

**FRESNO MADERA CONTINUUM OF**

**CARE**

COORDINATED ENTRY SYSTEM POLICIES AND PROCEDURES

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# OVERVIEW

**HUD REQUIREMENTS**

The Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program (HEARTH Act) requires the Fresno Madera Continuum of Care to have written policies and procedures that govern the provision of assistance to individuals and families. Under the interim rule for the U.S. Department of Housing and Urban Development’s (HUD) CoC program, each CoC must establish and operate a centralized or coordinated assessment system (24 CFR 578.7(a)(8)). Federal Regulations regarding coordinated assessment/entry require Fresno Madera Continuum of Care to comply with “a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals.

**PURPOSE:**

HUD defines a centralized or coordinated assessment system, often referred to as a “coordinated entry” system, as a centralized or coordinated assessment system that 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.” (24 CFR 578.3). Per the Regulations, this definition established the basic minimum requirements for the system that must be established within Fresno Madera Continuum of Care. The purpose of a coordinated entry system is to streamline access to housing and supportive services to mitigate housing crises. These policies and procedures provide guidance to local providers in administering CoC-funded assistance in the following areas:

* Policies and procedures for evaluating individuals’ and families’ eligibility for assistance to determine the best housing and services intervention.
* A 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, but who are seeking shelter or services from non-victim service providers.
* Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance or permanent supportive housing assistance.
* Policies and procedures to minimize barriers faced by individuals who are experiencing a housing crisis in accessing the most appropriate intervention to address their needs.
* Policies and procedures to incorporate a “housing first” philosophy in matching individuals experiencing a housing crisis with services.
* Policies and procedures to use Homeless Management Information System- ServicePoint to maximize existing resources and simplify implementation.

***Policies and procedures are not intended to be in lieu of or in place of the Interim Regulations for the HEARTH Act but are intended to clarify local decisions regarding program administration. The FMCoC CES Policies and Procedures is a living document and subject to change. It will be reviewed and updated as needed, following best practices and FMCoC approval.***

#### OVERSIGHT – CES Committee

**The Coordinated Entry System Committee was convened by the Fresno Madera Continuum of Care to oversee the CES and provide policy oversight and will be responsible for achieving the following goals:**

* Reviewing best practices, researching, and promising practices from other Coordinated Entry systems.
* Updating the CES policies and procedures and CES Committee Charter/Bylaws (if applicable).
* Reviewing assessment tools for service prioritization and diversion.
* Providing general policy oversight and overseeing/monitoring and regularly evaluatingthe coordinated entry management entity and making changes and improvements as needed
* Investigating and resolving consumer and provider complaints or concerns about the process, other than declined referrals.
* Ensuring an annual CES Evaluation is completed and implementing CES Evaluation recommendations.
* Ensuring compliance with the CoC’s Governance Charter and Written Standards.
* Revising and updating the CoC’s standardized assessment tool as needed.

**CES MANAGEMENT ENTITY**

Per the CoC’s Governance Charter, the CoC’s CES Management Entity will implement and carry out the day-to-day operations of the CES on behalf of the CoC. The Management Entity has formal authority granted by the CoC to compel all providers included in coordinated entry to meet the expectations, standards, and responsibilities set for them by the CoC through the CES Committee. The CES Management Entity is responsible for the following:

* Appointing someone to sit in a CES-Management Entity-specific CES Committee Officer role
* Providing information and feedback to the community at large regarding the coordinated entry process.
* Affirmatively marketing the CES to providers and the community.
* Reporting outcomes to the CoC at monthly CoC meetings and Board meeting.
* Generating at least two reports per year for the CoC outlining the contributions of the CES Management Entity, one of which must be delivered no later than 60 days after the completion of each year’s services.
* Monitoring CES-mandated projects to ensure they are complying with the Coordinated Entry and HMIS policies and procedures.
* Meeting regularly with all CoC-funded CES/SSO projects to ensure collaboration, consistency of application of CES policies and procedures, onboarding of newly-funded projects, and that CoC CES grants are being fully expended by all CES projects.
* Reporting to CES Committee when CoC-funded CES Projects may need additional monitoring or evaluation, including regarding CoC grant spend.
* Monitoring system-level processes to ensure CE is functioning as planned and system efficiency goals are achieved.
* Training/certifying new access sites and access site staff and monitoring performance and compliance.
* Providing other CES trainings to mandated providers.
* Overseeing the matching and referral process and conducting regular case conferencing.
* Integrating racial equity goals into all elements of system access.
* Overseeing the emergency transfer process with the DV-CES.
* Providing input to the CES Committee regarding CES policy and procedures updates and CES Committee Charter updates.
* Maintaining CES Management Entity staffing for the CoC, including: a CES Administrator, Community Coordinator, Housing Matchers, Data Analyst, CES Trainer, and CES Assistant Administrator.
* Promoting and monitoring standardized screening and assessment processes.

Per HUD’s Data and Management Guide, when completing the CES-mandated project monitoring described above, the Management Entity should monitor the status of participating providers’ compliance in using the CE process and outcome monitoring to gauge the extent to which system performance objectives are being achieved.This includes monitoring participant outcomes through system performance measures and other locally determined outcomes, as well as monitoring participating providers for their programs’ fidelity to the coordinated entry policies and procedures. For example, system monitoring ensures CE assessment processes are standardized across the system to promote inter-reliability of assessment results; project monitoring ensures CE assessments are conducted in accordance with CoC adopted CE policies and procedures. The intent of both system and project monitoring is to ensure housing and supportive services providers adhere to the CoC’s written standards for prioritization and assistance and to coordinated entry policies and procedures as appropriate for the project. There is a significant overlap between data collection and analysis related to monitoring and those related to evaluation. Monitoring should focus on the question of whether the CE is being implemented in the way it was designed, and whether individual agencies are appropriately engaging with and participating in the system as established by the CoC.

Evaluation should focus on the question, is the system, as established by the CoC, the most efficient and effective system structure to move people quickly out of homelessness and prevent more homelessness? Participant status and outcome reports from HMIS or other CE data systems should be reviewed as part of regular (monthly or quarterly) assessments of system performance. Other data sources may be needed to explore questions of fidelity such as these: Are the access points advertising as they are supposed to and reaching the hard-to-reach audiences? Are providers operating according to the rules that lower barriers? Are assessors assessing properly? Are participants being prioritized appropriately? Are case conferences and referral meetings following guidance and CoC prioritization standards? Are CoC projects filling project vacancies only through referrals from the CE referring entity? Are participants being rejected from agencies to which they are being referred?

**Domestic Violence-Coordinated Entry System (DV-CES):**

The DV-CES is made up of two CoC-funded DV-CES Projects run by Marjaree Mason Center and involves cross-system coordination and communication between these projects, the CES Management Entity, Victim Service Providers (VSPs), and homeless housing and services projects. The DV-CES CoC-funded projects (DV-CES) are responsible for:

* Acting as an access point for the DV-CES;
* Completing intakes, assessments, and referrals for shelter, housing, and supportive services resources;
* Facilitating access to VSPs for eligible household;
* Facilitating referrals between DV-CES and CES;
* Collecting DV-CES data to report to HUD and to the CoC;
* Ensuring survivors are able to access both DV-specific resources and mainstream homelessness resources referred through CES regardless of the access point where they present;
* Assisting the CES Management Entity to facilitate the CoC’s Emergency Transfer Process;
* Ensuring best practices for confidentiality and privacy for survivors;
* Serving as the expert for questions about the FMCoC’s Emergency Transfer process and VAWA compliance generally in HUD-funded projects;
* Assisting CoC staff to update the FMCoC’s Written Standards related to the emergency transfer plan and other VAWA-related policies and inform the CES and FMCoC about major changes to VAWA reauthorizations that affect the homeless system of care and HUD-funded projects;
* Providing ongoing training regarding safety planning and trauma-informed care to all CE assessors (at DV-specific CE access point and otherwise) and frontline staff to build core competencies for working with survivors.

The DV-CES is also the lead for the CoC’s VAWA Compliance and the annual HUD-required "Best Practices for Serving Survivors of Domestic Violence” training. This training must: (i) cover the complex dynamics of domestic violence, (ii) review key components of privacy and confidentiality, and (iii) train on safety planning, including how to handle emergency situations at Coordinated Entry access points that are not explicitly designated for people fleeing domestic violence.

**EVALUATION**

The Fresno Madera Continuum of Care Coordinated Entry System Committee meets twice a month to review the Coordinated Entry processes including intake, assessment, and referral. The coordinated entry process is evaluated by the FMCoC to ensure that revisions are made to the Policies and Procedures, as needed, and that it is operating at maximum efficiency. This process will be announced by the FMCoC and is open to the public.

Evaluation will include:

* Feedback from people with lived experience who have gone through the system.
* Evaluating the efficiency and effectiveness of the coordinated entry process.
* Reviewing performance data from the coordinated entry process.
* Recommending changes or improvements to the process based on performance data.
* Evaluating the efficiency and effectiveness of the coordinated entry process.
* Reviewing the Assessment (VI-SPDAT) and our Referral Process (Match Form) to ensure that our coordinated entry system meets the needs of our community.
* All data collected through the HMIS for the Coordinated Entry System will be reviewed.
* Recommending changes or improvements to the process based on performance data.
* Feedback from all service providers and participating households.

Per HUD’s CES Management and Data Guide, in the context of coordinated entry, evaluation is the process of using participant and provider data to measure the functioning of the CE process. HUD’s Coordinated Entry Notice requires ongoing planning and stakeholder consultation concerning the implementation of coordinated entry. At least annually, the CoC must solicit feedback from participating projects and from participants.

Evaluation Implementation:

Once the annual CES evaluation is complete, the CoC must use the feedback received to make necessary updates to the coordinated entry operational practices and document those changes or enhancements in written policies and procedures. This activity may be undertaken by the CES Committee or another entity defined by the CoC, but must not be undertaken by the management entity.

# PARTNER AGENCIES

All programs that receive Continuum of Care (CoC), Emergency Solutions Grant (ESG), Supportive Services for Veterans Families (SSVF), or targeted Veterans Affairs (VA) funding are required by their funding sources to participate in a Coordinated Entry System. Programs receiving state funding through FMCoC jurisdictions may also be required to participate in the CES. These programs should consult their funders regarding requirements. All other programs serving persons who are experiencing a housing crisis or are at risk of experiencing a housing crisis are encouraged and welcome to join Coordinated Entry System. In general, partner agencies are responsible for:

* Ensuring that clients seeking assistance have prompt access to screening and assessment in a safe and welcoming environment.
* Carrying out screening and assessment of clients, responding to their immediate needs, using Coordinated Entry System tools and technology, supporting referral of clients per Coordinated Entry System protocols, accepting client referrals per Coordinated Entry System protocols.
* Attending Coordinated Entry System trainings.
* Following Coordinated Entry System policies and procedures.
* For receiving agency – accepting and promptly acting on client referrals through Coordinated Entry System.
* Participating in case conferences requested to resolve housing placement issues or concerns.
* Abiding by client eligibility and acceptance determination decision.
* Complying with fair housing legal requirements in all housing transactions and tenant selection plans and procedures.

For additional information on job titles referenced in this document, see the FMCoC’s approved exemplar [job descriptions](https://homebase.box.com/s/x8lzn2z7pwmz6qrkxh28fa4e1zyspz6p) and the [CES management entity job descriptions](https://homebase.box.com/s/varzmcvzudmv52gmmv40ec2clvm6ceuw).

# DATA QUALITY AND PRIVACY

#### HMIS STANDARDS (Refer to User Policy and HMIS Notice of Policy )

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Except as otherwise specified, data associated with the Coordinated Entry System should be stored in the FMCoC’s Homeless Management Information System (HMIS). All data entered, accessed, or retrieved from the HMIS must be protected and kept private in accordance with the HMIS Data and Technical Standards as announced by the CoC Interim Rule at 24 CFR 578.7(a)(8).

Before collecting any information as part of the Coordinated Entry System, all staff and volunteers must do either of the following:

* Obtain the participant’s informed consent to share and store participant information for the purposes of assessing and referring participants through the Coordinated Entry process,

OR

* Confirm that such consent has already been obtained and is still active.

Whenever possible, the participant’s consent should be in written form.

The FMCoC will not deny services to any participant based on that participant’s refusal to allow their data to be stored or shared unless a federal statute requires collection, use, storage, and reporting of a participant’s personally identifiable information as a condition of program participation. Where appropriate, non-personally identifiable information about participants who refuse consent to share personally identifiable data should be logged in an electronic case file that uses pseudonyms, e.g., “Jane Doe,” to preserve as much non-personally identifiable information as possible for statistical purposes.

The consistency, completeness, timelessness, and accuracy of data entered in HMIS for the Coordinated Entry System (CES) should be checked at least once per month by the Community Coordinator as part of the community’s overall efforts to continuously improve data quality. The HMIS Administrators and CES Trainer will provide training and technical assistance on request to anyone using the HMIS for CES entry, who faces obstacles to inputting complete and accurate data, and may recommend and/or require technical assistance for providers who receive a low score on automated data quality reports.

#### WHAT DATA WILL BE COLLECTED

Data that is required to assess, prioritize, match, and refer a household for housing, homeless services, and/or mainstream resources will be collected by the Coordinated Entry System. This data will include HMIS Universal Data Elements, service prioritization assessment tool questions, and community related data.

Data reports needed to assess and evaluate the Coordinated Entry System itself, such as system performance metrics and recidivism data should also be generated by the HMIS. Whenever possible, the Coordinated Entry System should avoid collecting personal data that is not needed for the above purposes.

#### WHO MAY ACCESS COORDINATED ENTRY DATA

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 Prior to accessing the Coordinated Entry in HMIS, participating agency staff must complete the following series of trainings according to their respective roles:

* Fresno Housing Authority HMIS New User Training
* CES Overview
* Access Site Training Part 1 (Introduction) & Part 2 (Data Collection) \*
* Navigation & Matching\*
* VI-SPDAT\*
* CES HMIS Data Entry Training (Access and/or Navigation)\*

(\*if applicable)

Individuals will be required to meet competency for each training module annually. Approved staff will have access to privileged information and must maintain the confidentiality of applicants in line with HMIS data standards.

**WHEN PERSONALLY IDENTIFIABLE DATA CAN BE SHARED**

It is useful to share certain kinds of data collected during the Coordinated Entry process between:

* Different service providers for individuals or families experiencing a housing crisis
* A service provider for individuals or families experiencing a housing crisis and a mainstream resource provider, such as Medicaid or Department of Behavioral Health
* Multiple data systems to reduce duplicative efforts and increase case coordination across providers and funding streams, *or*
* Aggregate data, with the general community for purposes of education and advocacy

In doing so, great care must be taken not to share personally identifiable data outside the context of the systems and purpose(s) covered by the client’s affirmative consent.

Therefore, all entities that routinely share data with or receive data from the Coordinated Entry System must sign data-sharing agreements that obligate the entities to follow comparable privacy standards and that restrict the use of the data being shared to uses that are compatible with clients’ consent.

Personal identifiable data must always be used for the benefit of the client to which the data pertains, and not for the general convenience of other government entities. Requests for data made by Child Protective Services, Adult Protective Services, prosecutors, detectives, immigration officials, or by police officers who are not actively cooperating with the CoC through a team should be refused unless the requesting party displays a valid warrant specifically ordering the release of the data, or with the client’s affirmative written consent.

#### *PII Data Privacy and Privacy Notice:* The Privacy Notice included XYZ (HYPERLINK? Referenced above, but not link. Is there a PII Privacy Notice?) should be read or shared with participants coming in to contact with the Coordinated Entry System. This Notice details the reasons that the Coordinated Entry System requires the collection of information and states that CES shall only collect information that its management entity considers to be appropriate and consistent with the policies and procedures created by the Fresno Madera Continuum of Care General Membership.

#### WHEN ANONYMOUS DATA CAN BE SHARED

Data that is truly anonymous can be shared for any legitimate purpose of the FMCoC, but care must be taken to ensure that data has been reliably stripped of all characteristics that could be used to re-associate the data with a particular individual or household. Some characteristics that appear to be anonymous could be personally identifiable within the context of a relatively small community. For example, there may be only one person who formerly experienced a housing crisis in the FMCoC who has a particular birthdate. Similarly, a piece of data that is not personally identifiable in isolation may become personally identifiable when combined with other (supposedly) anonymous data. For instance, “chronically homeless” is not a personal identifiable characteristic, but if there are only three chronically homeless Hispanic veterans in the FMCoC, then informed observers may be able to match a case note made about a “chronically homeless Hispanic veteran” with a particular individual, thereby violating that individual’s privacy.

**DOMESTIC VIOLENCE/PRIVACY POLICIES:**

All efforts shall be made to protect the privacy and safety of domestic violence survivors and to uphold client choice by presenting a range of housing and service options. The following procedures are in place to do so:

* Programs which are primarily for survivors of domestic violence are prohibited from contributing client-level data into the HMIS. However, these programs must record client-level data within a comparable internal database and be able to generate aggregate data for inclusion in reports.
* Non-victim service providers shall protect the privacy of individuals and families who are fleeing, or attempting to flee domestic violence, by not including intake/treatment data in HMIS.
* The location of Domestic Violence shelters/programs shall not be made public.

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* Staff responsible for coordinated intake/assessment shall receive training on protecting the safety and privacy of individuals who are fleeing or attempting to flee domestic violence.

For each program participant who has moved to a different Continuum of Care due to imminent threat of further violence under § 578.51(c)(3), the FMCoC partner agency must retain documentation of the original incidence of violence or of the reasonable belief of imminent threat of further violence. Documentation may include any of the following:

* A letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance.
* Medical or dental records.
* Court records or law enforcement records; or written certification by the program participant to whom the violence occurred or by the head of household.

* A letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance.
* Current restraining order; recent court order or other court records.
* Law enforcement report or records.
* Records of communication from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts; or a written certification by the program participant to whom the violence occurred or the head of household.

*Please remember, whoever has this information, if they are not a DV agency, this information can be obtained via a warrant and can be held against the victim or provide location information regarding the victim. The only agency that can withhold this information through the justice process is a Domestic Violence agency.*

# FAIR HOUSING

#### NON-DISCRIMINATION POLICY

The Fresno Madera Continuum of Care does not tolerate discrimination based on any protected class (including actual or perceived race, color, religion, national origin, sex, age, familial status, disability, sexual orientation, gender identity, or marital status) during any phase of the Coordinated Entry process. Some programs may be forced to limit enrollment based on requirements imposed by their funding sources and/or state or federal law. For example, a HOPWA-funded project might be required to serve only participants who have HIV/AIDS. All such programs will avoid discrimination to the maximum extent allowed by their funding sources and their authorizing legislation. All aspects of the Fresno Madera Coordinated Entry System will comply with all Federal, State, and local Fair Housing laws and regulations. Participants will not be “steered” toward housing facilities or neighborhoods based on of race, color, national origin, religion, sex, disability, or the presence of children.

All locations where persons are likely to access or attempt to access the Coordinated Entry System will include signs or brochures displayed in prominent locations informing participants of their right to file a discrimination complaint and containing the contact information needed to file a discrimination complaint. The requirements associated with filing a discrimination complaint, if any, will be included on the signs or brochures.

**(Please see the CoC’s Written Standards for the process to file a discrimination complaint.)**

# REASONABLE ACCOMMODATIONS AND MODIFICATIONS

All Access sites, Assessment sites, Navigators, and Housing Providers must provide reasonable accommodations and modifications to persons with disabilities to ensure equal access to housing. The duty to provide reasonable accommodation requires Navigators and Providers to make changes to rules, policies, and procedures to allow a person with a disability to use and enjoy a dwelling. Navigators and Providers, however, are not required to undergo an undue financial burden and administrative hardship or make a fundamental alteration in the nature of the programs.

# CULTURAL COMPETENCE

Cultural competence involves understanding and appropriately responding to the unique combination of cultural variables, including age, ability, beliefs, ethnicity, experiences, gender identity, gender, linguistic background, national origin, religion, sexual orientation, and socioeconomic status. Assessors and navigators are expected to be culturally competent and strongly encouraged to engage in training opportunities to build these skills. As part of this process assessors and navigators are advised to explore how their own values, biases, and beliefs influence their communication and service delivery. This self-reflection will help ensure that assessors and navigators are respectful of the different cultural backgrounds, preferences, and practices of participants, and incorporate this information into participant action plans.

Assessors and navigators will continually build their culturally competent knowledge and skills as part of their everyday work and will have many opportunities to share what they learn with their peers. They are also expected to draw upon their experiences and growing knowledge of cultural competency to assess the cultural relevance of tools, assessments, and strategies, and to develop referral partnerships with culturally competent partners.

### MARKETING

The FMCoC Coordinated Entry System is well-advertised and is easily accessible by individuals and families seeking housing or services. The FMCoC affirmatively markets the coordinated entry system, housing and supportive services throughout the CoC’s geographic area of Fresno and Madera Counties. Clients can access the various access and assessment sites within the FMCoC. Street outreach workers distribute information at places known to be frequented by the target population. To ensure access to all members of the community, interpretation services are also offered.

The Fresno Madera Continuum of Care Coordinated Entry System covers the entire Fresno Madera Counties geography. The Coordinated Entry System is well advertised and easily accessed.

The Coordinated Entry System is widely marketed and 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,
* Ensure that all eligible populations and subpopulations in the FMCoC’s geographic area, including people experiencing chronic and/or literal homelessness, veterans, families with children, youth, survivors of domestic violence, and individuals/families at imminent risk of homelessness have fair and equal access to the coordinated entry process, regardless of the location or method by which they access the system,
* Individuals with disabilities; and
* Persons with Limited English Proficiency (LEP).

Specific steps FMCoC CES provider(s) are taking to market the coordinated entry system include:

* Monthly email updates to the general community, service providers, and City and County departments,
* Posting of coordinated entry policies and other information on the FMCoC website and the social media platforms of the FMCoC,
* Informational flyers distributed at service locations in the community,
* Providing information about coordinated entry and the entry and the response system for those experiencing a housing crisis, as well as access to coordinated entry services in accessible formats, such as large print, audio, Braille, interpreters, and sign language, when necessary. Additionally, some coordinated entry staff are fluent in various languages and equipped to conduct intake, assessment, and diversion, when possible,
* Direct outreach to people on the street and other sites where people experiencing a housing crisis have access to services and supports,
* Announcements regarding CES information and updates during FMCoC or other committee meetings related to the homeless response system,
* Educating mainstream service providers (including, but not limited to, County Department of Social Services, County Department of Behavioral Health, County

Department of Public Health, Public Housing Authorities, Employment Services,

School Districts, Mental Health providers, Health Care providers, Law

Enforcement, Faith Based Organizations, Business Community, Landlords, and Substance Abuse Disorder providers on how to refer someone who is literally homeless to the Coordinated Entry System.

# PARTICIPANT ELIGIBILITY AND DOCUMENTATION STANDARDS:

The Fresno Madera Continuum of Care funds the following program types: Permanent

Supportive Housing, Transitional Housing, Planning, Rapid Rehousing, and Coordinated Entry. As set forth in the HEARTH Act, there are four categories of eligibility:

1. Literally Homeless,
2. Imminent Risk of Homelessness,
3. Homeless Under Other Federal Statutes (subject to cap), and
4. Fleeing/Attempting to Flee Domestic Violence.

***The Fresno Madera Continuum of Care elects to serve categories 1, 2, and 4 due to the shortage of resources for those priority populations and excessive demand.***

Documentation must be included in the case file, and/or scanned into the HMIS client record that demonstrates eligibility as follows:

1. Literally Homeless (in order of preference)
	* Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); or
	* Written observation by an outreach worker; or
	* Certification by the individual or head of household seeking assistance stating that (s)he was sleeping at a place not meant for human habitation or in shelter.
	* If the provider is using anything other than a Third-Party Verification, the case file must include documentation of due diligence to obtain third party verification.
2. Imminent Risk of Homelessness
	* A court order resulting from an eviction action notifying the individual or family that they must leave within 14 days: or
	* For individual and families leaving a hotel or motel – evidence that they lack the financial resources to stay; or
	* A documented and verified written or oral statement that the individual or family will be literally homeless within 14 days: and
	* Certification that no subsequent residence has been identified; and
	* Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.
3. NOT APPLICABLE – Homeless Under Other Federal Statute
4. Fleeing/Attempting to Flee DV *For victim service providers:*

An oral statement by the individual or head of household seeking assistance which states: they are fleeing domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous, traumatic, or life-threatening conditions that relate to violence against me or a family member in my current housing situation (including where the health and safety of children are jeopardized, they have no safe place to go to; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.*For non-victim service providers:*

* + Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and
	+ Certification by the individual or head of household that no subsequent residence has been identified; and
	+ Self-certification or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

As defined in the HEARTH Act, eligibility for Permanent Supportive Housing is limited to categories 1 and 4. Participants must also:

* + Enter from the street or shelter, or a transitional housing program to which they originally entered from the street or shelter (NOTE: if the project is designated for chronically homeless, they may only enter from the street or shelter. Individuals may lose their chronically homeless designation after they enter a transitional housing program); and
	+ At least one member of the household must have a disability of long duration, verified either by Social Security or a licensed professional that meets the state criteria for diagnosing and treating that condition.

# OUTREACH

Please refer to written standards

# ACCESS

Access refers to how people experiencing a housing or crisis need learn that coordinated entry exists and how to access services. One of the primary goals of the Fresno Madera Continuum of Care’s (FMCoC) Coordinated Entry System (CES) is to ensure that client access be easy, fast, and offers immediate engagement. Therefore, our Coordinated Entry System offers multiple points of access for people experiencing or at imminent risk of experiencing a housing crisis. Access sites serve as the community connector to the FMCoC’s CES and offer direct services or provide warm hand-offs through linkages to all populations and subpopulations in the FMCoC’s geographic area, including people experiencing chronic and/or literal homelessness, veterans, families with children, youth, survivors of domestic violence, and individuals/families at imminent risk of experiencing a housing crisis.

Access Sites (physical site and/or street outreach) will complete the Access Site Initial Screening Form, when an individual/family presents with a housing or crisis need *and* is open to services, to help determine if the household can be diverted from entering the homeless response system by utilizing mainstream resources. Access sites will make linkages to mainstream services and assist in navigating services to the extent possible. If the household is unable to be diverted, the household will be referred to prevention or emergency shelter services (shelter, dv shelter, safe house, or motel voucher). Access sites will consider the unique rights and needs of all populations including people experiencing chronic and/or literal homelessness, veterans, families with children, youth, survivors of domestic violence, and individuals/families at imminent risk of experiencing a housing crisis. For additional information regarding these procedures, see the “Unique Procedures for Special Populations” below.

A provider must sign a Fresno Madera Continuum of Care Coordinated Entry

Participation Agreement agreeing to the operational guidelines of the coordinated entry process. Physical access sites are to be located near public transportation and in proximity to known homeless populations. They can vary in size and configuration and can be collocated with other service programs.

People with Disabilities

All access points must be accessible to individuals with disabilities, especially people who are visually impaired, Blind, hard of hearing, Deaf, and people with mobility disabilities. The following policies have been implemented to ensure those with disabilities have full access to the shelter, housing, and services offered through Coordinated Entry:

1. The Americans with Disabilities Act (ADA) Compliance: Coordinated Entry service sites are fully ADA-compliant and accessible to people with mobility impairments.

2. Aids and Services: People with disabilities seeking services are connected with auxiliary aids and services, as needed, to ensure clear and effective communication including, but not limited to, materials available in Braille, large-type printed materials, assistive listening devices, sign language interpreters, and other tools.

3. Disclosure: People with disabilities are not required to disclose a specific disability or the diagnosis of a disability to be assessed for a housing opportunity. Throughout the assessment process, participants must not be pressured or forced to provide CE staff with information that they do not wish to disclose, including specific disability or medical diagnosis information. Such information is only obtained for the purposes of making referrals and matches to Provider Programs.

4. Training: Access Points’ staff are trained to (1) support people with behavioral health disabilities, (2) ensure that behaviors associated with their disabilities do not lead to unnecessary or inappropriate termination from services, and (3) provide reasonable accommodations to better serve people with disabilities.

Various reasonable accommodations could allow:

• Head of Household with a mobility impairment to complete an assessment at a location that is easier to access than the Access Point.

• Head of Household with a mental health disability to be assessed in multiple phases if the process is too stressful.

• Scheduled appointments with extended wait periods, multiple appointment times, and extra appointment reminders.

• Head of Household to bring someone with them to an appointment for support.

• Head of Household with extra time to complete paperwork.

*In addition, any agency serving as an access point must coordinate with the appropriate victim services provider around safety planning and must participate in any trainings provided on how to carry out appropriate safety planning and how to ensure trauma informed, culturally appropriate services.*

**Access Sites (physical site and/or street outreach) are expected to agree to the following:**

* Ensure compliance with data privacy and policies.
* Provide Access Site Initial Screening Form for all households who request entry into the homeless response system.
	1. If entry meets criteria for diversion, provide information or linkage to prevention and diversion resources.
	2. If entry into the homeless response system is necessary, link directly to Emergency Shelter, and/or to Assessment site.
* For Access site – Provide **at least (1) day of Access per week.**
* For Street Outreach participation– **Attend at least 50% of monthly events.**
* Track and share documentation of screenings by entering the completed Access Site Initial Screening Form in HMIS (or a comparable database for victim service providers) immediately.
* Attend required FMCoC CES trainings.
* Ensure that no linkages for services for individuals or families experiencing a housing crisis are made without first completing the Access Site Initial Screening Form.
* Provide feedback for annual CES evaluation.

**Procedure:**

1. Identify housing or crisis need.
2. Inform consumers of CES Rights & Responsibilities & Complete HMIS Release of Information.
3. Complete Access Site Initial Screening Form.
	1. While completing Access Site Initial Screening Form, Access staff will empower household to identify possible housing or crisis need solutions though:

• Homeless Prevention

# • Diversion

• Rapid Exit

1. Enter completed Access Site Initial Screening Form in HMIS (or a comparable database for victim service providers) within 24 hours.
2. If no viable safe housing solution could be identified, household will be connected to available emergency shelter.
	* Household will continue to work with shelter staff and/or navigator in identifying housing solutions.
	* If household enters shelter, homeless verification will be requested to be completed at the shelter.
3. If household does not enter shelter, a linkage to street outreach will be completed and submitted to Community Coordinator for follow-up.

**Training:**

All Access staff will receive training on the Coordinated Entry System process as well as an Access Site procedure training. Training ensures that policies and procedures are fair and consistently applied and high-quality services are delivered to households seeking assistance with their housing or crisis needs from access sites. Training opportunities are provided quarterly to organizations and staff that serve as FMCoC approved access sites. Training provides access site staff with clear direction on how screenings are to be conducted in-line with the Coordinated Entry written policies and procedures, to ensure uniform decision-making and linkages.

### DIVERSION

Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services to help them return to permanent housing. Diversion engages households early in their housing crisis so they can move quickly into safe housing. It is focused on helping households move past the immediate barriers they face in obtaining safe housing.

Diversion is pursued as a potential solution for households to become housed safely and quickly, without requiring more intensive services. If no realistic options for housing emerge through the Diversion conversation, households continue with the Coordinated Entry System and are assessed and prioritized for deeper housing interventions.

**The Fresno Madera Continuum of Care will practice diversion at system entry and throughout the entire CES process.**

**Diversion will either:**

1. Empower individuals/households to identify possible housing solutions based on their own resources. This could include:
	1. Permanent housing on their own
	2. Viable, safe, permanent shared housing with family and/or friends
	3. Viable, safe shared housing with family and/or friends, with a plan for permanency

Refer to mainstream resources,

1. Provide the minimum assistance necessary for the shortest time possible,
2. Connect to emergency shelter services, or
3. In rare cases, immediately connect to Vulnerability Assessment (VI-SPDAT).

**Utilizing Diversion Strategies:**

**Who:** At minimum all FMCoC Access site staff including but not limited to street outreach, MAP navigators, and shelter staff. Staff trained in the skills of diversion will support households through focused problem-solving. They will deliver expertise, encouragement, and a flexible combination of short-term services.

**What:** Variety of short-term services, which can include:

* Generating housing leads for households, often by leveraging existing relationships they have with landlords.
* Mediating conflicts between households and landlords, relatives or friends who may be able to offer housing.
* Connecting households to other community resources.

**When:** Begins as a first step to anyone trying to connect to Coordinated Entry System and continues throughout the entire process.

**Where:** All FMCoC Approved Access and Assessment sites including street outreach, MAP Points, shelters, etc.

**Procedure:**

1. **Explain the diversion conversation.**
	1. “Our goal is to learn more about your specific housing situation right now. Together we can identify the best possible way to get you a place to stay tonight and find safe, permanent housing as quickly as possible. That might mean staying in shelter tonight, but we want to avoid that, if possible. We will work with you to find a more stable alternative if we can.”

**If indicated that the place where they stayed is unsafe, ask why it is unsafe. (If fleeing domestic violence, refer them to law enforcement and/or the appropriate local domestic violence provider. *For Fresno County – Marjaree Mason Center (559) 233-4357. For Madera County – 1 (800) 355-8989***

1. **Complete Diversion & Homeless Prevention Screening Form**
	1. Submit completed screening tool to Housing Matcher and Community Coordinator within 72 hours of completion.
	2. If eligible for Homelessness Prevention referral, Housing Matcher will submit response to Diversion Specialist or homeless prevention service provider within 72 hours.
2. **Housing planning**
	1. Households that are unable to identify realistic options for housing through Diversion are assessed and prioritized for deeper housing interventions.

**Diversion Training:**

The Coordinated Entry System Committee will develop and conduct training on diversion, as a part of the CES training protocol. Training materials from OrgCode Consulting, Inc., as well as other best practice models will be utilized. The training curriculum will focus on techniques of effective communications and conflict mediation. Staff will be trained to guide the diversion process along while always letting the households take charge in finding a housing solution.

**Self-Resolution is real and possible!**

Create an environment where self-resolution is normalized and expected rather than the exception.

### ASSESSMENT SITES

To ensure easy access to assistance, Coordinated Entry System provides access to assessments, housing, and services from multiple, convenient locations throughout the Fresno Madera Continuum of Care. The person experiencing a housing crisis may initiate a request for housing by walking into or calling any participating program or through contact with a street outreach program.

The minimum requirements for a program to participate as an Assessment site are:

* Have user access to HMIS.
* Ensure compliance with data privacy and policies.
* Have at least one trained Assessor and authorized both to use HMIS and to conduct the VI-SPDAT assessment; this may include a community volunteer who is trained and authorized by the FMCoC and is connected to a CES participating agency.
* Agree to follow CES policies and procedures, community guidelines for conducting assessments and communicating about coordinated entry.
* Agree to provide additional referrals to other community services, as appropriate, to people completing the assessment.

# STANDARDIZED ASSESSMENT TOOL: VI-SPDAT

As mentioned above, Coordinated Entry System currently uses the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) as the standard assessment tool as well as the Family VI-SPDAT and TAY VI-SPDATS. The VI-SPDATs are built into HMIS. The VI-SPDATs are completed in HMIS with all individuals and families who are experiencing a housing crisis under HUD’s definition of homelessness. The assessment can only be conducted by a qualified agency or program assessor participating in CES and trained in HMIS. The VI-SPDAT is generally conducted no sooner than a seven-night stay in an emergency shelter, three street outreach contacts, and/or when a Homeless Verification can be attained.

**WHAT ARE VI-SPDATS?**

The VI-SPDATs are a pre-screening, or triage tool that is designed to be used by all providers within a community to quickly assess the health and social needs of persons experiencing a housing crisis and match them with the most appropriate support and housing interventions that are available. A triage tool like the VI-SPDAT allows service providers for people experiencing a housing crisis to similarly assess and prioritize the universe of people who are experiencing a housing crisis in their community and identify who to treat first based on the acuity (severity) of their needs. It is a brief survey that service providers, outreach workers, and even volunteers can use to determine an acuity score for each person experiencing a housing crisis who participates. The scores can then be compared and used to identify and prioritize candidates for different housing interventions based upon their acuity. ***NOTE: The VI-SPDAT score is not used solely for prioritization***. Using the VI-SPDAT, providers can move beyond only assisting those who present at their agency and begin to work together to prioritize all people experiencing a housing crisis in the community, regardless of where they are assessed, in a consistent and transparent manner.

#### PRE-SCREENING

As a first step, the individual or family should be asked basic pre-screening questions to determine if they need housing crisis assistance, whether they have already received a VI-SPDAT, and whether they are a member of a special population requiring specialized assistance.

***If the individual or family is not experiencing a housing crisis, the assessment process should not be continued. Rather, they should be provided or directed to other more appropriate services, e.g., prevention services if they are at risk of a housing crisis.***

If the individual or family needs homeless assistance, staff must check HMIS to see if they have already received a VI-SPDAT in the past year. If not, or if it seems their situation has changed significantly since the last time, an assessment can proceed. If the individual or family is: fleeing domestic violence (DV) situations or otherwise meets the criteria of category (4) of the definition of Homelessness; an unaccompanied youth under 18 years of age; or a veteran of active duty in the U.S. Armed Forces, then the procedures under Unique Procedures for Special Populations below should be followed.

#### COMMUNICATION

An assessment should be conducted in a setting that promotes safety, privacy, and confidentiality. Staff conducting the assessment should follow community guidelines below for explaining the assessment process and benefits. Key points that may be covered include:

* The assessment takes about 10 minutes, and most responses are “yes” or “no,” or just one word.
* The collected information will be entered into HMIS, which will help ensure that they will only need to complete the assessment once, will go onto the master list, and will not have to go around to different agencies getting on separate waiting lists.
* If they have an existing case manager helping them apply for housing, they should continue working with that case manager.
* That the assessment will result in a recommended housing intervention.
* That due to limited housing availability, it is unlikely that the recommended intervention will be available immediately. It is important to provide up-to-date contact information so that when the intervention does become available the Navigator can contact their client.
* That the assessment is voluntary, but that completing it will make it easier to provide the assistance needed and will allow them to be placed on the master list for referrals.
* That the assessment will be shared with partner agencies only if the HMIS and FMCoC Release of Information (ROI) are signed.

The VI-SPDAT is designed and structured to only use self-report. A person who is being surveyed using a VI-SPDAT should be able to complete it with anyone, not just the people who know her/his case history or have other information from other circumstances or sources. As a self-reported tool, the sequence is vitally important. ***The order of a VI-SPDAT cannot change.***

**HOW OFTEN CAN WE DO A NEW VI-SPDAT?**

The general policy of 2 years is appropriate to do a new VI-SPDAT (if there have been no breaks in homelessness). There should be a discussion with the person seeking assistance about what circumstances have changed, if any, before completing a new assessment. If a person has been housed and re-enters into homelessness, a new Vi-SPDAT is required. *Remember, if you do a new Vi-SPDAT you must update the score on the referral to ensure that all information is accurate and up to date.*

***VI-SPDAT assessments should be updated when a significant change has occurred in the client’s life or every 2 years, whichever comes first. A significant change has occurred when the client experiences a life event or change in circumstances that substantially impacts the household’s vulnerability.***

##### VI-SPDAT AND COORDINATED ENTRY CONSENT

An individual must provide informed consent prior to the VI-SPDAT being completed. You cannot complete a VI-SPDAT with a client without that person’s knowledge and explicit agreement. You also cannot complete a VI- SPDAT solely through observation or using known information within your organization.

##### TRAINING AND AUTHORIZATION OF USERS

As mentioned above, VI-SPDATs can only be conducted by agency staff (or volunteers who are connected to the agency) who have successfully completed training and have been authorized by the FMCoC as a Coordinated Entry System Assessment Site.

Trainings are coordinated by CoC staff and include but are not limited to training on:

* Using HMIS
* Completing the VI-SPDAT

# MASTER BY NAME LIST

The Master by Name List includes all data fields necessary to measure each of the four Federal benchmarks, found on the HUD Exchange website as well as other fields to support tracking, case conferencing, and rapid movement to permanent housing. The by name list is thought of as a universal registry within HMIS. Each Assessor and Outreach Specialist will receive access via HMIS to enter completed VI-SPDATs and or outreach contacts, after successful data collection and data entry training as well as a signed User Agreement form, for inclusion on the list for purposes of prioritization and housing placement. FMCoC and ESG funded agencies must make and take referrals off this list for their programs.

Survivors of domestic violence should be added to the priority list in a way that protects all personally identifiable information. DV-CES and VSPs should aggregate data and VI-SPDAT scores for prioritization. The following information is the only information that should be sent to the CES Management Entity by a the DV-CES or by a VSP to add a survivor to the by-name list for case conferencing:

|  |  |
| --- | --- |
| **Data Field** | **Description** |
| Referral date (not program entry date) | Date the survivor’s unidentified information was sent to coordinated entry. A program entry date could potentially be personally identifiable if coupled with other demographic information. |
| Coordinated Entry Assessment Tool Result | The result the survivor received from the coordinated entry screening conducted by the VSP. |
| Household Type | The number of bedrooms the domestic violence survivor will need given their family size. This data field is very important, as number of bedrooms is not a personally identifying piece of information about a survivor. Do not capture number of children in this category, because it is personally identifying information and would not be in compliance with VAWA/ Family Violence Prevention and Services Act (FVPSA) |
| Chronically Homeless Status | Is the domestic violence survivor chronically homeless by HUD’s definition? Yes/No |
| Point of Contact at VSP agency | The point of contact at the VSP. They should provide their email and phone number so that RCS can contact them when a unit becomes available. |
| Unique Client ID# | This number is created and assigned by the VSP and given to RCS. It should not in any way be identifying and should not be decoded by RCS. |

These data entry points are in compliance with VAWA and FVPSA requirements.

#### BY NAME LIST INACTIVE POLICY

The Inactive Policy is a critical component of maintaining a real-time by-name list as well as a robust Coordinated Entry System. To ensure an efficient assessment and referral process, it is important to ensure that the Coordinated Entry System Navigators and Outreach teams can contact and connect with households as soon as a housing opportunity is available. Without the policy, the Coordinated Entry System can experience delays in its referral procedures due to the time spent searching for households in the community who they have not been able to reach through multiple attempts, often for many months. Due to this loss of contact it is hard for the system to determine whether these households are still in need of housing. In some situations, these households may have self-resolved their housing crisis or relocated to another area.

If a household has had no contact with any Coordinated Entry Access points, System Navigators and/or Community Outreach for **90 days**, and they have had no services or shelter stays in HMIS for the past **90 days**, the household will be moved from “Active” status to “Inactive-Unknown/Missing” status. Inactive status is defined as no known contact with any service provider in the community for **90 days**. When a client is moved to inactive, he/she is not deleted from the list; clients can change from inactive to active anytime they access services; this will not affect their position on the list. If a household on the inactive list contacts the Coordinated Entry System including outreach workers, drop-in centers, shelters, etc., a new Vi-SPDAT assessment must be administered, and a referral submitted to obtain a re-active status. Once active, they can be referred to housing openings within the Coordinated Entry System.

FMCoC Navigators and Outreach team members will be responsible for submitting weekly updates to the By Name List and entering data into HMIS CES project, case plan notes. The Community Coordinator will review the updates and make changes to the household status during the weekly case conferencing meeting.

# PRIORITIZING

The Fresno Madera Continuum of Care prioritizes chronically homeless individuals and families and has committed to adopting a Housing First approach in CoC/ESG programs.

For families with children who are experiencing a housing crisis, FMCoC seeks to mediate/prevent housing crises whenever possible, reduce the housing crisis episode for families through rapid rehousing (RRH) and shelter/transitional housing focused on moving families from homelessness to permanent housing as soon as possible, and permanently house the most vulnerable families, as resources are available. Information is gathered to determine the “best fit” intervention to prioritize families for more intensive services, as needed, using the VISPDAT assessment through the Coordinated Entry System. Rapid Re-Housing projects serving homeless families with children will strive to place clients into permanent housing within 30 days of entering homelessness and will not screen out families based on any criteria that will not impact future housing success, including age, gender, or marital status.

For vulnerable, chronically homeless individuals, FMCoC utilizes the VI-SPDAT CoC-wide, which identifies those most at risk of dying on the street and will prioritize placement and services for those highest in need, and the SPDAT, for more in-depth understanding of participants and even more tailored placement and services. Referral systems are already in place and continue to be expanded for greater coverage.

***Note: VI-SPDAT scores do not mean a household cannot be referred to a different housing intervention. For example: if a household scores a 10 on the Family VI-SPDAT but there are no Permanent Supportive Housing slots available, the household may be referred to Transitional housing as a temporary measure if space is available.***

If individuals are not chronically homeless, they will be targeted for the rapid rehousing, transitional housing, permanent housing, or income-based housing intervention that they are best matched to. Non-chronically homeless individuals who identify a substance abuse and/or mental health disorder and interest in receiving services for these concerns will be referred to the appropriate residential treatment programs. The Fresno Madera CoC has adopted the order of priority described in HUD’s Notice CPD 14-012.

**Not subject to prioritization**: Access to emergency services, such as entry to emergency shelter, shall not be prioritized based on severity of service need or vulnerability. If the emergency shelter requires referrals, they will be made as quickly as possible.

**Order of Priority in CoC Program-funded Permanent Supportive Housing Beds**

**Dedicated to Persons Experiencing Chronic Homelessness and Permanent**

**Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic**

**Homelessness**

**Order of Priority 1 -**A household should be prioritized first in dedicated or prioritized PSH if all of the following are true:

1. Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3; and,
2. The length of time the individual or head of household has been homeless is at least 12 months continuously or over a of at least four occasions in the past 3 years where the total length of time homeless totals at least 12 months; and,
3. The individual or head of household has been identified as having severe service needs.

**Order of Priority 2 -**A household should be prioritized second in dedicated or prioritized PSH if all of the following are true:

1. Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3; and,
2. The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least 12 months continuously or over a period of at least four occasions in the past 3 years where the total length of time homeless totals at least 12 months; and,
3. The individual or head of household has ***not*** been identified as having severe service needs; and,
4. There are no chronically homeless households within the CoC’s geographic area that meet the criteria under Order of Priority 1 for dedicated or prioritized PSH.

**Order of Priority 3 -**A household should be prioritized third in dedicated or prioritized PSH if all of the following are true:

1. Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3; and,
2. The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least four occasions in the past 3 years where the total length of time homeless totals less than 12 months; and,
3. The individual or head of household has been identified as having severe service needs; and
4. There are no chronically homeless households within the CoC’s geographic area that meet the criteria under Order of Priority 1 and 2 for dedicated or prioritized PSH.

**Order of Priority 4 -**A household should be prioritized fourth in dedicated or prioritized PSH if all of the following are true:

1. Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3.
2. The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least four occasions in the past 3 years where the total length of time homeless totals less than 12 months (see [**FAQ 1897**](https://www.hudexchange.info/faqs/1897/on-page-7-of-the-prioritization-notice-there-is-a-conflict-between-the)); and,
3. The individual or head of household has ***not*** been identified as having severe service needs; and
4. There are no chronically homeless households within the CoC’s geographic area that meet the criteria under Order of Priority 1, 2, and 3 for dedicated or prioritized PSH.

**Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness**

CoC’s are strongly encouraged to revise their written standards to include the following order of priority for non-dedicated and non-prioritized PSH beds. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH that is not dedicated or prioritized for the chronically homeless would be required to follow this order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

1. **First Priority–Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs.**

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

1. **Second Priority–Homeless Individuals and Families with a Disability with Severe Service Needs.**

 An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

1. **Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.**

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

1. **Fourth Priority–Homeless Individuals and Families with a Disability Coming from Transitional Housing.**

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

**Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness**

Additionally, the Coordinated Entry System has the discretion to prioritize for PSH programs eligible clients who are currently residing in a PSH program that has been defunded or is otherwise ending or closing. Prior to this prioritization occurring, PSH programs that have been defunded, are ending, or closing should assess each client in the PSH program to determine whether each client is still in need of PSH, or whether they now need a different housing intervention (such as a Housing Authority voucher (without intensive case management), self-sufficiency, a skilled nursing facility, or some other intervention). After the assessment, the program will send a list of clients that still require a PSH intervention to the Coordinated Entry System matcher, who will refer the eligible clients to other PSH programs as they become available. While the defunded/closing PSH program still has funding and staff, that program is responsible for assisting the client with locating a new housing unit, should the client need to move from their current residence to a new unit (with a PSH program, housing voucher, self-sufficiency, or other intervention). Additionally, while the program still has funding/staff, the program should provide up to six months of case management as needed to assist the client with the transition, especially if the transition is to a housing intervention that is not PSH or otherwise does not come with case management. Additionally, for client notification and other requirements, the provider should follow the Defunded Projects section of the Fresno Madera Continuum of Care Written Standards.

# NAVIGATION

#### NAVIGATOR (Job Description)

The Navigator will identify and build rapport with homeless individuals and families living on the street, emergency shelter, safe haven, or in other places not meant for human habitation. The Navigator will assist clients in breaking the cycle of homelessness by moving from the street to interim housing, accessing necessary social services, and rapidly obtaining permanent housing. The Navigator will provide individualized client support throughout this entire journey by helping each client address any barriers to obtaining permanent housing. This includes linking with services to increase income (employment or benefit enrollment), identifying, and accessing physical health, behavioral health and/or mental health resources as needed. The Navigator will work closely with the Community Coordinator to track homeless trends and work with the Housing Matcher for appropriate referrals to housing.

* Work with clients to address barriers to housing.
* Perform outreach services, contacting homeless persons in all places where they congregate in the geographic areas of the Fresno Madera Continuum of Care.
* Provide supportive services in a non-judgmental manner.
* Ability to transport clients to appropriate services.
* Provide information, referrals, linkages, and advocacy to assist clients in accessing services and resources.
* Assist clients with procuring necessary documents and services such as identification card, birth certificate, social security income, disability income/verification, certification of homelessness, and other documents as needed.
* Participate in all case-conferencing related to client work and progress.
* Once a housing match is made, work with Housing Matcher to identify appropriate permanent housing options for clients such as subsidized housing, Housing Choice Voucher (HCV), Shelter Plus Care, and VASH, as well permanent supportive housing, affordable and market rate housing, and other housing opportunities. Assist clients with housing applications, complete supportive and subsidized housing paperwork, survey rental market for affordable housing, and advocate for clients with prospective landlords.

#### DOCUMENT READY

Documentation is a crucial aspect for individuals experiencing homelessness to secure housing. Obtaining these documents such as Social Security, Identification card, Birth Certificates and Proof of Military Services (DD-214) can be a daunting task for those without the necessary contacts or knowledge of the system. However, with the help of experienced and well-connected housing navigators, the process can be expedited. These navigators maintain an up-to-date list of local agency contacts and the necessary documents required for each local housing and service offering, making the process of obtaining documentation much smoother. Essential documents typically required for housing applications and match process include:

* Identification card (driver's license or state ID)/ Receipt (document has been ordered)
* Social Security card/Receipt (document has been ordered)
* Birth Certificate/Receipt (document has been ordered if applicable)
* Homeless Verification
* Income Verification/ Self Declaration of income
* Disability Verification (if applicable)
* DD-214 Proof of military service (Veterans Only).

For matching purposes (not for the purposes of entering housing), documents within the following time periods shall be considered current:

* Housing history forms or homeless verification forms dated within the last 60 days;
* Income forms or lack of income verification dated within the last 120 days;
* Disability forms or disability checks dated within the last 365 days;
* Other documents that are dated recently enough that it is reasonable to assume that the client will probably be able to obtain a similar document if they are successfully matched with a housing provider. For example, a driver’s licenses that has been expired for two months could probably be easily renewed; a driver’s license that is five years out of date might not be a good sign that the client will be able to obtain a valid government ID.

CES will not require updated documentation once on community queue unless required by the project’s funder,

Although the CES Management Entity is charged by the CoC with making a reasonable effort to ensure clients’ “document ready” documents are accurate upon match, it is ultimately the housing provider’s responsibility to ensure documentation accuracy, as it will be the housing provider that eventually receives an eligibility audit from their funder.

#### CASE CONFERENCING

A routine, centralized process in which the Community Coordinator, Housing Matcher, and navigators monitor and advance the progress of various people toward housing. If navigation is a way to connect people experiencing homelessness with navigators, then case conferencing connects those navigators to each other so they can strategize around all of their homeless clients’ needs at once. This process also allows our community to translate individual data points into a bigger picture snapshot, enabling evaluation, troubleshooting and process improvement across the entire local housing placement system. The Fresno Madera Continuum of Care has designated the Community Coordinator as the designated person to act as the “air traffic controller”, coordinating the work of all local housing navigators in real time.

**Goal of Case Conferencing**

1. To ensure holistic, coordinated, and integrated, assistance across providers for all people experiencing homelessness in the FMCoC.
2. To review progress and barriers related to each person’s housing goal.
3. To identify and track systemic barriers and strategize solutions across multiple providers.
4. To clarify roles and responsibilities and reduce duplication of services.

#### CASE CONFERENCE LOGISTICS

***Identification of People to Review:*** It is important to keep the primary focus on reviewing the most vulnerable persons from the Master By Name List, with greatest barriers to shelter and rapid placement in permanent housing.

**Representing Organizations:** Agency representation from all housing and service providers will be based on those who serve homeless persons in the community. Recommended agencies includethose who have in-depth knowledge about the status, needs and preferences of each person being reviewed and who are able to make decisions regarding provision of shelter, services or housing assistance. This may be a program director, program manager, coordinator, housing specialist, navigator, or case manager.

# MATCH PROCEDURE

#### MATCHING TO PROGRAM TYPE

The Housing Matcher will work with Housing Program Administrators, Case Managers, and Navigators with matching homeless clients within the Fresno/Madera Continuum of Care (FMCoC) to housing programs to include Joint Th-RRH offered within the FMCoC. The Housing Matcher will process Match Forms and facilitate Navigator communications with matched programs to present to homeless clients to better foster client choice. The Housing Matcher will work closely with the Community Coordinator and HMIS Data Administrator to track homeless trends, all the while working with the Navigators to ensure timely documentation and completion of permanent housing efforts culminating in the successful housing of homeless clients. Matching Procedures/Processes:

1. Clients that are considered CES Match Form Final submission ready, must have the following completed:
	1. Entered in HMIS
	2. On the BNL, and
	3. Document ready
2. The Navigator will receive endorsement from the Community Coordinator to complete and submit the match form in HMIS.
3. The Matcher will review the match form submission in HMIS to ensure completion. If any missing/incomplete data is identified the match will be declined via email and HMIS.
4. The Matcher will add information to the matching tracker and will match housing availability based off prioritization protocols.
5. The Matcher will update the Housing Availability Tracker according to the information provided from each housing program via weekly vacancy email updates.
6. The Matcher will send the Matching Confirmation Final form to the Navigator, Community Coordinator and Housing Program/s to which programs the clients have been matched to.
7. The Navigator will present the Housing Program matches to the client and report to the Matcher when, and to which program the client has chosen. If the client refuses the match(s) presented, they will be placed back on the appropriate priority wait list.
8. If the Navigators/Case Manager does not respond within the 7 days of the expiration date on the Match Confirmation, the client will be placed back into the periodization cue.
9. The Matcher will notify the Housing Program Administrator/Case Manager of the client’s decision to apply for their program and assist in the coordination of that initial meeting (case staffing) between the Navigator, client and Housing Program official.
10. The Navigator will work with the client to complete all necessary program applications, home finding efforts and any additional documentation as required.
11. Once housing placement is accepted by both the client and the program, the housing provider will notify both the Matcher, and the Community Coordinator of the housed date.
12. The Matcher will maintain a log of match forms submitted and matches completed. This information will be provided to the Community Coordinator on a weekly basis at the Navigators meeting to reflect housing progress that may then be recorded in the notes section of the BNL.

For all Joint TH-RRH projects the clients may choose to move to from TH to RRH without prior match approval. Additionally, for projects operating both Transitional Housing Projects and Rapid Rehousing Projects (but that are not Joint TH-RRH projects) that serve the same eligible populations, projects can fill their RRH beds with clients from their TH beds after alerting the Matcher that they are doing so. The TH bed that then becomes available must be then filled by the Coordinated Entry System through its standard referral process.

Data Management:

* Maintain client related data tracking systems and complete HMIS entries.
* Generate client data for weekly and monthly reports, including outcomes, successes and challenges and submit to Community Coordinator. The VI-SPDAT score, and By Name List are used by CoC staff to sort all individuals and families assessed by housing intervention type. This improves cost efficiency and program effectiveness system wide. Those with high acuity scores (8-17) may be matched to permanent supportive housing, medium acuity scores (5-7) to transitional housing or to RRH, and low acuity scores (0-4) to other appropriate interventions.

# HOUSING PROGRAM ELIGIBILITY DETAILS AND BED/UNIT AVAILABILITY

The Housing Matcher will keep an inventory and basic eligibility information for each participating housing program. That information is provided in the Housing Providers Manual. All participating FMCoC Providers will be provided with that information. All programs use HMIS to update their current bed/unit availability. The eligibility criteria are used, along with the local eligibility limits, to ensure that only eligible clients for a particular program or unit are referred to that program or unit.

In general, participating agencies must work consistently with the Housing Matcher to make sure their inventory, eligibility, and bed/unit availability information is always up to date.

**Create and share written eligibility standards**. Participating provider agencies will provide detailed written guidance for client eligibility and enrollment determinations. New housing programs will submit a Program FAQ Sheet within 30 days to the CES management entity in order for the program to be added to the Housing Provider Manual. Eligibility criteria should be limited to that required by the funder and any requirements beyond those required by the funder will be reviewed and a plan to reduce or eliminate them will be explored with the Evaluation Committee. This may include funder-specific requirements for eligibility and program-defined requirements. These standards will be shared with the Coordinated Entry Management Entity as well as the CES Committee.

**Communicate Vacancies**: As a general rule, a housing provider who wishes to fill a homeless mandated unit from an alternative source based on a belief that the Coordinated Entry System has not provided timely referrals must perform all of the following tasks before unilaterally filling a vacancy:

1. Send an e-mail within 7 days of vacancy to the Housing Matcher alerting them that the program has current availability,
2. Wait for a minimum of 7 days to receive a match referral to fill the vacancy,
3. Send an e-mail within 7 days to the Housing Matcher and to the Community Coordinator that confirms acceptance or explains why each of the referrals that have been received could not be used to fill the vacancy,
4. After 7 Calendar days of not receiving match referrals, the agency may divert from using CES as their primary referral source.
5. If the referred household is accepted to the housing program, the housing provider must close the CES project in Coordinated Entry upon move-in (the navigator will ensure CES project has been closed).

 **Match Referral Policy:** Coordinated Entry will use a standard 7-day turnaround timeframe for each step within the match process.

* When a match confirmation is sent out to a case manager/navigator, the case manager/navigator will have 7 calendar days to respond to the match for acceptance or refusal of a housing program.
* If an acceptance is submitted, another 7 days will be allotted for the case manager/navigator to submit required paperwork to the housing program.
* Once the documents are received, the housing program will have 7 days to schedule the initial interview/pre-screening.
* After the initial interview/pre-screening is conducted, the housing program will have 7 days to inform the Housing Matcher and Community Coordinator whether the client was accepted or denied to the program.
* Housing Program must report client’s move-in date to Housing Matcher and Community Coordinator within 7 days.
* The case manager/navigator will be responsible for ensuring that the CES project in HMIS is/was closed once the client is housed.

**Limit enrollment to participants referred through the defined access point(s)**. Each bed, unit, or voucher that is required to serve someone who is homeless must receive their referrals through the Coordinated Entry System. Any agency filling homeless mandated units from alternative sources will be reviewed by CES management entity for compliance.

# Prioritization for Emergency Transfers

The CoC maintains an emergency transfer policy in its Written Standards, which provides for emergency transfers for survivors of domestic violence receiving rental assistance or residing in units subsidized under a covered housing program (including CoC- and ESG-funded programs). When an emergency transfer request is received in accordance with the policy outlined in the Written Standards, the Coordinated Entry System will prioritize the transfer as follows:

* Where the participant requests an internal emergency transfer, the program should take immediate steps to transfer the participant to a safe unit if it is available. Requests for internal transfers should receive at least the same priority as the program provides to other types of transfer requests. The program should inform the CES matchers that they are making the internal transfer and utilize the Coordinated Entry System for a referral to the bed that is vacated.
* Where the participant requests an external transfer, or an external transfer is all that is available, the participant has priority over all other applicants for CoC- or ESG-funded housing assistance for which they are eligible. After the agency communicates the participant’s emergency transfer request to the CES Management Entity, they will facilitate a referral of the participant to the next available appropriate unit through the CES. The household retains their original homeless status for purposes of the transfer.

The DV-CES should be included in and made aware of all emergency transfer requests.

# Prioritization for a Defunded PSH

The Coordinated Entry System has the discretion to prioritize for PSH programs eligible clients who are currently residing in a PSH program that has been defunded or is otherwise ending or closing. Prior to this prioritization occurring, PSH programs that have been defunded, are ending, or closing should assess each client in the PSH program to determine whether each client is still in need of PSH, or whether they now need a different housing intervention (such as a Housing Authority voucher (without intensive case management), self-sufficiency, a skilled nursing facility, or some other intervention). After the assessment, the program will send a list of clients that still require a PSH intervention to the Coordinated Entry System matcher, who will refer the eligible clients to other PSH programs as they become available. While the defunded/closing PSH program still has funding and staff, that program is responsible for assisting the client with locating a new housing unit, should the client need to move from their current residence to a new unit (with a PSH program, housing voucher, self-sufficiency, or other intervention). Additionally, while the program still has funding/staff, the program should provide up to six months of case management as needed to assist the client with the transition, especially if the transition is to a housing intervention that is not PSH or otherwise does not come with case management. Additionally, for client notification and other requirements, the provider should follow the Defunded Projects section of the Fresno Madera Continuum of Care Written Standards.

# Transfers within the same project type

When an internal agency transfer of a client from one RRH project to another RRH project occurs, the CES Management Entity should be notified this has occurred. It is common for agencies to “braid funding” for their RRH projects to keep participants housed longer, but the CES Management Entity should be aware when this transfer is occurring (though it does not require a CES referral). If a bed opens in the original project as part of this transfer, a referral to fill that bed should be obtained through CES using the standard process.

If there is a request for PSH transfer within the same organization, the organization will notify CES of the transfer and report the vacancy in the original program.

If there is another PSH program that better meets the service needs or geographical needs of a participant (i.e., if the client is in a site-based project but wants to live at a different location), a request for a PSH to PSH transfer may be made to the CES Management Entity (within an agency or between agencies). This requirement for CES Management Approval for the transfer allows the CoC’s Management Entity to see patterns of project transfers and flag instances when agencies may be using project transfers to systematically circumvent the CoC’s defined CE prioritization and referral policies or Housing First considerations for PSH projects. It also serves as a safeguard that client choice is factored into the transfer decision.

The CES Management Entity has discretion as to the prioritization of the transfer on a case-by-case basis. The prioritization will factor in client choice and the reason for the transfer request, as transfers can be administratively burdensome for both the projects and the CES Management Entity. If a bed opens in the original project as part of this transfer, a referral to fill that bed should be obtained through CES using the standard process.

# Transfers from RRH to PSH

Dynamic Prioritization:

Permanent Supportive Housing (PSH) are the most service intensive housing interventions and are generally intended for the highest vulnerability households. The time-limited interventions, RRH and TH, are generally intended for households with more moderate vulnerability. Dynamic prioritization is a process wherein all available housing resources for persons experiencing homelessness are flexibly and immediately offered to the individuals who need them the most acutely in that moment, regardless of whether the individuals might be better-served in the future by a more intensive program not presently available to them. The CoC will initially adopt modified dynamic prioritization processes that allow flexibility across housing interventions instead of strictly defined vulnerability parameters for each intervention type.

When a household is recommended for Permanent Supportive Housing but no PSH beds are currently available, the household may be referred to “bridge housing” in other program types, and/or for any other available CoC resource that would be of use to the household. In referring households to bridge housing, case conference participants shall attempt to balance the need to provide immediate care for the community’s most vulnerable households against the need to match tenants with safe, adequately supported housing situations that will promote the community’s long-term ability to increase its supply of available and affordable housing.

Transfers between RRH and PSH are allowable by HUD CoC and ESG funding so

long as the household meets the eligibility criteria under the specific program and the

requirements for the receiving project under the Notice of Funding Availability (NOFA) for the year the project was awarded. Program participants maintain their chronically homeless status during the time period that they are receiving the rapid rehousing assistance (for the purpose of eligibility for other permanent housing programs dedicated to serving the chronically homeless).

# TRANSITIONAL HOUSING

Transitional housing is an option for individual clients working through the Coordinated Entry System. Transitional Housing is available for clients who have an active housing plan to include households that are actively unit searching, have been matched, pending move in dates or who have been identified as needing transitional housing.

**PROCEDURES**

* + Client must be assigned to a navigator or designated agency staff.
	+ All clients are to have a housing plan identify before entry into Transitional Housing (with exception of TAY and/or as specified by programs).
	+ Case staffing must be conducted within 72 hours of client entry into Transitional Housing to include housing exit strategy.
	+ Communicate with Community Coordinator and Matchers.

# UNIQUE PROCEDURES FOR SPECIAL POPULATIONS

***VICTIMS FLEEING OR ATTEMPTING TO FLEE DOMESTIC VIOLENCE:***

Victim and non-victim housing/service agencies must prioritize safety and equitable access to housing/services for persons fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking (DV), while ensuring that client choice is upheld. Therefore, the screening process includes the following “yes” or “no” questions:

1. “Are you currently residing in, or trying to leave, an intimate partner who threatens you or makes you fearful?” (If yes, ask the following question):

1. “Do you want services that are specifically geared to domestic violence survivors OR do you need a confidential location to stay?”

If the client answers “yes” to either or both questions, the client must be offered assistance to contact the appropriate domestic violence assistance provider as follows:

If in Fresno County:

Marjaree Mason Center 24-Hour Emergency Hotline at

559-233-4357

If in Madera County:

Community Action Partnership of Madera at 800-355-8989

It is important to understand, as a protection to a DV victim fleeing their home, that the law protects DV agencies and the victims within confidentiality parameters, beyond all other regulations. **In order to truly protect the victim from legal recourse or uncovering their location, a domestic violence agency legislatively has this authority.** Domestic violence certified counselors working in the employ of a DV agency (only) carry confidentiality rights through the justice and law enforcement systems. Further, the Domestic Violence Safe House and network of DV agencies within the state/nation; offer security from the abuser including 24-hour live surveillance of the interior and exterior grounds, gates, fences of their grounds-to protect the victim from being located or the abuser reaching the victim or family.

Whether or not the client wishes to be connected to DV services, the client must be offered equitable access to the full housing/services system available through Coordinated Entry System, in accordance with all protocols described in this manual. In such cases, the assessment can be conducted by paper or using an “anonymous” client assessment if possible and desired by the client.

To help ensure equitable access while emphasizing safety, victim service providers may elect or not elect to administer the CES assessment process (including prescreening and the VI-SPDAT) for clients seeking other housing/services available through CES. However, the victim service provider should have a standardized policy governing when and how they elect to use the Coordinated Entry System assessment process, and it should have a process for referring the client to another agency that does administer the VI-SPDAT. The pre-screening and VI-SPDAT may only be administered on paper, and in no circumstances can client identifying information be entered into the master list or HMIS. Rather, the VI- SPDAT score, and a unique identifier must be provided to CoC staff, and the victim service agency must destroy any paper copies of the VI-SPDAT and pre-screening form.

***V***

***ETERANS***

The screening process will include following “yes” or “no” questions:

1. Have you served in the Armed Forces of the United States? (If yes, ask the following question):
2. Were you a Reservist?

If the client indicates, “yes”, the Veteran must be referred to the appropriate VA Center for appropriate assessment and services.

If the client does not wish to seek Veteran-specific housing/services, the client will have access to housing/services system available through CES, in accordance with all protocols described in this manual. In such cases the client must be fully informed that the decision not to seek Veteran-specific housing/services may significantly limit his/her chances of receiving timely housing/services and that HUD rules limit access to CoC-funded housing if VA-funded or other Veteran-eligible housing is available to that Veteran.

For Fresno Madera Continuum of Care Geographic Area:

24-Hour Hotline for Homeless Vets 1-877-4-AID-VET (4243-838)

24-Hour Veteran Crisis Hotline 1-800-273-8255 option 1

## UNACCOMPANIED YOUTH UNDER 18

Unaccompanied Youth are defined as youth ages 12-17 who are unaccompanied by a parent or guardian and are without shelter where appropriate care and supervision are available or who lack a fixed, regular, and adequate nighttime residence.

* You can report to the Sanctuary Transitional Shelter or any of the Safe Place sites throughout Fresno County to obtain assistance.
* Once staff is aware of the situation (either in person or by phone) Transitional Shelter staff will assess their situation to determine if the youth is actually homeless.
* If homeless, and without a safe place to go, staff will contact Fresno County DSS for emergency services.
* If youth is not homeless, staff will assist youth in finding an alternative solution to their housing issue (either with a relative or approved family friend).

# STANDARDS FOR ADMINISTERING ASSISTANCE

Please see the Written Standards.

# DECLINED REFERRALS AND GRIEVANCE PROCEDURES

**Provider Declines Referral**

There will be times when programs will not accept a referral after interviewing the individual. 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.

The Community Coordinator and the Housing Matcher will be informed of declines within 24 hours or 1 business day of the decision.

 **Individual Declines Referral**

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

If the referred individual/family has already 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 is able to decline the interview. The individual/family will remain on the By Name List and if the housing program, as a result, needs another individual/family to contact, the housing program will follow up with the Housing Matcher to request an additional name.

**Agency Grievances**

If an agency has concerns regarding the Coordinated Entry System process, they will inform the FMCoC CES Committee Chair of their concerns via e-mail. The Committee Chair will then schedule a representative of the agency to meet with the FMCoC CES in order to discuss and resolve the concern. If the agency is not satisfied with the decision of the FMCoC CES Committee, they will be able to file a grievance with the Fresno Madera Continuum of Care Executive Board of Directors. The FMCoC Board of Directors decision will stand, and the decision will be passed to the FMCoC CES Committee Chair and changes made, if necessary, to comply with the Board’s decision.

**Consumer Grievances**

Individuals/families are informed of their right to file a grievance if they feel their rights have been violated. This is completed at the various Access sites (physical and street outreach). If the grievance is with the Coordinated Entry Assessment Site that has completed the VI-SPDAT assessment, the individual would be directed to that agency’s grievance policy. If the grievance is against the housing program who denied the individual entry into housing, the individual can file a grievance with that housing program using their agency’s grievance policy. If the grievance is regarding the coordinated entry process, the individual can file a grievance which would then be directed to the Fresno Madera Continuum of Care Coordinated Entry System Committee to hear the grievance and respond. Anyone who is on the FMCoC CES Committee who would have had direct contact with the coordinated entry process would not be able to provide input regarding the grievance. If the referred individual is not satisfied with the decision of the FMCoC CES Committee, they will be able to file a grievance with the Fresno Madera Continuum of Care Board of Directors. The decision of the FMCoC Board of Directors will stand and the decision will be passed to the FMCoC CES Committee Chair and the individual who filed the grievance.

**COORDINATED ENTRY GRIEVANCES**are grievances that are related to CE policies and/or procedures. Grievances related to CE policies and/or procedures shall be directed to:

**Please visit FMCoC website for steps**

# DEFINITIONS

**Acuity-** When utilizing the VI-SPDAT Prescreens (triage tool), acuity speaks to the presence of a presenting issue based on the prescreen score. In the case of an evidence- informed common assessment tool like the VI-SPDAT, *acuity* is expressed as a number with a higher number representing more complex, co-occurring issues that are likely to impact overall housing stability.

**Transitional Housing**–Transitional Housing helps clients to move immediately out of homelessness and into a temporary setting until permanent housing is available. Transitional housing may be appropriate to address barriers such as limited finances, unavailability of appropriate housing programs, and lack of vacant housing stock. When a household is recommended for Permanent Supportive Housing, but no beds are currently available, the individual may be referred to “transitional housing” in other program types, and/or for any other available CoC resource that would be of use to the household. Transfers between Rapid Rehousing and Permanent Supportive Housing are allowable by HUD so long as the individual meets the eligibility criteria for chronically homeless.

**Chronically Homeless (Final Definition 24 CFR 578.3, effective January 15, 2016) -**

**A “homeless individual with a disability,” who:**

* 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 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months.
* Occasions separated by a break of at least 7 nights.
* Stays in an institution of fewer than 90 days do not constitute a break.
* An individual who has been residing in an institutional care facility for fewer than 90 days and met all the criteria in paragraph (1) 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 the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

**Common Assessment Tool**- A comprehensive and standardized assessment tool used for the purposes of housing prioritization and placement within a Coordinated Entry System. The FMCoC has adopted the VI-SPDAT (Vulnerability Index Service

Prioritization Decision Assistance Tool) as the Common Assessment Tool.

**Coordinated Entry**– “A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals across a geographic area. The system covers the geographic area (designated by the CoC), is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.” 24 CFR Section 578.7. It is the responsibility of each CoC to implement Coordinated Entry in their geographic area.

**Emergency Shelter-** Emergency shelter includes any facility run by a provider agency with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for persons experiencing homelessness.

**Disabling Condition** –

(1) A condition that:

 (i) is expected to be long-continuing or of indefinite duration.

 (ii) substantially impedes the individual’s ability to live independently.

 (iii) could be improved by the provision of more suitable housing conditions; and

 (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or

(2) A development disability, as defined above; or

(3) The disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV). 24 CFR 583.5.

**Diversion** – Diversion is a strategy that prevents homelessness for people seeking shelter 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.

**Fresno Madera Continuum of Care Homeless Management Information System (HMIS) -** HMIS uses a software program from Wellsky called ServicePoint. HMIS is a client information database that provides a standardized assessment of client needs, creates individualized service plans, and records the use of housing and services. Communities can use the data to determine the utilization of services of participating agencies, identify gaps in the local service continuum, and develop outcome measurements. HMIS is designed to collect data and provide information on persons in compliance with all federal and state requirements regarding client confidentiality and data security. HMIS will meet the data collection specifications mandated by HUD and/or other funders. HMIS will provide a system for the collection of information on services and programs provided to clients CoC wide, as well as provide referral capabilities and client historical data. HMIS can improve the services and programs offered to clients in Fresno Madera Continuum of Care by providing documented assurances of what service levels are met and in demand throughout the various types of agencies and programs in the FMCoC.

**Literally Homeless -** 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.
* 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 or 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.

**Low Barrier –** Households are not screened 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. Housing and homeless programs agree to the low barrier screening criteria in partnership with the CES process.

**Homelessness 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.

**Household -** includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status:

* A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or
* A group of persons residing together, and such group includes, but is not limited to:
	+ A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family);
	+ An elderly family;
	+ A near- elderly family;
	+ A disabled family;
	+ A displaced family; and
	+ The remaining member of a tenant family. 24 CF 5.403.

**Housing First** – An approach to **quickly and successfully connect** individuals and families experiencing homelessness **to permanent housing without preconditions and barriers to program/housing entry**, such as sobriety, treatment or service participation requirements. Supportive services such as housing-focused case management are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

**Joint Transitional Housing-Rapid Rehousing**- A Joint Transitional Housing and Permanent Housing-Rapid Rehousing Component project is a project type that includes two existing program components–TH and PH-RRH–in a single project to serve individuals and families experiencing homelessness.

**Master By Name List –** A list generated by VI-SPDAT and/or outreach contact entry into HMIS that includes all individuals experiencing homelessness.

**Permanent Supportive Housing** (PSH) – means community-based housing without a designated length of stay and includes both permanent supportive housing. Permanent supportive housing means long term permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently. 24 CFR 578.3. The definition of rapid re-housing appears below.

**Rapid Re-Housing** (RRH) –An intervention designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve stability in that housing. The core components of a rapid re-housing program are housing identification and relocation, short-and/or medium-term rental assistance and move-in (financial) assistance, and case management and housing stabilization services. This assistance is subject to the definitions and requirements set forth in 24CFR§576.2 “Homeless” paragraph (1) and paragraph (4) who are residing in a place set forth in (1), 24CFR§576.105, 24CFR§576.106 and 24CFR§576.400.

(24CFR§576.104 *& Core Components of Rapid Re-Housing,* National Alliance to End Homelessness).

**SSVF**: Supportive Services for Veteran Families, a U.S. Department of Veterans Affairs program that provides supportive services grants to assist very low-income Veteran families residing in or transitioning to permanent housing, to promote housing stability.

**Transitional Housing** (TH) – Housing to facilitate the movement of individuals and families experiencing homelessness into permanent housing within 24 months. 24 CFR 578.3.

**VI-SPDAT** – (Vulnerability Index-Service Prioritization Decision Assistance Tool) the evidence- based Common Assessment or Prescreen Triage Tool utilized by all projects in the Fresno Madera Continuum of Care to determine initial acuity (the presence of an issue) and utilized for housing triage, prioritization, and housing placement.