

COORDINATED ENTRY WRITTEN STANDARDS



Continuum of Care CA-513

*Kings/Tulare Homelessness Alliance
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Purpose of This Document

Under 24 CFR §578.7(a)(9) of the Continuum of Care (CoC) Interim Rule of 2012, authorized by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), the U.S. Department of Housing and Urban Development (HUD) requires that the Kings/Tulare Homeless Alliance (“the Alliance”) have Written Standards that govern how Continuum of Care Program funded projects operate.

Under Notice CPD-17-01¹ released on January 23, 2017, HUD required each CoC to incorporate additional requirements into their Written Standards or develop a set of Written Standards to ensure that its Coordinated Entry (CE) implementation includes each of the additional requirements outlined in the Notice.

These Written Standards establish the community-wide expectation of how resources are to be targeted within the community separate from meeting eligibility requirements, and specific to prioritizing assistance according to population and household types. The standards are to be reviewed regularly in order to ensure the system of providing assistance is transparent, ensure local priorities are clear to all recipients, and as a CoC that limited resources are being used strategically. To guarantee the written standards are implemented comprehensively, project performance, HMIS data, Coordinated Entry tracking, as well as project participant and stakeholder input will all be considered when evaluating the written standards for effectiveness.

This plan is an unprecedented collaborative effort in our community with those entities most likely to come into contact with the homeless population. While establishing a successful unified entry and assessment program serving Kings and Tulare Counties will be challenging, this Plan is intended to be a live document. As funding shifts, programs expand and/or close, and local systems evolve, this plan will need to be adjusted accordingly. Throughout this endeavor, the Alliance will remain committed to educating and establishing systems for diversion, prevention and rapid re-housing, as well as integrating this strategy in our local community for preventing and ending homelessness.

This document and additional Coordinated Entry resources will be stored on the Kings/Tulare Homeless Alliance CE webpage at: <https://www.kthomelessalliance.org/coordinated-entry>

¹ Notice CPD-17-01: Notice Establishing Additional Requirements for Continuum of Care Centralized or Coordinated Entry System. U.S. Dept of Housing and Urban Development (HUD). January 2017. Available at: <https://files.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>

Regulatory Citations

- HUD Coordinated Entry Notice CPD-17-01
- HUD Prioritization Notice CPD-16-11
- CoC Program Interim Rule: 24 CFR 578.7(a)(8)
- ESG Interim Rule: 24 CFR 576.400(d)
- HUD Equal Access Rule: 24 CFR 5.105(a)(2) and 5.106(b)

Guidance Documents and Resources

- *Coordinated Entry Policy Brief*
<https://files.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>
- *Coordinated Entry Self-Assessment*
<https://www.hudexchange.info/resource/5219/coordinated-entry-self-assessment/>
- *National Alliance to End Homelessness*
<https://endhomelessness.org/resource/coordinated-entry-community-samples-resource-library/>
- *Coordinated Entry and Victim Service Providers FAQs*
<https://www.hudexchange.info/resource/4831/coordinated-entry-and-victim-service-providers-faqs/>

Document Version

Version	Date Approved	Updates
3.0	September 14, 2017	
4.0	Pending Approval	Conducted general overview of Written Standards to update and bring into compliance; added privacy and consent forms, ESG Written Standards.

Overview of Coordinated Entry

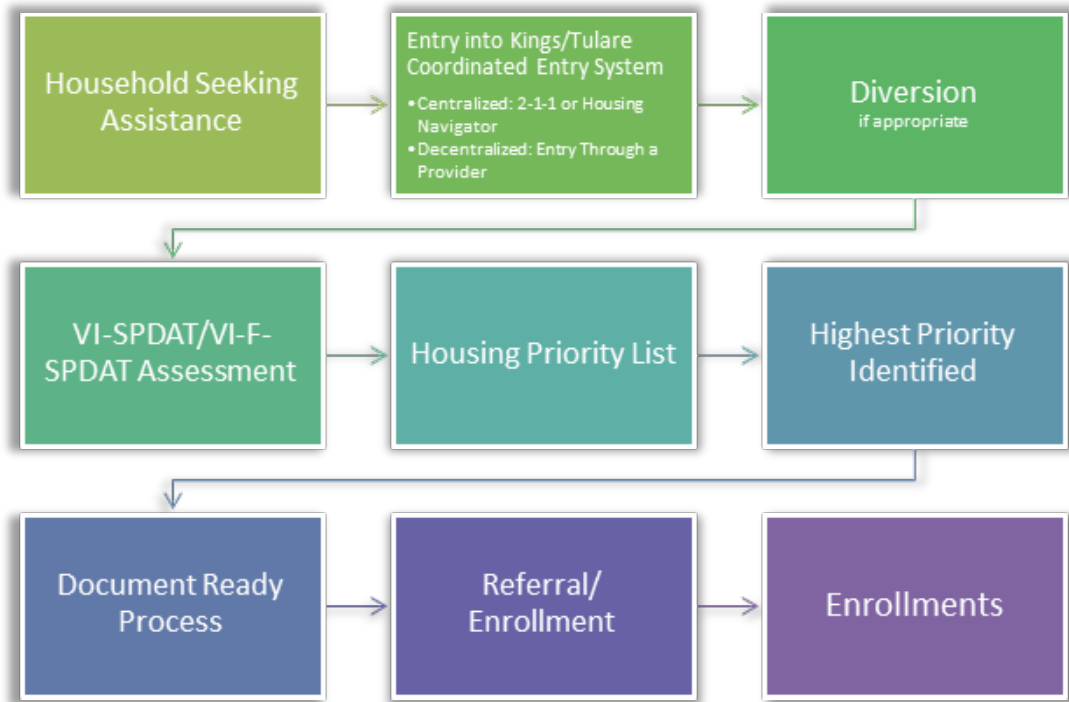
In 2010, the Alliance adopted a communitywide plan to end homelessness titled, **Connecting the Dots**. The plan includes a comprehensive and interrelated set of strategies focused on reducing the number of people who experience homelessness within Kings and Tulare Counties. One of the strategies identified in the plan is the need for a coordinated entry and assessment system. **Every Door Open: A Coordinated Entry & Assessment System Serving Kings/Tulare Counties** was created to address this need.

Every Door Open is a partnership of housing and service providers (collectively referred to as “Providers”) and is structured to deliver a more consistent level of services and housing to

those that are at-risk of homelessness or experiencing homelessness in Kings/Tulare counties. **Every Door Open** coordinates local investment towards ending homelessness, in order to increase our ability to prevent and reduce homelessness. The following focal points have been incorporated into **Every Door Open** in order to address the needs of individuals and families that are at-risk or experiencing homelessness:

- **Coordinated Entry**– Housing Providers within the region will use the same assessment tool, policies on eligibility verification, and data collection forms. By following a unified entry protocol, the process becomes more efficient for the potential program participant, the housing provider, and the agency that is working to find housing for the potential program participant. Additionally, data is shared between agencies to maximize service potential and minimize duplication of services.
- **Accessible Point of Entry** – Households with a housing crisis anywhere in the bi-county region can enter the system either through a Housing Navigator, partner agency, or 2-1-1. Clients will be screened by a Housing Navigator, any partner agency, or centrally through the 2-1-1 information and referral hot line.
- **Screen In (not Out) for Eligibility** – The goal of this comprehensive entry and assessment system is to identify the appropriate level of services for each applicant, and fully utilize the regional referral capability to assist every client in accessing the required level of services and/or housing needed to attain and remain successful in permanent housing.
- **Appropriate Level of Services and Housing First** - The effectiveness of **Every Door Open** revolves around the ability to accurately assess participants and assign the appropriate level of services. Prevention, Diversion and Rapid Re-Housing are the three main priorities of **Every Door Open**, with accurate referral to emergency, transitional, or Permanent Supportive Housing. As providers work through the assessment protocol, referrals will be crucial in assigning and connecting each participant with the appropriate level of service.

The following summarizes the general process of **Every Door Open**:



Coordinated Entry Guiding Principles

The Alliance has developed these Written Standards in accordance with 24 C.F.R §576.400(e), as well as through stakeholder feedback and incorporation of national best practices. The standards include common forms, policies, and evaluation tools in order to enhance compliance amongst all HUD homeless funding streams and allow for measurable results. These standards are not intended to be static and will be updated as necessary to address the needs of the community.

The standards are in place to support the local guiding principles that have been established for **Every Door Open** Coordinated Entry System. The guiding principles help organize and structure local Coordinated Entry planning and management efforts and ensure that stakeholders share a common understanding of system goals and priorities. The guiding principles are:

- Establish community-wide expectations on the operations of projects within the community.
- Ensure that the system is transparent to all users.
- Establish a minimum set of standards and expectations in terms of the quality expected of projects.
- Ensure the local priorities are transparent to recipients and sub-recipients of funds.
- Create consistency and coordination between projects throughout the CoC.

Key Terms and Definitions

Below key terms or acronyms that will appear throughout the Coordinated Entry Written Standards. For a comprehensive list of acronyms, please see Appendix A.

Terms and Definitions	
Chronically Homeless	<p>HUD Definition</p> <p><i>Chronically homeless</i> means: (1) A “homeless individual with a disability,” as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who:</p> <ul style="list-style-type: none"> i. Lives in a place not meant for human habitation, a Safe Haven, <p style="padding-left: 40px;">or an emergency shelter; AND</p> <ul style="list-style-type: none"> ii. Has been homeless continuously for at least 12 months or on <p style="padding-left: 40px;">at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (i) above.</p>
Case Conferencing	Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication.
Continuum of Care (CoC)	Group responsible for the implementation of the requirements of HUD’s CoC Program interim rule . The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.
Continuum of Care (CoC) Program	HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local

	governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.
Diversion	A housing intervention that attempts to return an individual from homelessness directly back into safe and appropriate housing, ideally at the exact moment that the individual first enters literal homelessness.
Emergency Shelter	Short-term emergency housing available to persons experiencing homelessness.
Emergency Solutions Grant (ESG) Program	HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.
Homeless Management Information System (HMIS)	Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD’s data collection, management, and reporting standards.
Permanent Supportive Housing (PSH)	Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.
Prioritization	Common, community-wide standards that determine who programs serve next from among multiple potential referrals with different vulnerabilities and needs.
Rapid Re-Housing (RRH)	Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.
Release of Information (ROI)	Written documentation signed by a participant to release his/her personal information to authorized partners.

Transitional Housing (TH)	Program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.
Vulnerability	A combination of variables that indicate an individual or family is at high-risk of death or harm due to continued homelessness.

Coverage Area

The Coordinated Entry process covers the full geography of the CoC, or rather the geographic boundaries within Kings and Tulare Counties.

Participating Providers

All CoC Program² and ESG Program³-funded projects are required to participate in **Every Door Open** Coordinated Entry System. The CoC still aims to have all homeless assistance projects participating in its Coordinated Entry process and will work with all local projects and funders in its geographic area to facilitate their participation in the Coordinated Entry System.

For CoC and ESG funded projects, participate can mean either the project fills vacancies with referrals made by Coordinated Entry (receiving project) **or** the project/provider functions as an Entry Point **and** fills vacancies with referrals made by Coordinated Entry. CoC and ESG Program funded projects must, at a minimum, fill availabilities with referrals made by the Coordinated Entry System.

CoC and ESG Coordination

The Alliance is committed to aligning and coordinating Coordinated Entry policies and procedures governing assessment, eligibility determinations, and prioritization with its Written Standards for administering CoC and ESG Programs funds. A copy of the CoC and ESG Written Standards are included in Appendix D of this document.

The CoC will include at least one representative from the local ESG recipient(s) as an active participant on its Membership Committee. Additionally, at least annually, representatives

² HUD Continuum of Care Program Interim Rule: <https://www.hudexchange.info/resource/2035/coc-program-interim-rule-formatted-version/>

³ HUD Emergency Solutions Grant Program Interim Rule: <https://www.hudexchange.info/resource/1927/hearth-esg-program-and-consolidated-plan-conforming-amendments/>

from the CoC and the ESG recipient agencies will identify any changes to their written standards and share those with the Alliance so that the changes may be reflected in the Coordinated Entry Written Standards.

Roles and Responsibilities

Below are the key roles and responsibilities for stakeholders that are engaged in the design and implementation of the Coordinated Entry System.

Coordinated Entry Planning Entity

As the Lead Agency in the Kings/Tulare County Continuum of Care, the Alliance will:

- Create, support, and monitor standardized access points and assessment processes which are low barrier and cover the full geographic range of the CoC
- Monitor use of the standardized prioritization criteria as part of a uniform and coordinated referral process for all beds, units, and services available at participating projects.
- Affirmatively market ***Every Door Open*** to ensure fair and equal access, especially for people in the CoC least likely to access homeless assistance.
- Create and maintain CoC policies and procedures that meet all HUD standards and requirements for all project types participating in Coordinated Entry.
- Convene regular opportunities for ongoing planning and stakeholder consultation.
- Administer initial and ongoing trainings for CoC staff who are approved by the CoC to administer assessments.
- Securely maintain the Homeless Management Information System (HMIS), in accordance with CoC HMIS policies and procedures.
- Coordinate, integrate, and leverage mainstream community resources to maximize impact of services for individuals who are experiencing homelessness.

Housing Navigator

Housing Navigators employed by the Alliance and other agencies works directly with Coordinated Entry, housing partners and program participants to rapidly house and provide support and assistance. The Housing Navigator may also support other functions of the organization in coordination with the Alliance and Continuum of Care Director.

Responsibilities include:

- Conduct vulnerability assessments
- Get program participants at the top of the Housing Priority List “document ready” prior to referral
- Coordinate with Housing Specialists at partner agencies
- Match households with appropriate housing and service providers

Assessors

Assessors are responsible for conducting the Coordinated Entry process with those who meet the eligibility requirements and are seeking assistance in the housing response system. Assessors are responsible for ensuring that all requests for assistance are treated equally and fairly, regardless of the individual circumstances of the household requesting assistance. They are responsible for being transparent about the local housing crisis response system with participants. Each Assessor will input all participant data directly into the Homeless Management Information System (HMIS), or “ClientTrack”.

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

Quarterly trainings are administered by the Alliance for providers who manage access points and conduct assessments for Coordinated Entry. Training is offered at no cost to agency or staff and is delivered by an experienced and professional trainer who is identified by the CoC. A rotating list of training topics include:

- review of Coordinated Entry policies and procedures;
- requirements for use of assessment information to determine prioritization;
- criteria for uniform decision-making and referrals;
- how to conduct trauma-informed assessment techniques for survivors of domestic violence, sexual assault, stalking or human trafficking;
- safety planning; and,
- culturally and linguistically competence practices.

All Active Participants

As Active Participants in the Kings/Tulare County CoC Coordinated Entry Process, participating programs and projects will:

- Agree to follow all applicable Coordinated Entry Written Standards as adopted by the CoC.
- Agree to follow all universally applicable CoC Written Standards as adopted by the CoC (including, but not limited to, Client Confidentiality, Equal Opportunity, and Non-Discrimination policies).
- Agree to follow all applicable project-type-specific written standards as adopted by the CoC (including, but not limited to, Prevention/Diversion, Permanent Supportive Housing, Rapid Re-housing, Transitional Housing and Emergency Shelter).
- Agree to assign all beds, units, and services available at participating projects solely through the CEP uniform referral process.
- Provide timely updates to the CoC related to referrals assigned through the Coordinated Entry Process.
- Actively participate in ongoing planning and stakeholder consultation opportunities.

Safety Planning and Risk Assessment

People who have previously experienced, or are fleeing domestic violence, human trafficking, sexual assault, stalking, or dating violence require a path through the Coordinated Entry System that promotes and protects their confidentiality and safety. The following policies and procedures are incorporated into Coordinated Entry to ensure that all persons have immediate and confidential access to available crisis services within the defined Coordinated Entry geographic area, regardless of which access point they contact.

The CoC-defined access points conduct an initial screening of risk or potential harm perpetrated on participants as a result of domestic violence, human trafficking, sexual assault, stalking, or dating violence. In the event defined risk is deemed to be present, the participant is referred or linked to a victim services provider or law enforcement where they can receive specialized services and housing assistance, using a trauma-informed approach designated to address the particular service needs of survivors of abuse, neglect and violence.

All data collected by victim service providers is entered directly into a comparable database that meets HUD and Violence Against Women Act (VAWA) requirements.

Access

Access Model

The Alliance has adopted a “no wrong door” approach to Coordinated Entry, which ensures that no matter which homeless assistance provider a person goes to for assistance, he/she will have access to the same resources, referrals and assessment and prioritization processes. In the bi-county region, the doors by which a household can enter the system is through either meeting with a Housing Navigator, partner agency, street outreach, or by calling 2-1-1. Since Kings and Tulare Counties encompass a large geographic area that is a mix of both urban and rural, 2-1-1 was intentionally incorporated into the strategy as an access point so that households may be able to access Coordinated Entry, regardless of their location.

Eligibility

Every Door Open is designed to serve Category 1 “individuals and families who are literally homeless”, Category 2: “individuals and families who are at imminent risk of homelessness”, and Category 4: “households fleeing or attempting to flee domestic violence” of the HUD Homeless Definition⁴.

⁴ HUD Homeless Definition Criteria and Recordkeeping. U.S. Dept. of Housing and Urban Development (HUD). Available at: https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

Category 1: Literally Homeless

Individual or family who lacks a fixed, regular, or adequate nighttime residence, meaning they either:
Have a primary nighttime residence that is a public or private place not meant for human habitation, OR
Are living in a 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 and local government programs), OR
Are exiting an institution where the person has 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.

Category 2: Imminent Risk of Homelessness

Individual or family who will imminently lose their primary nighttime residence, provided that:
Residence will be lost within 14 days of the date of application for homeless assistance
No subsequent residence has been identified; AND
The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Category 4: Fleeing or Attempting to Flee Domestic Violence

Any individual or family who:
Is fleeing or attempting to flee domestic violence, AND
Has no other residence, AND
Lacks the resources or support networks to obtain other permanent housing.

All persons participating in any aspect of Coordinated Entry such as access, assessment, prioritization, or referral are afforded equal access to Coordinated Entry services and resources without regard to their actual or perceived membership in a federally protected class such as race, color, national origin, religion, sex, age, familial status, or disability. Additionally, all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process.

Coordinated Entry is marketed and advertised throughout the bi-county region to ensure households have fair and equal access to the coordinated entry process. Marketing

materials clearly show that all access points are accessible to all populations including individuals and families that may be less likely to apply in the absence of special outreach services such as:

- Chronically Homeless households, veterans, parenting youth, and survivors of domestic violence, and
- Eligible persons who experience barriers due to race, color, national origin, religion, sex, age, familial status, disability, sexual orientation, gender identity, marital status or Limited English Proficiency (LEP).

Strategies Include:

- Weekly email updates to the general community, program providers, cities and the bi-county region departments, and other key stakeholder organizations;
- Creation of flyers that are disseminated in public places where targeted populations congregate;
- Provide Coordinated Entry announcements at the monthly Alliance membership meeting, case management roundtable, homeless taskforce committee meetings and other meetings routinely attended by the Alliance staff; and,
- Regular updates posted on the Alliance website and social media accounts.

Designated Access Points

Households seeking housing assistance can access the system through a Housing Navigator, partner agency, street outreach, or by calling 2-1-1. Each access point provides access to crisis response services for persons experiencing homelessness or at-risk of homelessness according to the standards outlined in this document. All designated access point staff participate in quarterly trainings on a variety of topics that support and refine their execution of the assessment. There are no specialized access points designated for subpopulations served in the Coordinated Entry System.

Below is general information about the access points for Coordinated Entry. Please see Appendix B of this document for a map of all access points in the community.

Access Point	Location Type	Special Considerations
Housing Navigator	In-person or telephone	Hours: 8-5 (M-F)
Partner Agency	In-person	Hours Vary

Street Outreach	In-person	Hours Vary; not all persons on outreach teams have capability to conduct a vulnerability assessment
2-1-1	Telephone	Available 24/7; does not conduct an assessment, rather they provide emergency assistance and diversion resources; refers callers to Housing Navigator.

Access Coverage

Every Door Open utilizes a hybrid approach to Coordinated Entry and developed a system that is both centralized (2-1-1 hotline) and decentralized (partner agency). This ensures that the CoC’s entire geographic area is accessible to Coordinated Entry processes either through defined location-specific access points, street outreach or through the 2-1-1 community information and referral hotline that is accessible through the entire CoC geography. The 2-1-1 hotline provides access to basic Coordinated Entry intake services 24 hours a day, 7 days a week and can be contacted from any location within the CoC.

Accessibility of Access Sites

The Alliance ensures that all services will be physically accessible to persons with mobility barriers. Additionally, all Coordinated Entry communications and documentation will be accessible to persons with limited ability to read and understand English.

The Alliance serves as the primary point of contact for ensuring that all Coordinated Entry materials are available in English and Spanish. In addition, Coordinated Entry participating agencies and Housing Navigators must ensure they are able to communicate effectively with households who access **Every Door Open**. Each agency will, to the greatest extent practicable, provide communication accommodations through translation services to effectively and clearly communicate with persons who have disabilities, as well as with any person with limited English proficiency. Agencies are also expected to provide visually and audibly accessible Coordinated Entry materials when requested by participants in Coordinated Entry.

The following is a list of current resources provided to participant agencies:

Language Interpretation + Limited English Proficiency (LEP)	Language Line Solutions	https://www.languageline.com
	Google Translate	https://translate.google.com
Hearing Impairment	Deaf and Hard of Hearing Center, Inc.	https://www.dhhsc.org ; Visalia: 559-302-9979
Visual Impairment	Sequoia Braille Transcribers	https://www.afb.org

Emergency Services (ESG Only)

Every Door Open immediately connects households to emergency resources such as emergency shelters and healthcare services. Initial screening and assessment services may only be available during business hours. When prospective participants present for services during non-business hours participants will still be able to access emergency services, including emergency shelter, when those emergency services are available.

In the event prospective participants attempt to access designated access points during non-business hours, those persons will still be able to access emergency shelter to the extent that it is available without first receiving an assessment through coordinated entry. Coordinated Entry screening and assessment will be completed in the immediate days that follow.

Street Outreach

Street outreach teams' function as access points to Coordinated Entry and seek to engage persons who may be served through Coordinated Entry but who are not seeking assistance or are unable to seek assistance via projects that offer crisis housing or emergency shelter. To the extent possible, efforts are made to train as many Street Outreach as possible about Coordinated Entry and the assessment process. The Alliance is also actively working to expand the use of HMIS by community partners so assessments so as many outreach team members as possible have the capability to assess persons in the field.

Assessment

Standardized Assessment Approach

All persons served by **Every Door Open** Coordinated Entry System will be assessed using the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) and the Vulnerability Index and Family Service Prioritization Decision Assistance Tool (F-VI-SPDAT). The VI-SPDAT must be completed with single individual households or each member of households without children. The F-VI-SPDAT must be completed with households with children.

ESG and CoC-funded programs and access points must use these tools to ensure that all persons served are assessed in a consistent manner, using the same process. The assessment tools provide the CoC Coordinated Entry staff with information to determine which applicants are eligible and appropriate for the variety of housing and support services available in our community. They document the participant's condition, attributes, need level and vulnerability, allowing the access point and/or assessment staff to identify a service strategy to CoC Coordinated Entry staff who manages the CoC's prioritization list. Please see Appendix C of this document for a copy of the assessment tools.

VI-SPDAT and F-VI-SPDAT

The VI-SPDAT and F-VI-SPDAT are publicly available assessment tools that provide a standardized analysis of risk and other objective assessment factors that result in a score. These tools should be used as a guide, with the understanding that each applicant has a unique set of circumstances. Generally speaking, the assessment is a tool for ensuring that protocols are applied consistently throughout the bi-county region, and that each provider is actively engaging in responsible assessments. All persons are able to access all services available within the geographic area of the CoC regardless of which access point they contact.

The scoring breakdown is as follows:

VI-SPDAT Score	F-VI-SPDAT Score	Housing Intervention
0-3	0-3	Prevention, Diversion
4-9	4-9	Rapid Re-Housing, Transitional Housing
10+	10+	Permanent Supportive Housing

Prevention and Diversion Services

Every Door Open will ensure that all potentially eligible diversion candidates will be screened for diversion and homelessness prevention assistance, regardless of the access point at which they initially seek assistance.

2-1-1, one of the access points responsible for providing diversion and homeless prevention resources will coordinate information and referrals with community resource providers, Housing Navigators and the Alliance to ensure persons at imminent risk of homelessness are provided coordinated access to homeless prevention services regardless of where the participant first contacts the CoC. Households can also receive diversion and homelessness prevention services at any Coordinated Entry access point.

Phases of Assessment

All projects participating in Coordinated Entry will follow the assessment and triage protocols of the Coordinated Entry system. The assessment process only collects enough information to prioritize and refer participants to available CoC housing and support services, starting with the least intensive service and increasing service level as needed.

All households, regardless of access point are immediately triaged. The focus of staff is to identify the immediate housing crisis and to determine if the CoC housing response system is the appropriate system to address the household's immediate needed. At this time, prevention services are offered to households at imminent risk of homelessness, while diversion services are offered to those who are attempting entry into the shelter. An assessment is only completed after a relationship is developed with housing navigation staff and/or the household is enrolling in housing and supportive services. If the household

enrolls in RRH, they are offered only the level of assistance needed to support their efforts to become self-sufficient. This is determined during assessment and subsequent re-assessments throughout the duration of program enrollment. This ensures that the financial and supportive services provided by RRH projects are effectively targeted and responsive to the diverse needs of households experiencing homelessness. Finally, those who have been stably housed for some time (such as those in PSH) are re-assessed annually to determine if they are ready for less-intensive housing and service strategies.

Updating the Assessment

Participant assessment information is updated as needed or once per year, if the participant is active on the Coordinated Entry Housing Priority List for more than 12 months. Participant records are updated with new information as new or updated information becomes known by staff.

Households who choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered into HMIS. Participant data in HMIS can be updated after an initial Coordinated Entry data collection period and throughout project enrollment to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions.

Assessment Screening

Every Door Open collects and documents participants' membership in Civil Rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to particular referral options. Further, the goal of the Coordinated Entry is to identify the appropriate level of services for each applicant, fully utilizing the regional referral capability to assist every household in assessing the required level of services and/or housing needed to attain and remain successful in permanent housing.

Participant Autonomy

Household's served by **Every Door Open** Coordinated Entry System have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process, or to refuse a referral that has been made to them without retribution, losing their prioritization status or limiting their access to other forms of assistance. Program participants must not be pressured or forced to disclose specific disabilities or diagnoses to Coordinated Entry staff during the assessment process. Specific medical diagnoses or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals. However, participants who choose not to provide information in these instances could be limiting potential referral options.

Grievance and Appeal Process

The Alliance operates in compliance with all federal, state and locally applicable civil rights and fair housing laws and requirements. In addition, projects participating in the Coordinated Entry that receive funding from federal, state, or local sources must also comply with all civil rights and fair housing laws and requirements. The Alliance has designated the CoC Board as the entity responsible for monitoring agencies on compliance with all Coordinated Entry requirements, including adherence to civil rights and fair housing laws and regulations. Failure to comply with these laws and regulations will result in a monitoring finding, which may affect the agency's position in the local CoC rating and ranking process.

Participants must be notified of their right to submit grievances, including nondiscrimination and equal access complaints. When a program participant or community member does not like a particular procedure, the outcome of a process, feel harmed by staff behavior that may be inappropriate, or behavioral styles that may feel abrupt or too direct, the program participant may file a grievance. Initially, staff will attempt to handle the complaint by having an informal conversation with the person, but if that fails, the participant will be directed to file a grievance, which is a formal procedure that includes management involvement and possible oversight from the relevant agency's Executive Director. Please see Appendix E for a copy of the Grievance Policy.

It is important to have a mechanism for program participants to address grievances or complaints promptly. Participants need to feel that their concerns are well heard, that they are treated respectfully, and that the agency makes every effort to formally investigate complaints in a fair and thorough manner. Participants need to know that we are engaged in continuous improvement of our services. The following is the grievance procedure:

- The person making the grievance or complaint will be asked if they have adhered to grievance procedures provided by the organization, they are making a grievance or complaint about. If the person making the grievance or complaint has not gone through the grievance procedure provided by the organization, the CoC will recommend that the person do so and document that procedure. If the resolution provided by that organization was not satisfactory to the complainant, he/she may put the problem in writing and submit it to the Executive Director of the CoC. If the complainant does not want his/her name attached to the complaint, his/her anonymity will be protected. If the complainant is unwilling to put the concern in writing, the Executive Director or another CoC member will document what has been said.
- Each situation will be treated seriously and with sensitivity, and will be documented for the record with date, time, program name, and nature of the complaint, as well as with any action taken towards resolution.
- Once a complaint or grievance has been submitted, the Executive Director of the CoC will approach the program's representative, explain the complaint or grievance, and

ask for a response to the charge(s). Responses will be documented. It will be up to the Executive Director to decide if the matter needs to be discussed by the Board of Directors of the CoC. A second complaint or grievance will be handled in the same manner.

- If a program receives a third complaint, the Board of Directors of the CoC will review the situation and recommend action. The Executive Director of the program being reviewed will be asked to respond to the Board of Directors.
- All complaints or grievances involving **vulnerable adults or children** will be immediately turned over to the appropriate county office.

Finally, all participants who are assessed will be informed by staff of the ability to file a nondiscrimination complaint. Nondiscrimination complaints can be resolved either through the internal dispute resolution process described above or by contacting: Fair Housing Office U.S. Department of Housing and Urban Development 600 Harrison Street, Third Floor San Francisco, CA 94107-1387 Telephone 1-800-347-3739 Fax (415) 489-6558 • TTY (415) 489-6564 E-mail: Complaints_office_09@hud.gov

If the assessor, staff member or household has a concern with the outcome of the grievance, an appeal may be submitted to the Alliance.

Prioritization

Prioritization refers to the process by which all persons in need of assistance who use Coordinated Entry are ranked in order by priority. Prioritization ensures that people with the most severe needs and level of vulnerability are prioritized for housing and homeless assistance before those with less severe needs and lower levels of vulnerability. The Alliance uses data collected through the Coordinated Entry process to prioritize homeless persons within the CoC's geography. **Every Door Open** does not prioritize households based on severity of service need or vulnerability for emergency services, including shelters, drop-in services, domestic violence shelters or other short-term crisis residential programs. All participating agencies must adhere to the prioritization standards adopted by the CoC Board.

Prioritization Standards

Permanent Supportive Housing (PSH)

The Alliance has adopted the order of priority consistent with HUD's *Notice on Prioritizing Persons Experiencing Chronic Homelessness in PSH and Recordkeeping Requirements for Documenting Chronic Homeless Status*.⁵

⁵ Prioritizing Persons Experiencing Chronic Homelessness in PSH and Recordkeeping Requirements for Documenting Chronic Homeless Status. Notice CPD-14-012. U.S. Dept. of Housing and Urban Development (HUD). July 2014. Available at: <https://www.hudexchange.info/resource/3897/notice-cpd-14-012-prioritizing-persons-experiencing-chronic-homelessness-in-psh-and-recordkeeping-requirements/>

First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
- The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs according to Section I.D.3 of the Notice.

Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness.

A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

- The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
- The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Third Priority—Individuals and Families with the Most Severe Service Needs.

An individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- The homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than twelve months; **AND**
- The CoC or CoC program recipient has identified the homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Fourth Priority—All Other Homeless Individuals and Families.

An individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- The homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions is less than 12 months; **AND**
- The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Special Considerations

Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in Section III.B. of the Notice may be followed.

Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness that has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness should follow the order of priority under Section III.A.1. of the Notice to the extent in which persons with serious mental illness meet the criteria.

Rapid Re-Housing (RRH)

The prioritizations of persons who are determined to be eligible for RRH are consistent with the CoC's scoring range for need and vulnerability associated with RRH projects. RRH will be prioritized for individuals and families with a vulnerability score in the range of 4 to 9 based on the VI-SPDAT or F-VI-SPDAT. Referrals will be based on the highest score within that range. Homeless veteran households will be further prioritized in CoC-funded RRH projects.

Within this range, the Coordinated Entry System prioritizes households experiencing homelessness with the following characteristics:

- Households with the highest service needs
- Households sleeping in an unsheltered location
- Households with the longest history of homelessness

Transitional Housing (TH)

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

- Households fleeing or experiencing domestic violence as the primary cause of their current housing crisis
- Households without children that score 4-9 on the VI-SPDAT
- Households with children whose F-VI-SPDAT score is 4-9 **AND** whose housing history, education level and employment history will also be considered when choice of transitional housing and RRH are both available.

Prioritization List

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

The Housing Priority List is managed by the Housing Navigator and is monitored by the Alliance and Kings United Way, who serve as the CoC and HMIS Lead agency respectively. New participants are added to the Housing Priority List and existing participants' rank order on the list is managed according to the prioritization principles as established by the CoC's Written Standards.

All assessments are entered into the HMIS software, Client Track by providers and the Housing Navigator as close to real time as possible. This process allows for the Housing Navigator to maintain a real-time Housing Priority List. As housing opportunities become available, the Housing Navigator selects households from the Housing Priority List based on a combination of VI-SPDAT score, length of time homeless and program requirements (e.g. disabling condition, chronic homeless status, etc.). Selection is also made based on information received by participating agencies that required to provide the following information about participants: assessment score, participant preferences for housing type and location, and any additional special housing needs such as physically accessible units or other accommodations.

Matching

Assisted households will be matched to the appropriate program based on level of need and other criteria (i.e. special populations), including:

- Domestic violence
- Disability status
- Mental illness
- Substance abuse
- Youth and young adults

- Geographic location, including matching families with children to programs that can serve the family in the child’s current school district, or other location they prefer such as near family/friends; and
- Household type and size.

If multiple households in the same geographic area are identically prioritized for the next availability and each household is also eligible for the same unit, the Coordinated Entry Team will refer the household that first presented for assistance.

Referrals

All Coordinated Entry participating providers will enroll new participants only from **Every Door Open** referral process. Once a household is near the top of the Housing Priority List, the Housing Navigator will work with the household to become document ready which includes providing proof of benefits and other supporting documentation (e.g. income, lease, eviction notices, etc.) to verify housing status and eligibility. This process will determine:

- Whether or not the household has no other support networks or resources to obtain/retain permanent housing;
- If the household income is below 30% AMI of HUD’s annual income limits and if the household has assets that exceed the program’s asset limit;
- If the head of household is chronically homeless;
- If the household’s living situation qualifies as literally homeless.

All households will be contacted by a Housing Navigator prior to being referred to an agency for placement. Navigators will spend a maximum of seven days trying to locate a client for engagement. All contact information provided by the participant will be utilized and community-wide networks, including street outreach, the police and entry points will be contacted. If the client is not found, the Navigator will work with the next participant on the list. Until the backlog of non-document ready clients has been cleared, Navigators will refer clients to agencies that have been screened as chronic homeless and disabled, but not yet document ready.

Notification of Vacancies

To facilitate prompt referrals and to reduce vacancy rates, participating providers must notify the Alliance of any known and anticipated upcoming vacancies.

When a TH, RRH, or PSH vacancy occurs or is expected to occur in the immediate future, the provider agency with the vacancy must alert the Alliance. The notification must include specific details of the vacancy, including the project name, unit size, location, and any funder-defined eligibility requirements. The Housing Navigator will immediately work to identify and refer a prioritized, document-ready household to fill the vacancy.

Once a household has been referred, the agency has a week to make contact with the household and record a housing note in HMIS. The receiving agency must provide the client with a welcome letter outlining what information and steps will be needed for a potential housing placement. This letter must be dated within seven days of receiving the referral. The agency then has between 30 and 60 days to place the household into housing. This timeframe includes getting the client document ready and into lease. If the household has not been placed during this time, the agency must:

- Close the VI-SPDAT and referral in HMIS;
- Add a housing note in HMIS updating the program participant's situation; and,
- Enter a new VI-SPDAT entered on the participant

Participant-Declined Referrals

One of the guiding principles of Coordinated Entry is participant choice. This principle must be evident throughout the Coordinated Entry process, including the referral phase. Participants in Coordinated Entry are allowed to reject housing and service options without retribution or limiting their access to other forms of assistance. However, they must stay connected with Housing Navigators to receive a future referral.

Households will be given information about the programs available to them and provided choices whenever feasible based on assessment information, vulnerability and need scores, preliminary eligibility pre-determinations, and available resources. Of the options available, participants will be afforded their choice of which project to be referred to. If a household declines a referral to a housing program, they remain on the Housing Priority List until the next housing opportunity is available. If the household rejects two housing options, the provider can choose to continue to work with the household or close the referral.

Provider-Declined Referrals

There may be instances when agencies decide not to accept a referral from the Coordinated Entry system. When a provider declines to accept a referred prioritized household into its project, the agency must notify the Housing Navigator of the denial and the reason for the denial.

Households will be deemed ineligible and a referral may be rejected by the agency if:

- The household appears to have other resources/housing opportunities that it can access to avoid homelessness;
- The household does not meet HUD's Category 1: Literally Homeless definition;
- The household has very high or multiple barriers to re-housing and can be referred to another program that would better suit the client's housing situation such as board and care.

If an agency rejects a referral, the agency must communicate the refusal to the Coordinated Entry Coordinator immediately. The agency must also:

- Provide the reason for the referral rejection, to be explained at the monthly Case Management Roundtable;
- Assist in connecting the household with other services and resources; AND,
- Document the reason for the rejection in HMIS and Coordinated Entry enrollment is closed.

Households that do not qualify for HUD or CoC program housing assistance will be referred to other appropriate programs and resources within the community.

Data Management

Every Door Open uses HMIS, or ClientTrack, for collecting, using, storing, sharing and reporting participant data associated with the Coordinated Entry process. Coordinated Entry's partners and all participating agencies contributing data to Coordinated Entry must ensure participants' data is secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically. Additionally, participants must be informed how their data is being collected, stored, managed, and potentially shared, with whom, and for what purpose. In Tulare/Kings Counties, all client information is shared with providers who have signed the Interagency Network Data Sharing Agreement form.

Participants must receive and acknowledge a "Participant Consent" form prior to the collection of data for Coordinated Entry. The form identifies what data will be collected, where those data will be stored/managed, how those data will be used for the purposes of helping the participant obtain housing and assistance and for other administrative purposes, and what data will be shared with others (if the participant consents to such data sharing). Please see Appendix F for a copy of the CoC's Participant Consent form.

Data Collection Stages and Standards

Participating agencies must collect all data required for Coordinated Entry as defined by the CoC, including the "Universal Data Elements" listed in HUD's HMIS Data Standards Manual.⁶ The Universal Data Elements are required to be collected by all project participating in HMIS, regardless of funding source. They are the basis for producing unduplicated estimates of the number of people experiencing homelessness, accessing services from homeless assistance projects, basic demographic characteristics of people experiencing homelessness, patterns of service use, including information on shelter stays and homelessness over time.

Additionally, agencies must meet the minimum HMIS data quality standards when collecting data. Data is collected during each phase of the Coordinated Entry process and entry points must make every effort to directly input participant data in HMIS, in real time.

⁶ 2020 HMIS Data Standards. U.S. Department of Housing and Urban Development (HUD). December 2019. Available at: <https://www.hudexchange.info/resource/3824/hmis-data-dictionary/>

Privacy Protections

All agencies participating in Coordinated Entry are required to notify and obtain participant consent for the collection, use, and disclosure of participants' Personally Identifiable Information (PII). The Alliance protects all participants' PII regardless of whether or not PII is stored in HMIS. All participant projects will ensure that participants' PII will only be collected, managed, reported, and potentially shared if those data are able to be secured in compliance with HUD-established HMIS privacy and security requirements. Please see Appendix G of this document for a copy of the privacy notification.

Evaluation

Evaluation of CE System

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

The Alliance has selected the following as key outcomes for Coordinated Entry:

- *Reduction in the length of stay, particularly in shelter (project level):* If households are referred to the right interventions, and those interventions have the necessary capacity, fewer families should be staying in shelter waiting to move elsewhere. Also, if families are referred immediately to the right provider, over time, families will likely spend less time jumping from program to program looking for help, which could reduce their overall length of stay in homelessness.
- *Reduction in the number of persons experiencing first-time homelessness (system and project level):* If every individual and family seeking assistance is coming through the front door to receive it and the front door has prevention and diversion resources available, more people should be able to access these resources and avoid entering a program unnecessarily.
- *Reduction of repeat episodes of homelessness (system and project level):* If families are sent to the intervention that is the best suited to meet their needs the first time, families are more likely to remain stably housed.

Every Door Open Coordinated Entry System undergoes a formal evaluation using HMIS data on an annual basis, in conjunction with the annual Point in Time Count homeless census data report. Each stage of the system's intake, assessment and referral process is reviewed to determine whether the system meets the needs of participant programs and households. The Alliance is in the process of establishing an integrated feedback loop, that involves using the information gained from Coordinated Entry assessments to make any necessary adjustments to the system, including implementing updates to the existing Written Standards. For example, if families are being referred to the right program, but that program cannot serve them due to

capacity issues while other program types have an increasing number of empty beds, it may be appropriate to make system-wide shifts in the types of programs and services offered.

Committee recommendations and subsequent changes to the CES Written Standards as a result of findings from the evaluations must be approved by the CoC Board.

Serving Survivors

Every Door Open acknowledges that the needs of a household who is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, may be different than the needs of non-victims. A Victim Service Provider (i.e. rape crisis center, battered women's shelter, transitional housing program, etc.) plays an integral role in their community's homeless response system by providing specialized housing and supportive services for survivors of domestic violence. Therefore, the Alliance actively promotes the full participation and integration of Victim Service Providers into the Coordinated Entry System.⁷

Projects serving individuals or families eligible under Category 4 of the HUD Homeless Definition (persons fleeing or attempting to flee violent situations) must follow all related federal and state laws, follow confidentiality policies, and have written policies and procedures regarding the provision of specific services to meet the safety and special needs of this population.

The following are Coordinated Entry policies that have been developed in partnership with Victim Service Providers in the CoC:

- No program participating in the Coordinated Entry process may deny services to a household based on past or current experiences as a victim of Domestic Violence, Sexual Assault or other traumatic victimization.
- Referrals will only be made to domestic violence providers
- Individuals who are seeking shelter or entered the system through a non-domestic violence provider will receive a high level of confidentiality and an immediate warm hand-off to a qualified domestic violence provider for housing and services
- Data of victims will be entered into a comparable database and is not shared with other providers
- Providers will be trained on safety planning and trauma-informed assessment techniques.

Maintaining the continuing safety of households who are victims of violence is of the highest priority. Participants who are receiving Tenant-Based Rental Assistance and have complied with all program requirements during their residence, are a victim of domestic violence, dating

⁷ *Coordinated Entry and Victim Service Providers FAQs*. U.S. Department of Housing and Urban Development (HUD). November 2015. Available at: <https://www.hudexchange.info/resource/4831/coordinated-entry-and-victim-service-providers-faqs/>

violence, sexual assault, or stalking, and who reasonably believe they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking (which would include threats from a third party, such as a friend or family member of the perpetrator of the violence) have options to maintain their safety. If they remain in the assisted unit and are able to document the violence and basis for their belief, they may take their rental subsidy and move to protect their health and safety. Recipients must retain a record of the Imminent Threat of Harm for both participants who enter and exit under provisions as described at 24 CFR §578.51(c)(3).

Appendix

Appendix A: Acronym List and Glossary

Acronym	Definition
AHAR	Annual Homeless Assessment Report
APR	Annual Performance Report (for HUD homeless programs)
Cal Fresh	Supplemental Nutrition Assistance Program (formerly Food Stamps)
Case Conferencing	Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list.
CDBG	Community Development Block Grant (CDP program- Federal)
Chronically Homeless	<p>HUD Definition</p> <p><i>Chronically homeless</i> means: (1) A “homeless individual with a disability,” as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who:</p> <ul style="list-style-type: none"> i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND ii. Has been homeless continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (i) above.
CoC	A designated geographic area targeted for homelessness funding by the Federal government
Continuum of Care	Federal grant program stressing permanent solutions to homelessness
Con Plan	Consolidate Plan, a locally developed plan for housing assistance and urban development under CDBG and other CDP programs
CPD	Community Planning and Development (HUD Office)
CSBG	Community Services Block Grant
ESG	Emergency Solutions Grant – A HUD funding source targeted to end homelessness

Diversion	A housing intervention that attempts to return an individual from homelessness directly back into safe and appropriate housing, ideally at the exact moment that the individual first enters literal homelessness.
Emergency Shelter	Short-term emergency housing available to persons experiencing homelessness.
FMR	Fair Market Rent (Maximum for rent paid for with CoC leasing funds)
FTE	Full-time equivalent (employee) (2080 hours of paid employment)
GA/GR	General Assistance/General Relief (County Assistance)
HCD	Housing and Community Development (State)
HEARTH	Homeless Emergency and Rapid Transition to Housing Act of 2009, S.896
HMIS	Homeless Management Information System – A common database for program services coordination; locally administered by United Way
HOME	Home Investment Partnerships (CPD program)
HOPWA	Housing Opportunities for Persons with AIDS (CPD program)
Housing Navigation	A process to actively engage and verify eligibility for households that are potentially eligible for a program, but who need assistance documenting or verifying that eligibility.
Housing Priority List	A community-wide list where everyone who is assessed is ranked according to their vulnerability and other prioritization criteria.
HQS	Housing Quality Standards (required before move-in for HUD programs)
HUD	U.S Department of Housing and Urban Development (Federal)
KTHA	Kings/Tulare Homeless Alliance, lead agency of the Kings/Tulare County CoC
LOS	Landlord Outreach Specialist is a staff member whose primary role is identifying and creating new housing partnerships and opportunities for program participants.
MHSA	Mental Health Services Act
MOU	Memorandum of Understanding

NOFA	Notice of Funding Availability
PSH	Permanent Supportive Housing - housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.
PHA	Public Housing Authority
PHC	Project Homeless Connect
PIT	Point- In-Time Homeless Census Count
Prioritization	Community-wide standards that determine which programs serve next from among multiple potential referrals with different vulnerabilities and needs.
RRH	Rapid Re-Housing: Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.
ROI	Release of Information: Documented informed consent to use a participant's personal information in specific ways.
SAMHSA	Substance Abuse and Mental Health Services Administration
SOAR	SSI/SSDI Outreach, Access and Recovery: A streamlined Social Security disability application process designed to significantly reduce disability benefit application decision times and to increase application approval rates.
SNAPS	Office of Special Needs Assistance Program (HUD office overseeing CoC)
SRO	Single Room Occupancy housing units
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SSO	Supportive Services Only (A CoC project type that provides supportive services only)
TA	Technical Assistance
TANF	Temporary Assistance to Needy Families
TAY	Transition Age Youth: you between the ages of 18-24
TH	Transitional Housing: Program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing.

VA	Veterans Affairs, a federal agency
Victim Service Provider	Any organization barred by the Violence Against Women Act from participating in the community-wide HMIS system; broadly defined as programs assisting survivors of traumatic relationship-based interpersonal violence, including but not limited to domestic violence, sexual assault, and human trafficking.
VI-SPDAT	Vulnerability Index and Service Prioritization Decision Assistance Tool: A standardized, shared housing assessment designed to identify a household's service needs as well as potential program eligibility.
VI-F-SPDAT	A version of the VI-SPDAT specialized for families with minor children.
Vulnerability	A combination of variables that indicate an individual or family is at high-risk of death or harm due to continued homelessness.

Appendix B: Access Point Map

