Midlands Area Consortium for the Homeless
Coordinated Entry System Policy and Procedures

I.   Overview of the Coordinated Entry System

The Midlands Area Consortium for the Homeless (MACH) provides collaborative and wide reaching solutions to homelessness in its 14 county area of Aiken, Allendale, Bamberg, Barnwell, Calhoun, Chester, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Orangeburg, Richland and York counties in South Carolina. MACH is one of South Carolina's four designated Continuums of Care (CoC) by the U.S. Department of Housing and Urban Development (HUD). United Way of the Midlands (UWM) serves as the CoC Collaborative Applicant and administrator for the CoC's Homeless Management Information System (HMIS). The CoC is supported by staff at UWM, a Board of Directors, and six Committees. The Policy Committee is the CoC Committee that oversees and ensures compliance with HUD regulations, policy notices, and Coordinated Entry.

The CoC operates a Coordinated Entry System (CES) across the CoC's 14 counties to help people with a housing crisis find help quickly no matter how or where they seek assistance. CES is designed to ensure that all people experiencing homelessness have fair and equal access to housing, regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status. The system aims to work with households to understand their strengths and needs, provide a common assessment, and connect them with housing and homeless assistance. Through the use of a standardized assessment and vulnerability screening tools, CES strives to provide assistance to anyone in need and prioritize those with the highest service needs for federally funded housing. The target population of CES are people experiencing homelessness or imminent risk as defined by HUD. All CoC agencies funded by HUD Continuum of Care, Emergency Solutions Grant (ESG), Projects for Assistance in Transition from Homelessness (*PATH*), Runaway and Homeless *Youth* Program (RHY), Supportive Services for Veterans and their Families (SSVF), Veterans Affairs Supportive Housing (VASH), Veterans Affairs Grant Per Diem (GPD), Cooperative Agreement to Benefit Homeless Individuals (CABHI), and United Way of the Midlands funding are required to participate in CES, and all CoC homeless serving agencies and mainstream providers are invited and are critical components in the system.

The CES operates with the following guiding principles:

- ✓ Promote client-centered practices by ensuring every person experiencing homelessness is treated with dignity, offered at least minimal assistance, and participate in their own housing plan. Provide ongoing opportunities for client participation in the development, oversight, and evaluation of coordinated entry. People should be offered choice whenever possible.
- ✓ Prioritize the most vulnerable as the primary factor among many considerations. Limited resources should be directed first to persons and families experiencing homelessness who are most vulnerable with the longest time experiencing homelessness.
- ✓ Eliminate barriers to housing access by identifying system practices and individual project eligibility criteria which may contribute to excluding clients from services and work to eliminate those barriers.
- ✓ Promote transparency by making thoughtful decisions and communicate policies and procedures openly and clearly.

- ✓ Promote collaborative and inclusive planning and decision making practices.
- ✓ Use culturally and linguistically competent practices that reduce cultural and linguistic barriers to housing and services for special populations.

MACH's CES provides a structured process for entry, assessment, scoring, prioritization, determining eligibility, and referral for homeless housing and services. The goal is to efficiently and fairly allocate resources by prioritizing severity of service needs and vulnerability in combination with the MACH Written Standards.

Note: Add Hyperlinks

HUD guidance for the CES Policies & Procedures includes the Coordinated Entry Brief, the Coordinated Entry Notice, and the Coordinated Entry Self-Assessment. These documents establish the requirements and guidance for CES Policies & Procedures. MACH Written Standards and CES Policies and Procedures, using HUD guidance, provide direction on project eligibility and prioritization. HUD also provides additional information on defining and documenting chronic homeless status in the Defining Chronically Homeless Final Rule, Flowchart of HUDs Definition of Chronic Homelessness, and Homeless Definition Eligibility.

The following details MACH's Coordinated Entry System:
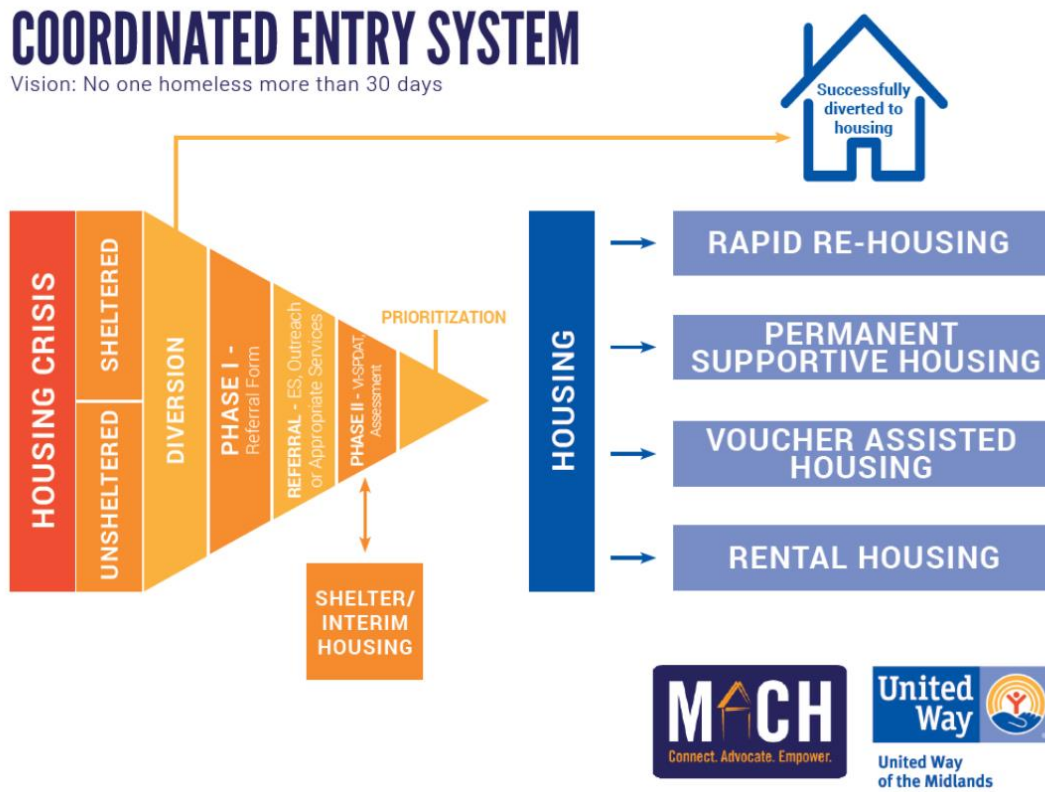
Policies and Procedures Purpose

The Policies & Procedures detailed in this document focus on intake/access, assessment, prioritization, and referral to homeless resources and housing for literally homeless individuals and families. The policies and procedures in this document define the process and guiding principles for the implementation of the MACH Coordinated Entry System (CES). Procedures establish a series of steps to complete the coordinated entry process with guidance on eligible individuals and services. Policies develop the specific purpose of the program and the widespread application of specific components of CES.

Coordinated Entry System Stakeholders and Stakeholder Requirements

Individuals Experiencing Homelessness

The Coordinated Entry System (CES) is designed to serve persons that are experiencing literal homelessness, as defined by HUD, or under imminent risk of homelessness and are seeking or would benefit from homeless resources or services.

UWM – Collaborative Applicant

UWM, in collaboration with the MACH Board of Directors and Committees, is responsible for overall management, operation, monitoring, and evaluation of the CES. Specifically, the UWM will:

- Recruit, train, and onboard participating partner agencies into the CES.
- Make ongoing site visits and implement quality assurance strategies for CES process.
- Maintain information about all providers' available housing and service programs, client eligibility, and housing inventory. All information will be updated at least annually.
- Assure data and application quality, and when appropriate work with providers to improve submission processes.
- Manage by-name list and housing referrals, in accordance with the CoC Written Standards and CES Policies & Procedures.
- Facilitate case conferencing processes with veterans group and other groups as needed with the goal of assuring clients are referred to appropriate interventions.
- Serve as a MACH Access Point
- Create and implement a strong marketing strategy for the CES that targets providers who serve homeless individuals and families, and educates the broader community about how to access the CES.
- Provide stakeholders with information on auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters.
- Convene various CoC groups to keep stakeholders updated and aware of changes to the CES.
- Lead efforts for evaluation and continuous quality improvement which include both provider feedback and client input, including outcome reports.
- Provide ongoing updates to the MACH Board of Directors and relevant committees of the CoC.
- Review and update training protocols on an annual basis.

- Comply with the non-discrimination and equal opportunity provisions of the Federal civil rights laws as specified in 24 C.F.R.5.105(a), and ensure clients should not be motivated to choose a certain housing or service location based on race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

Access Points

MACH Access Points (MAPs) are the places – either virtual or physical – where an individual or family in need of assistance accesses the CES process. Access Points may include any crisis service provider, such as emergency shelters, social service agencies, and providers of mainstream services. A comprehensive list of MAPs can be found in Appendix A. MAPs are responsible for identifying staff who will complete Phase I of CES process, entering all data into HMIS, or providing data in a format that can be uploaded or entered into HMIS by the UWM. MAPs staff will also address the client's immediate crisis needs, and serve as the point-of-contact for the client until they choose to exit services, are housed, or are connected to another service provider. Each Access Point must have trained individuals administer the standardized CES Phase I Assessment (Appendix B). Training for MAPs will be provided at least quarterly. In accordance with HUD guidelines, the CES may provide separate Access Points for specific subpopulations. An individual or family may not be denied access to the CES due to being a victim of domestic violence, dating violence, sexual assault, or stalking. In cases where client safety is at risk, Access Points may work with the UWM to make alternative accommodations for access to homeless housing and services, including but not limited to providing anonymized client information to the UWM.

MAPs must comply with applicable Written Standards and meet the following requirements:

- Use HMIS to enter all required data, or provide data to the UWM using a mutually negotiated process, based on organizational capacity.
- Require staff who will be supporting clients entering CES to complete required training at least annually and ensure that at least one staff member is up-to-date in training at all times.
- Provide staff with training on cultural and linguistic competency, trauma-informed assessment, and safety planning.
- Confirm that the individual or family has not already completed the CES Phase I Assessment prior to assessment, conduct updated assessment if older than six (6) months, and ensure that all contact and eligibility-related information is current.
- Must use standard CES Phase I Assessment at intake
- Provide shelter diversion services, referral, connection to mainstream benefits, and connection to supports and services to individuals and families who have completed the CES Phase I Assessment, as appropriate.
- For clients who receive a Phase II assessment, provide the client with an in depth explanation of available housing and service choices and ensure the client understands the Written Standards Denial and Grievance procedure.
- Provide client with connections to community based emergency assistance services like supplemental food assistance and applications for income assistance.

- Be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance.
- Participate in case conferencing as requested.
- Allow participants autonomy to freely refuse to answer assessment questions unless the information is necessary to establish or document program eligibility and to refuse housing service options without retribution or limiting their access to assistance.
- Ensure appropriate data protections are in place as defined in the CoC HMIS Policies and Procedures.
- Participate in ongoing evaluation and quality improvement processes.
- Identify individuals who face safety risks, especially individuals fleeing domestic violence. If risk of harm is determined, refer individuals or families to appropriate Access Points.
- Identify individuals with a risk of harm to self or others, and refer them to crisis mental health services when appropriate.
- Comply with the non-discrimination and equal opportunity provisions of the Federal civil rights laws as specified in 24 C.F.R.5.105(a). In addition, clients should not be motivated to choose a certain housing or service location based on race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

Homeless Housing and Service Providers

The Continuum of Care (CoC) and recipients of CoC program, Emergency Solutions Grants (ESG), Projects for Assistance in Transition from Homelessness (PATH), Runaway and Homeless Youth (RHY), Grant Per Diem (GPD), HUD-VASH and Supportive Services for Veteran Families (SSVF), and United Way of the Midlands funding must participate in the CES to screen, assess, and refer clients to homeless housing and services.

These resources include:

- Permanent Supportive Housing (PSH) – Funded Entity and/or Sub-Recipient
- Rapid Re-Housing (RRH)
- Prevention Services
- Emergency Shelter/Operations
- Street Outreach

Other non-CoC and ESG funded providers with homeless housing and services may be included in the CES.

In order to serve as a CES Service Provider, agencies must comply with applicable Written Standards and meet the following requirements:

- Provide housing and service inventory data or anticipated housing and service inventory data to UWM within three (3) business days of any changes to the number of available units.
- Serve as a MACH Access Point
- PSH and RRH providers agree to use the CES as the only referral source for filling vacancies in designated housing and/or services projects.

- Follow MACH Prioritization Policy, if applicable to housing type.
- Document instances when a client declines the housing opportunity in HMIS and notify UWM.
- Verify documentation of client eligibility provided by Access Points or other case management provider, or collect and submit required eligibility documentation if not provided by the Access Point or UWM.
- Upon referral, provide the client clear information about the project, what the participant can expect from the project, expectations of the project including transfer policies, and written information on the CES grievance procedure.
- Coordinate with partners and the UWM to provide housing navigation assistance that may include housing referrals, developing a housing stability plan, assisting with housing search and placement, assisting clients with submitting rental applications and understanding leases, and addressing barriers to project admission.
- Provide ongoing case management to enrolled clients in accordance to CoC Written Standards.
- Participate in Case Conferencing meetings.
- Ensure appropriate data protections are in place as defined in the CoC HMIS Policies and Procedures.
- Participate in ongoing evaluation and quality improvement processes.
- Comply with the non-discrimination and equal opportunity provisions of the Federal civil rights laws as specified in 24 C.F.R.5.105(a). In addition, clients should not be motivated to choose a certain housing or service location based on race, color, national origin, religion, sex, disability, or the presence of children.

Street Outreach

Street outreach is critical for connecting unsheltered households to services and housing. ESG Program-funded, PATH funded, and United Way of the Midlands Program Funded Street Outreach projects must be entry points, and non-ESG Program-funded Street Outreach projects should be entry points for households experiencing unsheltered homelessness. This will ensure that people sleeping on the streets access the housing crisis response system and are included in the prioritization for assistance. Street Outreach must offer the same standardized process as persons who access Coordinated Entry through site-based MAPs. Due to the nature of street outreach, it is okay if it takes several engagements to complete an assessment.

II.   Access and Assessment

MACH utilizes a Multisite Centralized Access approach for the CES that provides clients access to referrals and services at multiple points throughout the Continuum's 14-counties. CES works in two phases – initial assessment (Phase I) and vulnerability screening/prioritization (Phase II). People can enter CES in a variety of ways including visiting an in-person MACH Access Point (located regionally across the CoC), accessing the referral form at the CoC website (www.midlandshomeless.com), being referred by one of the many mainstream providers that participate in CES, and engaging with a street outreach worker. People fleeing domestic violence can also call a 24-hour confidential hotline for assistance. CES can also be accessed by calling the 211 24/7 hotline for basic information on resources.

Phase I starts with diversion to determine if stable housing can be maintained without a homeless service intervention. All MAPs are provided with diversion resources (Appendix C). If an immediate intervention is still needed after diversion attempts a CES Phase I Assessment (Appendix B) is completed in HMIS based on the HUD universal data elements. If a client contacts MAPs during a time when no one is available, a message will direct them to call back during the timeframe when they are open or in case of an emergency call 911. They will be instructed to leave a message and someone will return their call the following business day. A paper-based CES Phase I Assessment is available for mainstream non-HMIS providers and is submitted to staff at UWM for entry into HMIS. After initial assessment, the client is referred to resources that best meet their needs and eligibility. Referrals may include prevention funds and sheltering. Referrals are made via email to designated agency staff noting the client HMIS identification number without identifying information. Domestic violence providers complete the same initial assessment, but is maintained in a database separate from the CoC HMIS. Those fleeing domestic violence are eligible for all CoC services that meet their needs not just specific to those experiencing domestic violence. Training for Phase I is conducted quarterly and resources are also available on the CoC website.

If the client is assessed to have further long-term needs for housing Phase II is initiated. Phase II includes use of the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) vulnerability screening tool. CES uses an individual, family, and youth version. Training to conduct the three vulnerability screening tools are available online at the CoC website. Agency staff must participate in training and pass a certification test before administering any of the three VI-SPDAT tools. The CoC operates a single, prioritization listing that incorporates the results of the vulnerability screening tool in an addition to length of time homeless (rather than individual agency waitlists). Those with the highest vulnerability and length of time experiencing homelessness are prioritized for federally funded permanent supportive housing. UWM staff maintains the prioritization listing that is sent to CoC agencies to fill housing units. Domestic violence agencies use the same vulnerability screening tools, but referrals for housing are sent without identifying information to UWM staff to protect confidentiality. If agencies are unable to house the next client on the prioritization listing due to program eligibility or other factors, notes are added to HMIS. Use of CES and the prioritization listing is a factor in annual monitoring of HUD funded programs. Details are available in the board approved CoC Written Standards.

Case conferencing meetings are held monthly for permanent supportive housing programs, rapid rehousing programs, Veterans and strategic Access Points throughout the continuum, along with a monthly street outreach worker meeting to locate and discuss hard to find clients (this meeting also includes local law enforcement). Programs ended agency level waitlists in October 2016 for use of the single prioritized CoC listing. UWM works closely with the Veteran Affairs Medical Center (VAMC) under a data sharing agreement to check monthly for those identifying as veterans via the Veteran Affairs system for eligibility for services. If the client is deemed not eligible due to discharge status, length of services, or other factors we move them from the veteran's portion of the prioritization listing to the non-vet listing.

People fleeing domestic violence can assess CES and immediate shelter by calling the confidential hotlines of the CoC's domestic violence programs. Clients of domestic violence programs are entered into a parallel database to protect confidentiality, but are screened for domestic violence and non-domestic violence resources.

The MACH Policy Committee and MACH Board of Directors must ensure that all people in different populations and subpopulations that are experiencing literal homelessness or fleeing or attempting to flee domestic violence have fair and equal access to the system, regardless of the location or method by which they access the system. Local MAPs must be accessible to all households experiencing literal homelessness or fleeing or attempting to flee domestic violence, regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

III.   Prioritization

Homeless Housing and Service Providers are required to use the MACH Board of Directors approved Housing Prioritization Policy. A copy of the current Housing Prioritization Policy can be found in Appendix D. The following are basic principles guiding prioritization:

a) Programs must actively participate in the Coordinated Entry System (CES).
b) Key agency personnel will attend trainings to achieve proficiency in CES.
c) Programs will submit eligibility guidelines to the CoC at least yearly.
d) Programs will notify the CoC of programmatic changes that effect eligibility when they occur to maintain up to date and accurate information in the CES.
e) Programs will inform the CoC immediately of any changes in their non-profit or other legal entity status that would affect eligibility to receive federal or grant funds.
f) Program rules and regulations should be designed or altered to reduce barriers to housing and/or services. Programs will furnish Tenant Rights & Responsibilities to all clients, including detailed consequences and appeal process should a violation occur. These Rights & Responsibilities must be applied consistently among clients, but may differ between Programs.
d) Programs will actively target and prioritize homeless individuals and families with the most severe service needs and longest time period homeless.
e) MACH will work to achieve the goals established in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* and through implementing its guidance and that of HUD Guidance.

IV.   Referrals

UWM will be responsible for overseeing referral processes in accordance with MACH's Written Standards and CES Policy & Procedures regarding prioritization. A housing and service match can be made at any time when there is an opening at a housing and homeless service provider. Referral and recordkeeping requirements for prioritization are:

a) Programs will contact the Collaborative Applicant's Homeless Services Coordinator to report a housing vacancy which will be advertised across the CoC.
b) Programs will review MACH's prioritization list to identify the next person potentially eligible (based on unit) on the list based on Section IV's Prioritization Policy and contact the Homeless Service Coordinator for assistance, when needed.
c) Once identifying a person(s), the agency must contact him or her to determine interest in housing. If the highest ranking person cannot be found within **3 business days**, the Program may move onto the next person on the list and follow this process until someone is contacted and the bed is filled. Programs must document their efforts at contacting people in HMIS and client records.

d) If the identified person is interested, the Program will begin project specific eligibility screening and documentation.

   i. If the person is ineligible, the HMIS record should be updated to reflect this and prevent additional ineligible referrals to that Program. This can be done by provider staff or by CoC HMIS staff.

e) If the person is eligible, he or she should be admitted to the Program and have an entry recorded in HMIS then contact the Homeless Services Coordinator to remove the client from the prioritization listing.

f) For client files, Programs must document the VI-SPDAT score and selection reasons including the client's placement on the CoC Prioritization listing.

g) If the person is denied, he or she will be added to a roster of clients to be reviewed by Case Conferencing to review people's housing barriers and identify other resources.

h) The MACH Policy Committee is responsible for reviewing agency adherence to Prioritization Policy.

Case Conferencing will include case workers and individuals working with clients to provide additional information, expedite the referral process, or address grievances with housing matches. Case Conferencing will not be able to change prioritization, unless new information is presented at case conferencing that is relevant to CoC Written Standards prioritization and eligibility guidelines. Households highest on the prioritization list that match program eligibility have the opportunity to accept or deny housing and services. In addition, if multiple housing opportunities are available the highest prioritized client that is eligible must have the opportunity to choose which housing option best fits their needs. It is essential that the CES maintain client choice during the referral process.

The referral process below is to be followed for each stated stakeholder:

1. **Mainstream Providers** (example of a mainstream providers - school districts, hospitals and behavioral health organizations). See Appendix E for Roles of MACH Mainstream Providers.

   a) Referral is made to MAPs (follow procedures described under MAPs)

   -OR-

   b) Send a paper CES referral for to the Homeless Services Coordinator with copy of ID (if available)

   c) Referral form requires basic diversion questions be administered prior to referral

   d) Basic screening will be conducted to include demographics, financial, and details of current crisis

   e) UWM conducts an screening over the phone to complete basic entry assessment in HMIS

   f) Electronic referral is made via HMIS to appropriate agency followed by an email with the client ID

   g) Reminder email is sent to agency within 48 hours to document results in HMIS

2. **CoC and ESG Funded Programs**

   a) Ask diversion and basic screening questions

   b) If not a population served or not eligible, document the interaction in HMIS and make electronic referral to appropriate agency followed by an email with the client ID

c) If a population served by your agency, conduct assessment and entry into program to satisfy basic needs (example – sheltering)
d) At earliest opportunity based on level of engagement, conduct a VI to assess for vulnerability and housing prioritization
e) Call 2-1-1 is assistance is needed to identify other resources for referrals if unable to assist client

3. **Permanent Supportive Housing Programs (CoC funded)**
   a) Accept referrals from all sources
   b) Follow MACH Prioritization Policy and document in HMIS efforts to reach clients

4. **2-1-1**
   a) Ask diversion and basic screening questions
   b) Make verbal referral to appropriate services and housing providing information to client on eligibility criteria, hour of operation, procedures for access, and other information, as available in HMIS/2-1-1 resources database.

5. **Prevention Programs**
   a) Ask diversion and basic screening questions
   b) Conduct assessment and entry into program to satisfy basic needs (example – prevention funding or a motel voucher)
   c) Conduct a VI to assess for vulnerability and housing prioritization
   d) Make electronic referral to appropriate agency for additional needs followed by an email with the client ID

6. **Access Points (MAPs)**
   a) Ask diversion and basic screening questions
   b) Document an entry assessment into HMIS and complete a VI (if appropriate depending on the level of engagement)
   c) If not a population served or not eligible, document the interaction in HMIS and make electronic referral to appropriate agency followed by an email with the client ID
   d) If a population served by your agency, satisfy basic needs (example – sheltering)
   e) Call 2-1-1 is assistance is needed to identify other resources for referrals if unable to assist client

V. Data Management

MACH's CES is maintained with HMIS quality security standards. All participating agencies must have a signed agreement with the CoC's HMIS administrator and individual staff are required to participate in initial and follow-up training. Access to HMIS is restricted those with a valid user ID and password. As detailed in the HMIS Policies and Procedures, the following data management protocols are required for all agencies participating in HMIS:

- Privacy Statement explaining the reason for collecting data and the general use and disclosure of such information must be posted at each intake desk or on the agencies website.

- Unless consent is provided by a client, no client data may be shared with other agencies. Agencies may use an implied consent provided no disability information is shared.
- Agencies are strongly encouraged to have clients sign the *Acknowledgment of Receipt of Notice of SCIC Privacy Practices and Release of Information* (Appendix F)*.
- All clients must be informed, via a Posted Policy Statement and/or the Acknowledgment of Receipt of Notice of SCIC Privacy Practices and Release of Information that all Protected Personal Information restricts how much information is disclosed without consent.

VI.   Evaluation

For an effective and continually improving CES system there must be an evaluation that is unbiased, comprehensive, efficient and used for system improvement. The following are the key principles measured to ensure a comprehensive system:

- There is broad participation among homeless prevention and intervention services, including mainstream services, crisis services, emergency services, emergency shelters and housing.
- CES is well integrated and there is a collaborative community of service providers.
- Community stakeholders have confidence in the system and report high levels of satisfaction with the system.
- Consumers are knowledgeable about how to access the system.
- The system is properly resourced with homeless services and housing.
- There are high rates of exits to and retention in permanent housing.
- There is a continual decrease in the rates of first-time homeless.

The following are the key principles measured to ensure unbiased system:

- CES reaches all populations, regardless of race, ethnicity, gender, sexual orientation, veteran status, disability status, and geography
- The prioritization standards are observed.
- Participating housing providers use a Housing First approach.
- Consumers are assessed consistently across all sites.

The following are the key principles measured to ensure an efficient system:

- Consumers are appropriately matched to homeless housing and services.
- Continual increasing rates of diversion.
- Housing vacancies are filled quickly.
- The reduction of length of time homeless.

Evaluation data will be collected by the UWM by annually obtaining qualitative data (online surveys, focus groups, and/or interviews) from CES stakeholders and utilizing system performance measures and annual from HMIS. The UWM will annually survey community leaders through electronic surveys. In addition, annual Performance Monitoring of Continuum of Care Grantees, developed by MACH's Data and Evaluation Committee, along with feedback from Emergency Solutions Grants grantees will be used to evaluate the overall effectiveness of CES and report results out to the MACH community. Data from all

sources will be annually incorporated into the CES Annual Assessment. The CES Annual Assessment will be completed on an annual basis with full reports given to the CoC Board of Directors and Members, Access Points, Service Providers and other stakeholders.