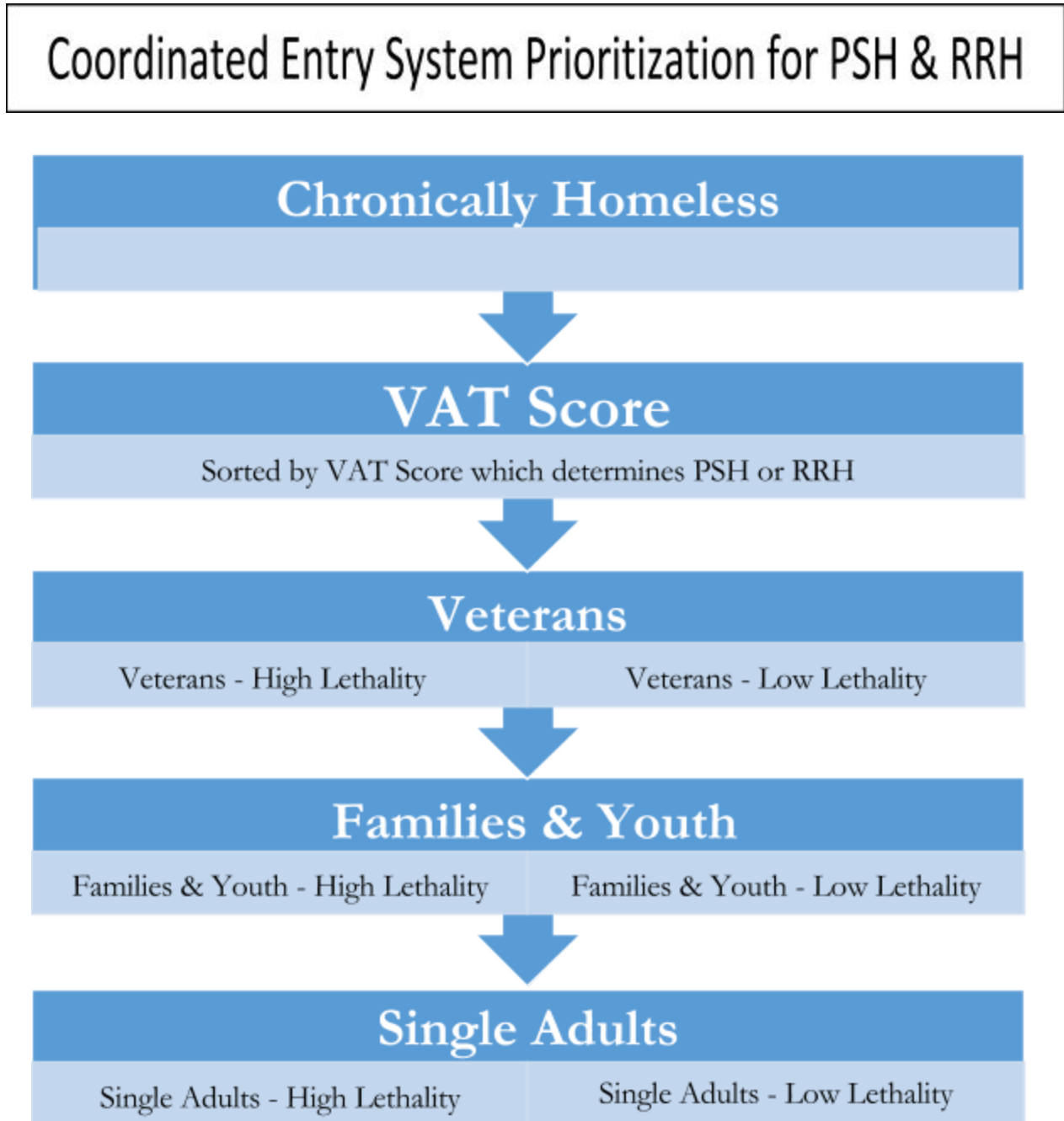


Figure 2

Managing the By Name List

The GKC CoC is the entity charged with determining the level of priority for individuals requesting assistance through coordinated entry and for managing the priority list, called the By Name List in this community.

The GKC CoC utilizes a single priority list, called the By Name List, which includes all known homeless persons throughout the GKC CoC who have been screened at a Hub. All persons assessed either in a Hub or through the use of a Mobile Screener are added to the By Name List and are prioritized, according to community standards outlined above, in Figure 2. Project-level eligibility documentation happens at a later date when a housing opening is matched to a person prioritized on the By Name List and a housing referral is made through Placement Team/Case Conferencing meetings (discussed later).

Though the community is using a single priority list, the prioritization standards with VAT scores helps the Director of CE in making recommendations as to housing type for individuals on the By Name List. Additionally with having separate Placement Team meetings for PSH and RRH providers, the single priority list is separated into two sublists; one for those in need of PSH resources and one for those in need of RRH resources. If a referral to one housing type is found to not be the appropriate resource for an individual or family the Director of CES will move that person to the recommended sublist for the other housing type.

The By Name List is an inventory of all homeless persons by name or unique identification number, and includes information about VAT assessment score, homelessness duration, lethality risk, household type (veterans, families, youth, single adults), client and service provider contact information, and notes about disabilities, mental and physical health and homelessness concerns. GKCCEH CE staff have the authority to pull information from HMIS to populate the By Name List and then sort the list based on the prioritization process outlined above. The Director of CES has the ability to regularly review and update the By Name List as needed.

Using the By-Name List to Fill Vacancies

In addition to making sure persons with the highest priority are offered housing and supportive services first, the By Name List is also used to ensure that all project vacancies are filled using the coordinated entry system. This is accomplished through the use of Placement Team meetings. Placement Team Meeting protocols are discussed more fully in the Referral section below.

Referral

Referral describes the process of referring persons experiencing homelessness to housing and/or service openings, utilizing the CoC prioritization policy. Essentially, it is a match that coordinated entry makes between the needs and prioritization level of the person experiencing a housing crisis and the housing and supportive services projects that are available in the crisis response system.

Referral Requirements

Projects participating in the coordinated entry system are expected to identify and lower barriers to project entry, and are prohibited from screening persons out based on perceived barriers. Such barriers include, but are not limited to:

- too little or no income;
- active or a history of substance use disorders;
- domestic violence history;
- resistance to receiving services;
- the type or extent of disability-related services or supports needed;
- history of eviction or poor credit;
- lease violations or history of not being a leaseholder; and/or
- a criminal record.

The coordinated entry referral process must be consistently applied to all beds and services available at participating projects funded by the CoC Program and ESG Program. This same process should also be applied to housing and supportive services projects operated by non-HUD funded agencies who receive and accept GKC CoC referrals.

Referring Agency

The GKCCEH is the entity responsible for referring persons experiencing a housing crisis to available housing and supportive services, based on the person's priority level and the GKC CoC's prioritization and assistance standards. The GKCCEH employs staff, currently the Director of Coordinated Entry Systems, to manage the process of making referrals through weekly Placement Team/Case Conferencing meetings.

Additionally, the GKCCEH is responsible for addressing conflicts of interest that may arise during the referral process and for ensuring that applicable agreements are in place with all Coordinated Entry participating agencies.

Receiving Agency

All housing and supportive services providers participating in the GKC CoC Coordinated Entry System are able and welcomed to act as a receiving agency. The receiving agency must notify GKCCEH that they have the capacity to accept a referral and be a receiving agency. After accepting a referral, the receiving agency must notify the GKCCEH/Housing Placement Team weekly about progress made with that referral, and report whenever it has enrolled a program participant and its vacancy has been filled.

It is the responsibility of the receiving agency to ensure that potential program participants receive clear information about the project they have been referred to, what the project will expect of them, and what they can expect from the project.

Participating Project List

The CE Director will maintain an inventory list of all housing and supportive services projects that can be accessed through referrals from the CE process. This Participating Project List should include all the resources accessible and currently available for referral.

The Participating Project List should identify potential eligibility considerations of each referral project, including but not limited to:

- funder requirements;
- geographic area covered;
- service model;
- types of services;
- expectations; and/or

- special capacity or preference to serve specific subpopulations.

The Participating Project List must be updated at least annually, or more often as information changes and/or new projects are added. GKCCEH will manage the process by which these annual updates will be made to the Participating Project List.

Placement Team Meeting

Placement Team Meeting, which includes case conferencing, is an integral part of the GKC CoC's Coordinated Entry System. The purpose of the Placement Team Meeting is for housing providers, outreach workers, and CE staff to discuss the status of referrals previously made, report housing openings, and receive referrals from the By Name List. This meeting also acts as a place for housing case managers or providers having difficulties in their housing programs to discuss and resource together solutions for better housing retention outcomes for the clients served in the GKC CoC service area. As receiving agencies receive and work on referrals from the By Name List and acquire new information that requires updates to be made to a person's VAT assessment or about the prioritization of a person, they can report that to CE staff at these meetings.

Meeting Frequency:

- Separate meetings are held for PSH providers and RRH providers, as of December of 2017.
- Meetings will occur weekly (every Monday) and will include both in person and "Go to Meeting" options via web. PSH meetings are at 3pm and RRH meetings are at 2pm.
- The last Monday (usually fourth, but occasionally the 5th) of the month is a mandatory "in person" meeting where attendance will be required for all CoC-funded PSH and RRH housing programs. This meeting will include the normal business of the By Name List maintenance, discussion/resourcing options for housing clients, and an educational/training opportunity.
- All other meetings throughout the month will be held through the application "Go to Meeting." This will be a virtual meeting via the web.

Attendance:

- If a participating referral agency has an opening, it is required that they attend the meeting to report that opening. If a housing provider has an opening and they'd like a referral prior to the Monday meeting, they will need to contact the GKCCEH staff member maintaining the By Name List.
- If a participating referral agency has received a referral off the By Name List, they are required to attend meetings weekly, until that referral source is reported as being housed. Weekly updates will be expected on that referral.
- If a participating referral agency has received a referral off the By Name List, and for whatever reason, they will be unable to attend the meeting they will need to notify the GKCCEH staff member maintaining the By Name List prior to the meeting, and include an update on their referral. NOTE: Attendance at these meetings for anyone that has received a referral is mandatory, and attendance records will be kept. Meeting attendance will be reported to the Grants Committee/Rank & Review when reviewing/scoring/ranking of CoC NOFA projects occurs. In addition, this will be taken into consideration during CoC monitoring reviews.
- If a participating referral agency has NO openings and NO outstanding referrals they do not need to attend the weekly meetings, EXCEPT for the last Monday meeting of the month which will be an "in person" meeting.
- Attendance at the last Monday of the month meeting is assessed to determine individual program compliance with the CoC's Coordinated Entry System Policies and Procedures.

Meeting Guidelines:

- GKCCEH Staff will send out meeting reminders the Friday prior to each Monday meeting, with instructions as to “Go to Meeting” links or location information of the “in person” meeting.
- GKCCEH Staff will facilitate meetings, but may have speakers lead portions of meetings.
- Meetings will consist of updates on outstanding referrals, reporting on housing openings, and making referrals to openings. In addition, concerns or updates about persons on the list or currently in programs may be discussed.
- If a housing provider is concerned about the housing placement of anyone in their programs, this meeting is a safe place where they can discuss the situation, and the team can offer ideas, input, or resources to assist with the housing retention of clients.
- Occasionally, at the monthly in person meeting, GKCCEH staff will provide an educational or informational opportunity to meeting attendees. Topics will vary, and recommendations for topics should be directed to the GKCCEH staff. These training topics will be quick, taking no more than 15-30 minutes of the meeting.
- The virtual meetings should only be attended by individuals that have completed the privacy and security training provided by Mid America Regional Council (MARC) and attendance will be kept for these meetings as well to confirm that all persons in attendance are covered by such training.

Privacy Guidelines:

- The By Name List holds personal information about people experiencing homelessness. This information needs to be held in the strictest of confidence.
- Everyone attending the meetings must be registered Case Worthy users that have engaged in the privacy and security training provided by Mid America Regional Council (MARC).
- If the privacy and security training hasn’t been completed, the individual must fill out an MOU prior to the meeting, which includes their supervisor’s signature. The MOU will be given to the GKCCEH staff person maintaining the By Name List and facilitating the meetings.
- Lists should be kept strictly confidential and always shredded when no longer in use. Please don’t even take the list outside of the meetings if not needed. GKCCEH staff always shred the lists.
- The full list is released only to GKCCEH staff to assure confidentiality.

Eligibility Screening and Determination

Individual CoC projects have ultimate responsibility for determining the eligibility of prospective participants in their programs and for collecting and maintaining eligibility documentation. However, the GKC CoC By Name List may also be used to conduct “preliminary eligibility screening” – meaning, it can help identify the likelihood of a prospective participant’s match to a program’s vacancy before making a referral, utilizing information from the By Name and Participating Project List.

The receiving project must establish that the referred person meets its entry requirements. Projects may do an intake or application process after a referral has been received. During this process, the person retains his/her priority placement on the By Name List. Referrals who do not meet program entry requirements must be communicated as quickly as possible to the GKCCEH staff member maintaining the By Name List so that additional referrals can be identified for the project. When a referral can not enter the program, program staff have to report to CE staff that they are rejecting the referral and provide a reason for the rejection.

Participating projects are expected to use a person-centered approach – meaning, potential program participants have choices regarding location and type of housing, level and type of services, and other project characteristics. Additionally agencies are advised to utilize Housing First criteria and to do all they can do to lower barriers and maintain a low barrier entry policy to their programs.

Alternative Housing Planning

Persons considered not scoring in the priority target range on the community By Name List, according to community prioritization standards, should instead be referred to emergency and/or other mainstream service providers in the community, who can work with them on alternative housing plans. Alternative housing can include applying for affordable housing in the community, increasing income from employment and benefits, and exploring other housing opportunities available through the person's support network. People in a housing crisis who are not likely to be rapidly rehoused by a project participating in CE shouldn't be told they are on a waiting list giving them false hope that CE or the By Name List is *THE* resource that will end their homelessness.

Additionally, if the most appropriate resource for an individual (PSH, RRH, TH) is not available, the highest prioritized persons should be offered other appropriate resources available. For example, when a person is prioritized for PSH but only RRH resources are available, that person may be placed in RRH as a bridge or temporary placement, without it negatively affecting their PSH eligibility. However, care must be taken not to refer a person to a resource that could negatively impact their prioritization for the resource they are best suited for. For example, a TH program should not be used as a bridge or temporary option for someone who is prioritized for PSH without first adequately informing the homeless individual of the impact that entering TH can have upon their eligibility (loss of chronically homeless status) for a PSH program. Additionally people coming from transitional housing are not eligible for most rapid re-housing funded under ESG and CoC programs.

The goal for the community By Name List is that a referral is made for each person prioritized within 60 days of their VAT assessment. At the time of establishing these Policies & Procedures, the community is prioritizing those that are found to be chronically homeless. All persons not found to be chronically homeless should be given referrals to Alternative Housing Planning resources. This should be done by VAT screeners after the completion of their VAT assessment. Alternative Housing Planning will start up with VAT screeners starting in the Spring of 2018.

Referral Rejection Protocols

In rare cases, a referral may be rejected by the potential participant or by the receiving agency due to incompatibility concerns that are outside of entry eligibility requirements (the person perceives that the receiving agency will not meet their immediate housing goals, the project feels they cannot adequately meet the person's needs, etc.). All rejections must be communicated to the GKCCEH CE staff member responsible for the By Name List as soon as possible and at the weekly Placement Team Meetings and will be assessed for their appropriateness by the Director of CES.

Should a rejected referral be deemed to be appropriate, the Placement Team will make every effort to identify other housing referral options for the individual or family that has to return to their original spot on the By Name List. All rejections must be documented, including the reason for the rejection and any factors or changes that could lead the next project to consider the referral.

Data Management and Efficiency Tracking

Information accompanying a referral may include any or all of the following:

- Referral date/time
- Identity of the agency currently serving the person including contact information
- Identity of the receiving project, including follow up contact information
- Person's name/ID number
- List of services the person is being referred for
- Person's preferences
- Special considerations such as unit size, geographic location preference, etc.
- Expectations for follow up

Receiving agencies that receive a referral from the By Name List should work on making contact with that client in a quick manner and continue working to make contact with that referral for a minimum of two weeks. After two weeks the receiving agency may decide if they will continue working that referral source or if they want to reject the referral and return it back to the By Name List, and thereby receive a new referral. Once contact is made with the individual or family, the receiving agency will work through eligibility and enrollment processes established by their own agency to quickly move the individual or family into permanent housing. Receiving agencies are required to attend Placement Team/Case Conferencing meetings weekly from the date of referral until the referral is permanently housed to make weekly updates to the CE staff.

Accountability

Accountability refers to the outcomes and measurements that enable the CoC to know if stakeholders are meeting expectations, and if the coordinated entry system is effective.

The GKCCEH will solicit feedback at least annually from participating projects and from households that participated in coordinated entry during that time period. Feedback may be solicited in the following ways:

- Surveys designed to reach either the entire population or a representative sample of participating providers and households;
- Focus groups of five or more participants that approximate the diversity of the participating providers and households; or
- Individual interviews with participating providers and enough participants to approximate the diversity of participating households.

Feedback received must be used to make necessary updates to the GKC CoC coordinated entry process. The Director of CE will manage the feedback process annually and share plans with the CE Work Group each July. The timeframe for gathering participant feedback will then take place from August through October and outcomes in feedback will be reported to the Executive Director of GKCCEH and to the CE Work Group in the month of November annually.

Random selection of participants from the By Name List for the reporting period will be selected to participate in a feedback session. Feedback session types could vary but may be interviews in person or via phone, focus group sessions, or surveys either online or via paper. This will happen on an annual basis. Housing case managers will assist in helping to get participants to provide feedback. The Director of CE may consider incentives to further gather responses and participation as needed.

The Director of CE will work with the GKCCEH Executive Director and the CE Work Group to determine how to make changes, updates, and further implementations in the CE system after feedback is shared and will make implementation changes as soon as possible to the system.

Grievance Procedures

The Director of Coordinated Entry will have a full grievance policy and process in place for the CES by mid-2018.

In the interim if there are any client grievances expressed while being screened for services through Coordinated Entry, the grievance should be handled according to the Hub's agency grievance policy. If the agency's process is unable to address concerns, a letter or email may be sent to the on or both of the following persons:

Amy Bickford, Director of Coordinated Entry,
abickford@gkcceh.org

Heather Hoffman, Executive Director of the GKCCEH/CoC,
hhoffman@gkcceh.org

3200 Wayne Ave, Suite 202
Kansas City, MO 64109

Authorizing Signature(s)?

Date

Date

Appendix 1: GKCCEH Terms

GKCCEH Terms

*Definitions will be consistently formatted to provide the meaning in our community and then will include HUD standards or definitions.

Emergency Shelter (ES) - Any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless.

Permanent Housing (PH) - PH is a broad label for housing that includes permanent supportive housing, rapid rehousing, and other permanent housing (OPH) destinations with family, friends or rental housing, including subsidized housing. The HUD standard for maintaining permanent housing is 6 months. The GKCCEH community standard is for client to maintain PH for 12 months, dictated by consumer choice. Consumers must meet criteria for Category 1 or 4 of the HUD Definition for Homelessness.

Permanent Supportive Housing (PSH) – PSH combines permanent affordable housing with optional, voluntary supportive services that are tailored to the needs of each homeless individual. Head of household, including a minor head of household, must have a documented disabling condition. PSH typically serves the highest need homeless households who have the most barriers to permanent housing. Consumers must meet criteria for Category 1 or 4 of the HUD Definition for Homelessness.

Rapid Re-Housing (RRH) - RRH Programs provide temporary, time limited financial assistance, including rental and utility subsidies, offering supportive services to help those who are experiencing literal homelessness to be quickly re-housed and stabilized in permanent rental housing of their choosing. Consumers must meet criteria for [Category 1 or 4](#) of the HUD Definition for Homelessness.

Residential Care Facility (RCF) – RCF is a generic term for a group home, specialized apartment complex or other institution, typically a skilled nursing facility, which provides care services where individuals live. After 90 days in an RCF the consumer is considered to be in permanent housing.

Transitional Housing (TH) - TH is designed to provide housing and appropriate supportive services to those experiencing homelessness, to facilitate movement to self-sufficient, independent living in permanent housing within a time frame of no longer than 24 months. TH may be service intensive, primarily targeting special populations, including youth, families, survivors of domestic violence, and consumers with substance abuse addictions.

Chronic Homelessness – An individual or family is defined as chronically homeless when the following conditions have been met: 1) Head of household or minor head of household has a documented disabling condition, AND 2) The household has either been continuously homeless for a period of 12 or more months (1 year or more) OR has had at least four distinct & documented episodes of homelessness (each 30 days or longer) in the previous 3 year period and where each break is 7 days or longer, which cumulatively equal 365 days or more.

Housing First (HF) - Housing First is a low-barrier homeless assistance approach that prioritizes providing people experiencing homelessness with permanent housing as quickly as possible. The Housing First model is grounded in the belief that people need basic necessities like food and a place to live before attending to activities such as finding employment, addressing substance use issues, or participating in counseling or life skills classes. Housing First is a strengths-based approach to

improving the quality of life of individuals experiencing homelessness, which places a strong emphasis on valuing client choice-- in housing preference, defining goals and associated tasks, and participation in supportive services. What is most critical to the Housing First approach is that it does not mandate participation in services before obtaining housing or as a condition of program participation.

Housing First is mandated for CoC/ESG-funded Permanent Housing programs, and strongly encouraged for Transitional Housing and Emergency Shelter programs.

Levels of Housing First Intervention:

All programs should offer voluntary, but engaged services, meaning supportive services are proactively offered to help clients achieve and maintain permanent housing, but do not require clients to participate in services as a prerequisite or condition of housing.

- **No-barrier admission policy** - Programs that provide individuals with private or semi-private accommodations for an unspecified duration with no treatment demands or requirements. Such programs provide a housing environment that is safe, stable, and flexible, and *offer* (not require) services non-intrusively and as the resident is ready.
- **Low-barrier admission policy** – Homeless programs having low-barrier admission policies are those who place the fewest possible expectations on participants upon entry. Policies should be designed to “screen-in” rather than “screen-out” applicants with the greatest barriers to housing, such as having no or very low income, poor rental history, past evictions, severe and persistent mental illness, disability, and/or criminal records.
- **Few to no programmatic prerequisites to housing** – Clients are offered permanent housing with no programmatic preconditions such as demonstration of sobriety, completion of drug, alcohol or mental health treatment, or agreeing to comply with a treatment regimen upon program entry.

The Greater Kansas City Coalition to End Homelessness is a no-barrier admissions policy community.

For more information click the following links:

[National Alliance to End Homelessness HUD Housing First Fact Sheet](#)

[HUD Housing First Assessment Tool](#)

**See HUD housing first Fact Sheet

Case Conferencing – As a component of the Coordinated Entry process, in conjunction with the By-Name List, case conferencing is utilized to assess client needs and housing placement for those with the highest need and barriers to permanent housing, including those who have declined previous housing offers and those who have been unable to maintain permanent housing.

By-Name List (BNL) – The BNL is a list of households experiencing homelessness, who have been prioritized based on assessed need. The BNL comprises the entire geography of the CoC, and serves as the primary referral and placement source for CoC and ESG funded PH programs.

Coordinated Entry (CE) – Mandated by the [2009 HEARTH Act](#), Coordinated Entry is a centralized process through which people experiencing or at risk of experiencing homelessness can access the crisis response system in a streamlined way. Once entered into the C.E. system, clients will have their strengths and needs quickly assessed, so they may be more efficiently and effectively connected to appropriate housing and supportive services within the community. Centralization of this process enables households to more readily access the best options to address their needs, and emphasizes participants' choice over evaluation for a single program within a complex matrix of systems. Through the Coordinated Entry process, the most intensive and readily accessible interventions are prioritized for those with the highest vulnerability and severity of need.

Coordinated Entry processes help:

- communities prioritize assistance based on vulnerability and severity of service needs
- provide information about service needs and gaps to help communities plan strategies that more effectively target the distinct needs of their population

Individuals in the CoC's geographic area can expect fair and equal access to the Coordinated Entry process, regardless of where or how they present for services. The commitment to fair and equal access means the process for accessing help is well-known and understood to both homeless service providers and those experiencing homelessness. Individuals may obtain access to the Coordinated Entry system in person, by phone, or through identifying themselves as homeless when speaking with a homeless service provider .

CoCs may have different processes for assessing clients for Coordinated Entry, including different access points and assessment tools for the following populations: (1) adults without children, (2) adults accompanied by children, (3) unaccompanied youth, or (4) households fleeing domestic violence. CE assessment tools should be brief and require a short amount of time to utilize. Tools should also be easily-administered by non-clinical staff including outreach workers, and easy for those being assessed to understand.

For more information about Coordinated Entry click the following links:

[CoC Program Interim Rule](#)

[Implementing the HEARTH Act: The New CoC Program Webinar](#)

[Coordinated Entry Core Elements Guidebook](#)

Prevention Assistance- Prevention Assistance is the practice of providing short to medium-term supportive services and financial assistance to households at-risk or at imminent risk of homelessness. Prevention connects people with the care and support needed to maintain their housing.

Diversion - Diversion is a strategy targeting households as they are applying for entry into shelter. Diversion strategies prevent homelessness by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing, thereby diverting them altogether from entering the homeless system. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds, and the length of program wait lists.

Case Management - Case management refers to a collaborative and planned approach to ensuring that a person who experiences homelessness gets the services and support that they need to maintain

a better quality of life. Case management is strengths based & trauma informed. A client-centered case management approach ensures that the person who has experienced homelessness has significant input in identifying goals and service needs, and that there is shared accountability. The goal of case management is to empower people, draw on their own strengths and capabilities, and promote an improved quality of life by facilitating timely access to the necessary supports and thus reduce the risk of homelessness and/or help them achieve housing stability.

Strengths Based Approach - A theory utilized in social work practice that emphasizes people's self-determination and strengths to deploy empowerment. It is a philosophy and a way of viewing clients as resourceful and resilient in the face of adversity. The goal is to work with people with a focus on their natural abilities and capabilities with the assumption that people already have various competencies and resources that may be used to improve their situation.

Trauma Informed Care - A person-centered approach to treatment and services that "realizes the widespread impact of trauma and understands potential paths for recovery, recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system, responds by fully integrating knowledge about trauma into policies, procedures and practices, and seeks to actively resist re-traumatization ([SAMHSA website](#))."

Aftercare – Aftercare is defined as any subsequent interventions provided after homeless households exit a homeless program. Interventions & services are offered and provided to help the client maintain housing, employment, sobriety, etc.

HMIS - A Homeless Management Information System (HMIS) is a local information technology system. This system is used to collect and aggregate client-level data regarding the provision of housing and services to homeless individuals and families, as well as to persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards. Agencies receiving HUD and/or HHS funds through CoC, ESG, RHY, PATH, SSVF, etc. are required to participate in HMIS. GKCEEH encourages the use of HMIS by all members and service providers within the CoC, regardless of funding sources.

Safe Haven (SH) - SH, as defined under the former Supportive Housing Program, is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services. Safe Haven projects must serve literally homeless individuals who reside on the streets or places not meant for human habitation, AND who have severe and persistent mental illness.

Permanent Destinations – Utilize list of destinations from the APR

Definition of Homelessness – Utilize Attached Matrix

VAT – Vulnerability Assessment Tool The VAT provides a structured way of measuring an individual's vulnerability to continued instability. By rating an individual's level of functioning or severity of condition across 10 domains, a comprehensive assessment of vulnerability can be reached and then compared with vulnerability assessments of other people experiencing homelessness. The assessment process entails a structured interview followed by completion of the rating scales. The tool is designed for use by service workers accustomed to interacting directly with individuals experiencing homelessness, and training is required to ensure reliable application of the tool. VAT allows providers

to do two things: 1) to develop an objective sense of an individual's vulnerability to continued instability; 2) to distinguish among the many adults experiencing homelessness in the community who have also had a vulnerability assessment.

Subsidized Housing - Subsidized housing is a private or government sponsored economic assistance program aimed towards alleviating housing costs and expenses for people with low to moderate incomes; all or part of client rents are paid by for by the assistance program.

Subsidy – A subsidy is a payment made on behalf of a client related to housing needs such as rent, utilities, or arrears. Subsidy payments may be part or all of an amount owed by the client, determined by the providing agency, typically based on client need. Subsidies are typically provided either on a one-time or pre-determined ongoing basis.

Client Choice – Client choice means clients are actively making their own decisions in regard to receipt of services, treatment options, types of programs to participate in, and where they choose to live.

HMIS Lead Agency – The HMIS Lead Agency is the entity, organization or government department designated by the CoC to administer and manage the HMIS. The HMIS Lead Agency is evaluated by the CoC on an annual basis.

Annual Homeless Assessment Report (AHAR) - The AHAR is an annual report to Congress, providing an in-depth look at the state of homelessness in the country. The AHAR is prepared by HUD, through HMIS data submitted by the CoC, and provides nationwide estimates of homelessness, including information about the demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons.

Annual Performance Report (APR) - A reporting tool that HUD uses to track program progress and accomplishments and inform the Department's competitive process for homeless assistance funding.

Annual/Biennial Point-In Time Count (PIT) – The PIT is a one night count of sheltered and unsheltered homeless persons, reported by CoCs into the Homeless Data Exchange (HDX). CoCs can choose to conduct these counts each year, but they are only required to conduct them every other year during the last week in January. The CoC conducts a PIT annually.

CoC Lead Agency – The Continuum of Care (CoC) Lead is the agency that is designated to carry out the activities of the CoC or CoC planning grant including fiscal and compliance activities. Regular administrative tasks include, but are not limited to: management of the annual HUD application process, coordination of other funding opportunities, project and system monitoring, meeting management, etc.

Collaborative Applicant (CA) – The CA is the eligible applicant (State, unit of local government, private, nonprofit organization, or public housing agency) designated by the CoC to collect and submit the required CoC Application information for all projects the CoC has selected for funding, and apply for CoC planning funds on behalf of the CoC. The CoC may assign additional responsibilities to the Collaborative Applicant so long as these responsibilities are documented in the CoC's governance charter.

Joint Transitional-Rapid Re-Housing (Joint TH-RRH) – Joint TH-RRH combines two existing CoC funded program types, Transitional Housing and Permanent Housing-Rapid Re-Housing, in a single project to serve individuals & families experiencing homelessness. The project must be able to provide both TH & RRH components to all participants for up to 24 months as needed by participants.

Crisis Housing – A short- term housing option which provides safe and sanitary temporary housing for the homeless in general, or for specific target populations of the homeless including youth, families, victims of domestic violence, and/or users of alcohol or drugs, who are experiencing a housing crisis.

Dedicated Plus – A PSH project which dedicates 100% of its beds to homeless households in which an adult or child in the household has a documented disabling condition, and the household is experiencing chronic homelessness as defined in 24 CFR 578.3; residing in a transitional housing project that will be eliminated in FY2017 and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project; or is residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions.

Continuum of Care (CoC) – A CoC is a regional or local planning body comprised of agencies, organizations & individuals who have an interest in ending & reducing homelessness, that coordinates policies, strategies, targeted funding processes, and activities toward ending homelessness for a defined geographic area set by the department of Housing & Urban Development (HUD). Its work includes gathering and analyzing information in order to determine the local needs of people experiencing homelessness, implementing strategic responses, educating the community on homeless issues, providing advice and input on the operations of homeless services, and measuring project and system level CoC performance.

Emergency Assistance (EA) – EA is the provision of essential services, provided with limited frequency and for a limited period of time, intended to support a client with immediate emergency needs. EA often includes homelessness prevention/diversion assistance, paying on behalf of a client for rent, mortgage, utilities, hotel/motel, food vouchers, transportation or other urgent personal needs. EA may also include the provision of direct commodities, including food & groceries, clothing, or other household items.

LAP-Lethality Assessment Program/Screen- The dual goals of LAP are to educate intimate partner violence survivors about risk factors for homicide, provide safety planning and to connect people with support and safety planning services. Collaboration, education and self-determination are the touchstones of this intervention. The 11 question yes/no screen assists homeless services providers and survivors in determining if they are at high risk for being seriously injured or murdered. The tool is designed for any first responder and training is required to ensure reliable application of the tool.

The Violence Against Women Act (VAWA)-is a federal law that provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protects applicants and tenants receiving rental assistance. Notification of these rights is mandatory regardless if participants have never been and never become of a victim of domestic violence, dating violence, sexual assault, or stalking. VAWA provides three basic benefits to such victims: (1) protection from discrimination; (2) protection from eviction; and (3) the right to terminate a lease and transfer to another unit with continued rental assistance, or to remain in a rental unit if the landlord is willing to “bifurcate” the lease.