COORDINATED ENTRY POLICIES AND PROCEDURES
Columbus and Franklin County Continuum of Care

INTRODUCTION AND OVERVIEW

Purpose and Participation Expectations
All programs serving people experiencing homelessness or at imminent risk of experiencing homelessness in the Columbus and Franklin County Continuum of Care are required to participate in the local coordinated entry system. This requirement includes all U.S. Department of Housing and Urban Development Continuum of Care (CoC)-funded programs and Emergency Solutions Grant (ESG)-funded programs. The CoC's coordinated entry process allows for coordinated screening, assessment, and referrals for CoC-, ESG-, and locally funded projects. The local Homeless Management Information System (HMIS) tracks project participants referred, accepted, rejected, and served from the coordinated entry process and in each program.

CoC and ESG Coordination
The CoC governing body – which includes local ESG recipients – is responsible for funding, establishing, and operating a coordinated entry system for individuals and families experiencing homelessness, with specifications for the needs of individuals and families fleeing domestic violence, dating violence, sexual assault, or stalking. The CoC governing body has delegated this responsibility to Community Shelter Board (CSB), per the [Columbus and Franklin County Continuum of Care Governance and Policy Statements](#).

These coordinated entry policies and procedures should be used in conjunction with the CoC's [Homeless Crisis Response System Policies and Procedures](#), which include our community's CoC and ESG written standards and local expectations for providing assistance to people experiencing homelessness or at imminent risk of experiencing homelessness.

Guiding Principles
The CoC establishes the following guiding principles for its coordinated entry system:
- The coordinated entry system will operate with a person-centered approach, and with person-centered outcomes.
- The coordinated entry system will ensure that participants quickly receive access to the most appropriate services and housing resources available.
- The coordinated entry system will reduce the stress of the experience of being homeless by limiting assessments and interviews to only the most pertinent information necessary to resolve the participant's immediate housing crisis.
- The coordinated entry system will incorporate cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.
- The coordinated entry system will implement standard assessment tools and practices and capture only the limited information necessary to determine the severity of the participants needs and the best referral strategy for them.
- The coordinated entry system will integrate mainstream service providers into the system, including Columbus Metropolitan Housing Authority and the Veterans Administration.

⟨ The coordinated entry system will use HMIS to manage participant information and facilitate quick access to available resources.
⟨ The coordinated entry system will ensure that participants do not wait on prioritization waiting lists for more than 60 days.

Roles and Responsibilities
CSB operates the coordinated entry system on behalf of the CoC governing body and ESG recipients. CSB is the CoC Collaborative Applicant, CoC Unified Funding Agency, CoC recipient, ESG sub-recipient, and HMIS Lead.
⟨ CSB provides HMIS and coordinated entry training.
⟨ CSB leads regular case conferencing for families, single adults, transition-aged youth, and Veterans.
⟨ CSB leads the Homelessness Prevention Network and oversees access to homelessness prevention services for families at imminent risk of experiencing homelessness.
⟨ CSB maintains the dynamic prioritization tool for access to rapid re-housing (RRH) programs for families, pregnant women, and transition-age youth (TAY) experiencing homelessness.
⟨ CSB oversees the entity that maintains the dynamic prioritization tool for access to RRH programs for single adults experiencing homelessness.
⟨ CSB operates the Unified Supportive Housing System (USHS) for access to all permanent supportive housing (PSH) units in the CoC.
⟨ CSB monitors all partners for compliant use and application of the coordinated entry system via the annual Program Review and Certification process.

Funded partner agencies, including CoC- and ESG-funded programs, are contractually obligated via annual CoC and CSB funded partnership agreements to exclusively use the CoC's coordinated entry system to provide and accept referrals for system programs, in accordance with these coordinated entry policies and procedures, the Homeless Crisis Response System Policies and Procedures, and the USHS Vacancy Management and Lease Up Narrative Manual and Policies and Procedures.

Versions and Review
CSB is responsible for the revision, review, and approval of these coordinated entry policies and procedures. CSB will review these policies and procedures annually. Any updates will be posted on CSB's website.

Geographic Coverage
The CoC's coordinated entry process covers the CoC's entire geographic area (Columbus and Franklin County, Ohio).

Affirmative Marketing and Outreach
All persons participating in any aspect of coordinated entry, such as access, assessment, prioritization, or referral, shall be afforded equal access to coordinated entry services and resources without regard to a person's actual or perceived membership in a federal 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, dating violence, sexual assault, or stalking, shall have fair and equal access to the coordinated entry process.

Funded partner agencies do not discriminate on the basis of race, religion, color, national origin, ancestry, sex, sexual orientation, gender identity, age, disability or other handicap, marital or familial status, military status, status with regards to public assistance, or any other class of persons protected by applicable law.

Agencies are prohibited from denying admission or terminating assistance based on a client being a victim or survivor of domestic violence, dating violence, sexual assault, or stalking.

The agency has a written nondiscrimination policy applicable to staff, trustees, volunteers, and clients and there is evidence that it is being implemented. The agency operates in compliance with all applicable Equal Employment Opportunities and Affirmative Action requirements.

Agencies have a written document outlining clients' rights posted in a visible and accessible location, read, and otherwise made known to clients upon admission, with accommodation for literacy and language barriers. All clients receive a copy of the clients' rights document upon intake including instructions for grievances and appeals and identifies the agency clients' rights officer.
- ⟨ Policies are posted in areas where all staff, trustees, volunteers, and clients have access to them.
- ⟨ If the agency has multiple work sites, then the policy should be posted at each site where staff, trustees, volunteers, and clients congregate.
- ⟨ All individuals, including transgender individuals and other individuals who do not identify with the sex they were assigned at birth, must be given access to programs, benefits, services, and accommodations in accordance with their gender identity without being subjected to intrusive questioning or being asked to provide documentation.
- ⟨ Agencies must post HUD's Notice on Equal Access Regardless of Sexual Orientation, Gender Identity, or Marital Status for HUD's Community Planning and Development Programs.

Safety Planning and Risk Assessment
All persons who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking shall have immediate and confidential access to available crisis services in Columbus and Franklin County. Agencies will incorporate a safety risk assessment as part of the initial coordinated entry process, evaluating to the greatest extent possible the physical safety and well-being of participants and prospective participants.

Nondiscrimination
The coordinated entry system must adhere to all jurisdictionally relevant civil rights and fair housing laws and regulations.

The CoC has designated CSB as the entity responsible for monitoring agencies for compliance with all coordinated entry requirements, including adherence to civil rights and fair housing laws and regulations, in accordance with the annual Program Review and Certification process.

⟨ Fair Housing Act – prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
⟨ Section 504 of the Rehabilitation Act – prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance.
⟨ Title VI of the Civil Rights Act – prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving federal financial assistance.
⟨ Title II of the Americans with Disabilities Act – prohibits public entities, which include state and local governments and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing and housing-related services such as housing search and referral assistance.
⟨ Title III of the Americans with Disabilities Act – prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

ACCESS

Access Model, Coverage, and Designated Access Points
The Homeless Hotline – a local phone number answered 24/7/365 that is well-advertised and covers the entire CoC geographic area – screens and connects callers to appropriate shelter, housing, and service providers in the area. All callers are assessed using the same tool and methodology so that referrals are consistently completed across the CoC. The exceptions are the Engagement Center at Maryhaven that serves publicly inebriated homeless individuals who are not able to care for themselves and CHOICES shelter for survivors of domestic violence that operates an independent call center.

Families with children that call the Homeless Hotline are referred to Gladden Community House to explore diversion and homelessness prevention options to make sure there are no safe alternative housing options for the family prior to entering emergency shelter.

Street Outreach programs assist people experiencing unsheltered homelessness access the Homeless Hotline or access housing directly, based on client choice. Street outreach teams are considered a coordinated entry access point. Outreach programs use the CoC's standardized assessments to refer people to PSH programs or the specialized RRH program that serves survivors of domestic violence, dating violence, sexual assault, or stalking.

The Coordinated Access and Rapid Resolution (CARR) Team for TAY assists youth experiencing homelessness access the Homeless Hotline or access housing directly, based on client choice. CARR Team is considered a coordinated entry access point. CARR Team uses a standardized assessment tailored to youth to refer people to shelter, transitional housing, RRH, or PSH programs and other resources, including programs designated for TAY.

The Center for Family Safety and Healing (CFSH) is the Coordinated Entry for persons who are fleeing or attempting to flee domestic violence. They facilitate access to CHOICES Shelter for DV Survivors, connect with the Homeless Hotline, and coordinate referrals to rapid re-housing of eligible DV Survivors.

The Homelessness Prevention Network screens families receiving services at local social services agencies for housing instability using a standardized tool. Households that are unstably housed receive priority for the agency's services and are referred to the Homeless Hotline or homelessness prevention programs if needed.

Accessibility
All programs ensure that coordinated entry services are physically accessible to persons with mobility barriers. All communications and documentation are accessible to persons with limited ability to read and understand English. All programs provide communication accommodation through translation services to effectively and clearly communicate with persons who have disabilities and persons with limited English proficiency. All programs provide visually and audibly accessible coordinated entry materials when needed.

ASSESSMENT

Standardized Assessment Approach
The coordinated entry process uses standardized assessments for all participants, ensuring uniform decision-making and coordination of care for persons experiencing a housing crisis.

The Homeless Hotline uses the HMIS Data Collection Form (Appendix A) to ensure that all callers are assessed in a consistent manner, using the same process. The Form documents a set of participant conditions, attributes, need level, and vulnerability, allowing the Homeless Hotline to identify a service strategy and prioritization for the household.

The Homeless Hotline refers families with children to Gladden Community House for additional diversion discussions, to make sure the household has no safe alternative options and try to divert the family from homelessness. Gladden Community House uses the Homelessness Prevention Screening/Referral Tool (Appendix B) to ensure all households are assessed in a consistent manner, using the same process.

Street Outreach teams and CARR Team connect people experiencing homelessness to the Homeless Hotline. Outreach, CARR Team, and emergency shelters refer households to RRH and PSH programs using the Housing Assistance Screening Tool for RRH (Appendix C) or the Severity of Service Needs Screening Tool for PSH (Appendix D), dependent on client needs and preferences.

Local social services agencies that participate in the Homelessness Prevention Network use the Housing Loss Risk Screener (Appendix E) to ensure households are assessed in a consistent manner, using the same process, for agency services and homelessness prevention programs.

Phases of Assessment

The assessment process progressively collects only enough participant household information to prioritize and refer participants to available housing and support services.

⟨ The first triage phase happens immediately upon engagement with a household experiencing a crisis and focuses on identifying the immediate housing crisis and clarifying whether the homeless crisis response system is the appropriate system to address the household's immediate needs.

⟨ Diversion and prevention screening occur concurrent with (for single adults) or the same day as (for families) the triage phase and examines existing community and household resources and options that could be used to avoid homelessness.

⟨ If diversion is unsuccessful, the crisis services intake phase occurs immediately and focuses on collecting all information necessary to enroll the participant in shelter.

⟨ Once a household has entered shelter, within five business days case managers collect information to 1) identify the household's housing and service needs with the intent to resolve the immediate housing crisis and 2) collect information to evaluate participant's vulnerability and prioritization for assistance. Households are referred to the most appropriate intervention based on this screening.

⟨ Once the housing crisis is resolved, case managers continuously collect information and provide assistance and referrals to community resources to help the household maintain housing stability.

Assessor Training
CSB on behalf of the CoC oversees the coordinated entry program and ensures that all staff who assist with coordinated entry operations receive sufficient training to implement the system in accordance with these policies and procedures. CSB provides at least annual training for persons conducting coordinated entry assessments. CSB routinely conducts mock calls to the Homeless Hotline to measure compliance with policies and procedures and assess training and technical assistance needs. Training topics include, but are not limited to:

⟨ Review of coordinated entry policies and procedures.
⟨ Requirements for the use of assessment information to determine prioritization.
⟨ Use of coordinated entry assessment tools.
⟨ Criteria for uniform decision-making and referrals.

Assessment Screening, Nondiscrimination, Complaints, and Appeals
The coordinated entry process may collect and document participants' membership in Civil Rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to particular referral options. No information collected during the coordinated entry process is used to discriminate or prioritize households for housing and services on a protected basis such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

⟨ For family shelters, a family includes one or more dependent children in the legal custody of one or more adults (not to exceed three) who, prior to losing housing, were living together and working cooperatively to care for the children.

⟨ For RRH, a family includes, but is not limited to, any group of persons presenting for assistance together with or without children, regardless of marital status or

relationship, actual or perceived sexual orientation, or gender identity, and irrespective of age, relationship, or whether or not a member of the household has a disability.

⟨ The definition of family for PSH projects is the same as for RRH, except that a member of the household must have a disability.

⟨ Participants receive information detailing the point of contact for filing and addressing any discrimination complaints, which can be filed by participants if they believe the nondiscrimination policy has been violated during the coordinated entry process.

⟨ The information includes contact information for how to access the appeal process if they are not satisfied with or have questions about how their complaints are handled.

⟨ Participants sign to acknowledge receipt of this information at program entry.

Participant Autonomy and Disclosure of Disability or Diagnostic Information

Persons served by the coordinated entry system must 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. Refusal will not adversely affect the participant's prioritization for programs and services.

⟨ Throughout the assessment process, participants must not be pressured or forced to provide information they do not wish to disclose, including specific disability or medical diagnosis information.

⟨ Some funders and programs require collection and documentation of a participant's disability or other characteristics or attributes as a condition for determining eligibility. Participants who choose not to provide such information may limit potential referral options.

Privacy Protections

Coordinated entry processes must include participant consent for the collection, use, and disclosure of participants' personally identifiable information (PII). A participant's request for housing crisis response assistance initiated through phone communication is considered notification of intent and inferred to be client consent to collect, use, and disclose PII collected via phone. Programs obtain written client consent when data is collected during in-person assessment. Verbal client consent during assessment conducted via phone is acceptable but must be clearly documented, in HMIS for the Homeless Hotline and in client files for all other programs.

All participant information collected, stored, or shared during coordinated entry processes, regardless of whether the information is stored in HMIS or a comparable database, is considered personal and sensitive information worthy of the full force of protection and security associated with data collected, stored, or shared in HMIS or a comparable database. All programs must protect all participants' PII as required by HUD's HMIS Data and Technical Standards, regardless of whether the PII is stored in HMIS. All programs ensure participants' PII is only collected, managed, reported, and potentially shared if it can be secured in compliance with HUD and CSB HMIS privacy and security requirements.

Updating the Assessment

Participant information must be updated at least once a year and when new or updated information becomes known. Individuals who chose 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 or a comparable database. Participant data in HMIS or a comparable database can be updated after the initial coordinated entry collection and throughout program enrollment to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. Programs should continuously work to improve participant engagement strategies to achieve high completion rates for required HMIS data elements.

PRIORITIZATION

The homeless crisis response system uses data collected through the coordinated entry process to prioritize people experiencing homelessness for assistance and program entry within the CoC's geography.

<u>Emergency Shelter Prioritization</u>
Emergency services are a critical crisis response resource, and access to such services will not be prioritized. Shelter is reserved for those who have no safe alternatives and are staying or will be staying that night in a place not designated for human habitation, as determined by the Homeless Hotline during the diversion portion of the standardized screening for single adults or as determined by Gladden Community House during the diversion screening for families. During cold weather overflow season, everyone who needs and wants shelter receives it. During non-overflow months, all families that need and want shelter receive it. Single adults may be placed on a waitlist, depending on availability of emergency shelter beds.

People who call the Homeless Hotline and are fleeing domestic violence, dating violence, sexual assault, or stalking are connected to the local domestic violence shelter or other appropriate intervention hotline or 911, as applicable. Homeless Hotline clinicians contact the appropriate resource without disconnecting the caller to make sure they can successfully access the intervention. The Homeless Hotline may provide transportation assistance if needed.

<u>Transitional Housing Prioritization</u>
Transitional housing programs serve youth ages 16-24 who are experiencing homelessness and can remain in the community with support without being a danger to themselves or community. Programs prioritizes youth based on the Housing Assistance Screening Tool.

<u>Rapid Re-Housing Prioritization</u>
Households are screened using the Housing Assistance Screening Tool within five days of entry into emergency shelter to determine housing assistance needed and prioritization. Eligible participants are prioritized based on service needs and placed in a Dynamic Prioritization Pool. The system maintains separate pools and RRH programs for single adults, families, TAY, pregnant women, and survivors of domestic violence, dating violence, sexual assault, or stalking. When a space opens in a RRH program, the participant in the applicable Dynamic Prioritization Pool with the highest score is prioritized for enrollment,

focusing first on the target populations described below. In the event two prospective RRH participants have the same prioritization score, the household referred to RRH earliest receives higher priority.

RRH assistance is targeted for households entering shelter (or unsheltered households that are or have experienced domestic violence, dating violence, sexual assault, or stalking) who meet at least one of the following target population criteria.

⟨ One or more severe and persistent disabling conditions, defined as:
  o A physical, mental, or emotional impairment, including an impairment cause by alcohol or drugs, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to live independently; could be improved by the provision of more suitable housing conditions.
  o A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
  o AIDS or any condition arising from the etiologic agency for HIV

⟨ Two or more severe service needs. Severe service needs are determined based on the following:
  o Past eviction(s)
  o Past felony conviction(s)
  o No current income
  o Survivor of domestic violence, dating violence, sexual assault, or stalking in the prior 6 months
  o Length of time homeless

⟨ Households with pregnant women not engaged with another re-housing provider

⟨ Households with Veterans not eligible for re-housing assistance through Supportive Services for Veteran Families (SSVF) program

⟨ Survivors of domestic violence, dating violence, sexual assault, or stalking (including specialized RRH for survivors of domestic violence, dating violence, sexual assault, or stalking)

⟨ TAY not engaged with another re-housing provider (including specialized RRH for transition-age youth)

⟨ Households not otherwise included above will be considered for RRH if there are no other households in the target populations above and based on prioritization and available capacity.

Permanent Supportive Housing Prioritization
PSH serves literally homeless households in which at least one member has a disability. PSH programs, via USHS, prioritize eligibility in accordance with Notice CPD-14-012, the HUD Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status. Individuals and families with a disability and experiencing chronic homelessness, with the longest history of homelessness and the most severe service needs, are given first priority in all PSH projects. This process was created to allow PSH to target individuals with the greatest barriers toward obtaining and maintaining housing on their own, and not on a first come, first serve basis. Individuals and families

experiencing chronic homelessness have priority over non-chronically homeless individuals and families.

The USHS pool is created via reporting from HMIS, incorporating information on disability and length of time homeless. Programs serving households that are eligible for PSH are then invited to submit a Severity of Service Needs Screening for the household to refine the prioritization with information on service needs.

1. Chronically Homeless Person
   ⟨ Is eligible for PSH dedicated for people who are homeless and is currently residing in a place not meant for human habitation or in an emergency shelter
   ⟨ Qualifies as chronically homeless
   ⟨ Prioritization within this category: Higher priority is given to chronically homeless persons with the longest history of homelessness and the most severe service needs, based on the combined score of both length of time homeless and service needs on the Severity of Service Needs Screening.

If there are no chronically homeless individuals in the CoC, USHS sorts non-chronically homeless households into the following prioritization pools. Within each prioritization pool, households with the longest history of homelessness and the most severe service needs are prioritized, based on the combined score of both length of time homeless and service needs in the Severity of Service Needs Screening.

2. Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs
   ⟨ Is eligible for PSH dedicated for people who are homeless and is currently residing in a place not meant for human habitation or in an emergency shelter;
   ⟨ Does not qualify as chronically homeless (Priority 1);
   ⟨ Has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation or in an emergency shelter but where the cumulative time homeless is at least 12 months; and
   ⟨ Has been identified as having severe service needs, based on meeting or exceeding a minimum score on the Severity of Service Needs Screening.

3. Homeless Individuals and Families with a Disability with Severe Service Needs
   ⟨ Is eligible for PSH dedicated for people who are homeless and is currently residing in a place not meant for human habitation or in an emergency shelter;
   ⟨ Does not qualify as chronically homeless or have long periods of episodic homelessness (Priorities 1 or 2)
   ⟨ Has been identified as having severe service needs, based on meeting or exceeding a minimum score on the Severity of Service Needs Screening.

4. Homeless Individuals and Families with a Disability without Severe Service Needs
   ⟨ Is eligible for PSH dedicated for people who are homeless and is currently residing in a place not meant for human habitation or in an emergency shelter;

〈 Does not qualify as chronically homeless or have long periods of episodic homelessness (Priorities 1 or 2); and
〈 Has not been identified as having severe service needs, based on not meeting or exceeding a minimum score on the Severity of Service Needs Screening.

5. Homeless Individuals and Families with a Disability Coming from Transitional Housing
〈 Is eligible for PSH dedicated for people who are homeless and is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation or in an emergency shelter.
〈 This also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation or an emergency shelter prior to entry in the transitional housing.

REFERRAL
All homeless crisis response system partners enroll new participants only from the CoC's referral process. Partners must notify the appropriate prioritization pool of any known and anticipated upcoming vacancies.

Notification of Vacancies
RRH programs notify the entity managing the Dynamic Prioritization Pool for their program type (single adults, families, TAY, pregnant women, and survivors of domestic violence, dating violence, sexual assault, or stalking) immediately when the program has the capacity to accept new participants. The Pool manager identifies a prioritized household to fill the program vacancy immediately. RRH programs notify the Pool immediately when the participant is accepted into the program.

PSH programs notify USHS of vacancies within two business days. USHS refers eligible and prioritized participants within two business days. PSH programs notify USHS within two business days of participant approval or denial.

Participant-Declined Referrals
Client choice is respected throughout the coordinated entry process, including the referral phase. Participants are allowed to reject service strategies and housing options offered to them, without repercussion. Individuals and families are given information about the programs available to them and provided choices whenever feasible based on assessment information, vulnerability and needs, preliminary eligibility determinations, and available resources. Of the options available, participants are afforded their choice of which project to be referred to. If a household declines a referral to a housing program, they remain in the pool until the next opportunity is available.

For PSH, the prospective participant is expected to tour the housing project or unit before rejecting the available unit. USHS will offer up to two housing units to the prospective participant from the housing inventory available, as all housing within USHS is considered safe, decent, and affordable. If/when a prospective participant rejects housing for the second time, their file will be returned to the referring agency for placement in other suitable

community housing outside USHS. The prospective participant will be ineligible for USHS housing for one year after they reject the second housing unit.

Provider-Declined Referrals

Programs are expected to accept referrals from the applicable pool when there are vacancies. The entities managing the pools are familiar with each program's eligibility criteria, funding requirements, and services and will only refer households that are appropriate for each program. When a program declines a referred prioritized household, the program must notify the entity managing the pool of the denial and reason for the denial within two business days. Denials are acceptable only in certain rare situations, including but not limited to:

- ⟨ The household does not meet the program's eligibility criteria.
- ⟨ Someone in the household would be a danger to self or others if allowed to stay in the program.
- ⟨ The services available are not sufficient to address the intensity and scope of the household's needs.

Any unique situations or challenges with vacancies and referrals are discussed in the Adult System Operations Workgroup, Family System Operations Workgroup, Permanent Supportive Housing Roundtable, Youth System Operations Workgroup, or Veteran System Operations Workgroup, as applicable.

DATA

Data Systems and Participant Consent

Coordinated entry partners and all participating programs contributing data to the coordinated entry process must ensure participants' data are secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically. Participants are informed how their data are being collected, stored, managed, and potentially shared, with whom, and for what purpose.

Participants receive and acknowledge a participant consent notification prior to the collection of data identifying 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 and how data will be shared with others (if the participant consents to data sharing).

For the Homeless Hotline and Gladden Community House Diversion, a participant's request for housing crisis response assistance initiated through phone communication is considered notification of intent and inferred to be client consent to collect, use, and disclose data collected via phone. Programs obtain written client consent when data is collected during in-person assessment (Appendix F). Verbal client consent during assessment conducted via phone is acceptable but must be clearly documented, in HMIS for the Homeless Hotline and in client files for all other programs.

Data Collection Stages and Standards

Programs 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 Data Manual. Resources on HMIS standards are available on CSB's website.

EVALUATION

Evaluation of Coordinated Entry System
CSB on behalf of the CoC conducts regular and ongoing evaluation of the coordinated entry system to identify improvement opportunities, share results, and hold the system accountable.

CSB and programs evaluate HMIS data completeness and quality monthly and quarterly. CSB publishes quarterly reports on system and program outcomes. These reports are posted on CSB's website, reviewed by the CoC governing body, and used by operations workgroups and CSB to improve program performance and outcomes.

Participating Agencies Evaluation
Participating agencies collect accurate and meaningful data on persons served by the coordinated entry system. Programs review evaluation results and explore potential improvements to processes and operations. All programs conduct regular client surveys and CSB monitors programs' survey process and results annually during monitoring reviews. CSB and agencies discuss program outcomes during one-on-one meetings using the annual Performance Evaluations and pursue strategies to improve the operations of the system.

Appendix A – HMIS Data Collection Form for Coordinated Point of Access (Homeless Hotline)
Appendix B – Gladden Community House Diversion Screening/Referral Tool
Appendix C – Housing Assistance Screening Tool
Appendix D – PSH Severity of Service Needs Screening Tool
Appendix E - PSH Annual Resident Service Needs & Move Up Assessment
Appendix F – Supplemental Intake Forms by program type
Appendix G – Homelessness Prevention Network Housing Loss Risk Screener
Appendix H – Client Acknowledgement for Electronic Data Collection