



ending homelessness in Montana

Policies & Procedures

Coordinated Entry System(CES)

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Table of Contents

OVERVIEW	4
Definitions	5
THE COORDINATED ENTRY SYSTEM	9
Consumer Participation	9
Target Population	9
Consumer Rights	9
Privacy Protections	9
Warm Handoffs	9
Grievances	10
Referral Zones	10
Agency Participation	11
HMIS and CES	11
Continuous Improvement	11
Monitoring and Evaluation	11
Ongoing Training and CES Design	12
THE COORDINATED ENTRY PROCESS	13
Access	13
Access Points	13
Marketing	13
Fair Housing, Tenant Selection and Other Legal Requirements	13
Domestic Violence	14
Street Outreach	15
Other Access Issues	15
Assessment	16
Phased Assessment Process	16
Reasonable Accommodation	16
Refusals	17
Prioritization	17
Case Conferencing	18
Overriding Assessment Scores	18
Referral	19

OVERVIEW

The Montana Statewide Continuum of Care has established a Coordinated Entry System (CES) that aims to increase the efficiency of the local homeless crisis response system and improve fairness, intentionality and ease of access to resources, including mainstream resources. CES goals include:

- Reduce the burden on households experiencing a housing crisis
- Identify for each person experiencing homelessness the most appropriate housing resource to facilitate a rapid and permanent resolution to their housing crisis
- Prioritize the most vulnerable households for housing resources
- Collect system-wide data to inform data-driven decision making at the CoC, organizational and project levels

Coordinated Entry is a nationally recognized best practice for homeless housing and services that has been adopted by HUD and is required by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act as well as 24 CFR 578.7(a)(8) and HUD Notice CPD-17-01.

Montana's Coordinated Entry System has four core elements:

1. Access
2. Assessment
3. Prioritization, and
4. Referral

As stated in the "Coordinated Entry Core Elements Guidebook" (HUD, 2017), "established *front doors/access points* use a standardized *assessment* process to gather information on people's needs, preferences, and the barriers they face to regaining housing. Once the assessment has identified the most vulnerable people with the highest needs, the CoC follows established policies and procedures to *prioritize* households for *referrals* to appropriate and available housing and supportive services resources."

Montana is a diverse state consisting of urban, suburban, rural and frontier areas, with different housing needs and resources. Because the state's rural and frontier areas are large, some Montanans who experience homelessness may find that they are hours away from the nearest homeless services provider. For these reasons, the Continuum of Care (CoC) has instituted a system of CES Referral Zones that covers the entire state. In compliance with HUD regulations, CES implementations in each zone will follow the same access, assessment and prioritization processes, and will refer people who are experiencing homelessness to housing resources within the zone where they present for services.

These policies and procedures will be reviewed and updated at least annually.

Definitions

Access Point (also known as a “Front Door”) - A location where households experiencing homelessness can meet with an intake professional in-person, via phone or through outreach workers on the street. Access Point staff are trained in common intake and assessment processes that provide access to the CES and, therefore, local homeless housing and service resources.

By-Name List (BNL) - A real-time, dynamic list of households experiencing homelessness, typically literal homelessness and/or fleeing or attempting to flee domestic violence, who are in need of permanent housing. This list includes all populations (single adults, families, young adults, veterans) and can be sorted and filtered to prioritize and refer households to appropriate housing and services.

Case Conferencing - A convening of housing and service providers focused on problem solving and assigning navigation and available housing resources to prioritized households. Providers offer frequent client level updates and ensure the most vulnerable households are being engaged and have the opportunity to connect to the homeless system. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, reduce duplication, and facilitate rapid connection of the most vulnerable households to housing resources.

Case Management - “A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services” to meet individual/household needs (Case Management Society of America). Housing Case Management should be voluntary and person centered, with the goal of identifying strengths and client directed goals, while promoting “health, recognition, and well-being” (USICH, 2016). Case Managers should provide supportive services and linkages to mainstream resources that promote housing maintenance and stability.

Community Outreach Teams – Housing assessments completed by an Outreach Team with households who are unable to visit a physical Access Point location.

Continuum of Care (CoC) - A community planning body, required by HUD, to organize and deliver housing and services for a specific geographic region, develop a long-term strategic plan for preventing and ending homelessness, and to apply for federal resources. It has a designated lead entity responsible for oversight and compliance with HUD requirements. The state of Montana has a single, Statewide CoC, subdivided by Human Resource Development Council (HRDC) regions, which are commonly referred to as “local CoCs”.

Coordinated Entry System (CES) - A process designed to coordinate program participant intake assessment and provision of referrals. The primary goals of CE are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present.

Crisis Response System - Focused on rapid connection to permanent housing at every stage, especially within outreach and emergency shelter responses. Elements of a Crisis Response System per HUD:

1. Coordinated Entry Process
2. Development of Collaborative Partnerships with Mainstream Systems
3. Strategic Resource Allocation and Reallocation
4. Increased Performance Measurement

Diversion - An approach that relies on a formally trained Diversion Specialist to facilitate a conversation about safe housing alternatives, outside the homeless system, often including mediation/conflict resolution between a person in crisis and their support system. Diversion focuses on a person’s

strengths and supports their process of identifying the resources available to them to help resolve their housing crisis.

Family - One or more individuals who live together. Members of the family do not need to be related by blood, marriage or any other legal capacity. Family members who are away from the household for a certain period of time may be considered part of the family, so long as the head of household has at least 50% custody of the children. Live-in aides are also considered to be family members. HUD's definition of family is broad to help make sure decent and affordable housing is available to every type of family. There are no trimesters limitations (a pregnant person is a family). Participating agencies and Front Doors/Access Points may have different criteria for "family" in terms of admittance for program eligibility.

Homeless - The HUD Definition of Homelessness includes four categories: Literally Homeless, At Imminent Risk of Homelessness, Unaccompanied Youth and Families With Children and Youth Defined as Homeless Under Other Federal Statutes, and Fleeing or Attempting to Flee Domestic Violence. A full description of the HUD definition is found in Exhibit X.

Homeless Management Information System (HMIS) - A CoC-wide information system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

Housing First - An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety or treatment/service participation requirements. Supportive services are offered on a voluntary basis to maximize housing stability and prevent a return to homelessness versus addressing predetermined treatment goals prior to permanent housing entry.

Inflow - Term used to track CE progress and outcomes, referring to the number of households who entering the homeless (typically tracked monthly). Inflow is analyzed alongside the outflow (number of people permanently housed monthly) and active list to understand how close the community is to a balanced system (known as "functional zero"). This process is currently under development in the CES and is contingent on Google Sheet/By Name List formula capabilities.

Outflow - Term used to track CE progress and outcomes, referring to the number of households who are permanently housed (typically tracked monthly). Outflow is analyzed alongside the inflow (number of people entering the homeless system monthly) and active list to understand how close the community is to a balanced system (known as "functional zero"). This process is currently under development in the CES and is contingent on Google Sheet/By Name List formula capabilities.

Outreach Coordination - Planning and ongoing coordination of outreach activities that includes a multidisciplinary approach that ensures the use of best practices to ensure the most vulnerable and disconnected people experiencing homelessness have access to the homeless system regardless of their geographic location.

Partnering Agency - These organizations are not Access Points, but they fall into one or more of the following categories: they attend Case Conferencing meetings on a regular basis, they refer eligible households to Access Points, and/or they are a homeless system provider receiving housing/service referrals directly from Coordinated Entry.

Permanent Housing - Non time-limited, community-based housing, including both Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH) as defined by HUD, in which formerly homeless individuals and families live as independently as possible.

Permanent Supportive Housing (PSH) - Permanent housing for a household that is homeless and at least one person in the household is living with any type of disability. Households eligible for PSH typically have intensive, long-term service needs that impact their ability to maintain permanent housing. Intensive services are offered and encouraged but are not to be required as a condition of tenancy.

Prevention - An approach that focuses on preventing homelessness to households at imminent risk of homelessness (Category 2 of the HUD homeless definition) by providing assistance to households that otherwise would lose their housing and end up in a shelter or on the streets.

Rapid Rehousing - Rapid re-housing is a critical part of a community's effective homeless crisis response system that connects people experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

Referral Zone (also known as a "local CoC") - CoCs covering a large geographic area are allowed to design their Coordinated Entry Systems to include multiple referral zones in order to avoid making people travel or move long distances in order to be assessed or served. These zones must be constituted in a manner that allows the same type of access to available resources to all persons experiencing homelessness within the CoC, no matter where they present for assistance. Client choice must still be considered when making referrals and persons experiencing homelessness cannot be forced to move to other geographic areas.

Transitional Housing - A time-limited intervention intended to provide a targeted level of support to attain permanent housing. Services continue to emphasize housing attainment through a housing-focused assessment and housing stability planning, which includes working with each household to identify resources in the community, to make referrals as needed, and to support ongoing family and housing stability.

Warm Handoff - Also known as an assisted referral, this practice is more than just handing people off to another agency, or providing them a list of places to go and providers to contact. Instead, an Access Point or Participating Agency introduces a person to another provider in real time, by communicating directly with the second provider or helping the person reach out on her/his own.

THE COORDINATED ENTRY SYSTEM

Responsibility for operating the Montana Statewide Coordinated Entry System is shared between a statewide CES Lead Entity and local CES Lead Entities in Referral Zones across the state. The statewide CES Lead Entity is Pathways MISI, which is responsible for ensuring CES compliance with HUD requirements, and provision of operational infrastructure and oversight. Local CES Lead Entities manage local CES processes, including ongoing maintenance of the By-Name List and facilitation of case conferences and local CES planning sessions.

Consumer Participation

Target Population

The target population of the CES is made up of people experiencing homelessness per HUD's Homeless Definition. Homelessness prevention resources are targeted to people within Category 2 of the definition, and homeless housing and services (outreach, emergency shelter, transitional housing, rapid re-housing, permanent supportive housing) are targeted to people within Category 1 (literally homeless) and Category 4 (fleeing or attempting to flee domestic violence) of the definition.

Consumer Rights

Privacy Protections

Policy

All agency staff and volunteers working on behalf of the Montana Statewide Coordinated Entry System are responsible for obtaining consent to share personally identifying participant information for purposes of assessing, prioritizing and referring households through the CES process. People who do not consent still have access to housing and service resources, but cannot be discussed (or have data shared in any other way) by name or personally identifying information at any point within the CES process - including in case conferencing - until they provide written consent.

Procedure

Copies of the applicable Access Point Privacy Policy and the CoC's CES Consent Form will be provided to participants regardless of whether or not they choose to engage in CES.

Warm Handoffs

Policy

When a person who is experiencing homelessness receives assistance through the Coordinated Entry System, staff will facilitate a smooth transition (a "Warm Handoff") when being referred to another assessor or organization.

Procedure

Warm Handoffs will be made any time a person is being referred to another staff member or organization for further assessment, or for housing or services.

Access Points and Partner Agencies will not send a person to another agency without confirming there is real-time help/assistance on the other end. When making a referral, be sure to provide the other party with pertinent information (with client consent) about the person to avoid duplicative questions that place the burden on households experiencing homelessness. Other examples of a warm handoff include:

- Offering the person an agency phone to call the provider, or offer/provide private space for the household/person to call the provider with their phone. Ensure the household/person knows how to get to the specific agency and that the receiving agency knows that the household/person is on their way.
- Contacting an Outreach Worker to see if they can come to your agency and meet with the person.

Grievances

Policy

A Grievance Process will be available to households who disagree with Coordinated Entry decisions and wish to appeal them. Households are encouraged to file a grievance if they feel their rights have been violated.

Procedure

If a grievance concerns the assessor who completed the assessment process, or the CES process (example: denied entry to or removed from the BNL, how people are prioritized, etc.), a household should file a grievance with the appropriate local CES Lead Entity.

If a person has a grievance that concerns a housing program provider, that person will be instructed to file a grievance with that provider.

Referral Zones

Because the Montana Statewide CoC covers a large geographic area, its Coordinated Entry System comprises multiple Referral Zones to avoid making persons travel or move long distances in order to be assessed or served. These zones are commonly known as “local CoCs”. This design ensures that all persons experiencing homelessness in Montana will have the same type of access to available resources, regardless of the Referral Zone in which they are presenting for assistance. Client choice will still be considered when making referrals and persons experiencing homelessness will not be forced to move to other geographic areas.

Agency Participation

The goal of the Montana Statewide Continuum of Care that all organizations in the state that serve people who are experiencing homelessness or are at risk of experiencing homelessness will participate in the Coordinated Entry System. Organizations that receive funding from HUD and its federal partners are required to participate, and others will be strongly encouraged and welcomed to participate.

The CoC and the state’s ESG recipient will work together to ensure the CoC’s CES process allows for coordinated screening, assessment and referrals for ESG projects consistent with the written standards

for administering ESG assistance established under 24 CFR 576.400(e), “Written Standards for Providing ESG Assistance”.

HMIS and CES

Policy

HMIS is the database utilized by homeless service providers to report, track and monitor project outcomes. It is paramount that services be entered into HMIS in a timely and efficient manner to ensure accurate reporting.

Procedure

All Access Points, with the exception of those mandated to use a Comparable Database, will enter in HMIS all households that participate in CES. These organizations will enter into HMIS all CES related assessments, services, and will use HMIS to produce the By Name List.

Continuous Improvement

Monitoring and Evaluation

Policy

To ensure ongoing refinement and adjustment, the CoC will facilitate Coordinated Entry System planning and stakeholder consultation on an ongoing and frequent basis.

The CoC has adopted the following Coordinated Entry System outcomes:

- % of CoC & ESG-funded housing providers that participate in CES
- % of PSH & RRH enrollments that come from CES
- % of CES referrals that are accepted by housing providers
- Average length of time between a CES referral and PH “lease up”
- Average length of time between initial contact with a person experiencing homelessness and the time she/he is assessed
- Average length of time a person remains homeless

Procedures

CES Coordinators from each Referral Zone will meet on a monthly basis to identify CES challenges and recommend policy and procedures changes to address these needs.

The CoC will conduct a statewide gaps and needs assessment each year. CES processes and evaluations will be included in this annual assessment, to support systemic service delivery from a macro level.

The CES Lead Entity will monitor outcomes each month and will share these results with local CES Lead Entities and the CoC Board of Directors. Outcomes will also be reviewed at CoC general membership meetings.

Dashboards illustrating outcomes trends, and CES inflow and outflow will be made available to the public via CoC and HMIS web sites.

Ongoing Training and CES Design

Policy

To ensure process consistency at all CES participating agencies (Front Doors (Access Points) and Partner Agencies), trainings and design meetings targeted at CES processes and staff development will be held on a regular basis. This will ensure that the CES process remains a living method that adapts to changes in the system, household needs, community needs, and HUD requirements.

Procedures

Local CES Lead Entities will host, at a minimum, semi-annual CES Design meetings to address questions, inconsistencies, and trends in human error and data entry issues that arise. These meetings will function as an assessment process monitoring tool and opportunity to identify training needs.

CES training sessions will be held in each Referral Zone at least semi-annually.

THE COORDINATED ENTRY PROCESS

Access

Access Points

Policy

Front Doors/Access Points will be designated in each Referral Zone/"local CoC" through a community process to ensure fair and equal access to households regardless of where or how they are entering the homeless services system.

People in different populations and subpopulations (people experiencing chronic homelessness, veterans, families with children, youth and survivors of DV) will have fair and equal access to the CES process regardless of their location.

Procedure

At CES Front Doors/Access Points, households experiencing homelessness can meet with an intake professional in-person or via phone. Outreach workers on the street function as virtual Front Doors/Access Points. Front Door/Access Point staff are trained in common intake and assessment processes that provide access to the CES process and, therefore, local homeless housing and service resources.

Front Door/Access Point agencies will execute an Agency Participation Agreement outlining their roles and responsibilities as part of the Coordinated Entry process.

Marketing

Policy

Intentional and targeted marketing strategies are critical to ensuring the CES process is available to all eligible persons on a fair and equal basis.

Procedure

Montana Statewide CoC member agencies will be required to post information about the Coordinated Entry System on their web sites.

The statewide CoC email list serve will broadcast regular email updates and announcements regarding access to CES.

Fair Housing, Tenant Selection and Other Legal Requirements

Policy

The Coordinated Entry System will be accessible to all eligible households regardless of race, color, national origin, relation, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status. The CES will be accessible to persons with Limited English Proficiency, in alignment with HUD's published Final Guidance to Federal Financial Assistance Recipients: Title VI

Prohibition Against National Origin Discrimination Affective Limited English Proficient Persons (LEP Guidance) (72 FR 2732).

Following a Housing First model and ensuring fair and equal access to services, households will not be screened out of the CES process due to perceived barriers related to housing or services. Examples of perceived barriers may include, but aren't limited to:

- little or no income
- active or a history of substance use
- domestic violence history
- resistance to receiving services
- the type or extent of disability-related services or supports that are needed
- history of evictions or poor credit
- lease violations
- criminal history

Procedures

When interpretation services are required, volunteer interpreter services will be requested. All written materials will be available in Spanish and other languages as requested.

The CES process will be accessible to all eligible households regardless of disabilities, including accessible physical locations for individuals who use wheelchairs. Access Points will be required to meet ADA requirements as documented in the CES Agency Participation Agreement, and housing projects receiving public funding must also meet ADA requirements.

Street outreach workers will be trained in the full assessment process, including diversion, to ensure equal access to services through any front door/access point.

Local CES Lead Entities will build relationships with local law enforcement to engage them as outreach (non-punitive) partners and to assist in documenting chronic homelessness for people they have identified as living on the streets long term.

Domestic Violence

Policy

Access points are accessible to people who are fleeing or attempting to flee domestic violence (DV), dating violence, sexual assault or stalking, who are seeking shelter or services from non-victim service providers. When one of these situations is identified, an immediate warm hand off to a DV service provider will be offered. People fleeing or attempting to flee domestic violence and victims of trafficking will have safe and confidential access to the CES process and victim services (including access to the comparable CES process used by victim service providers), and immediate access to emergency services including domestic violence hotlines and shelters.

Procedure

When a household is identified as needing DV-specific safety planning/support, the following process will be followed:

- If DV is identified prior to reaching an Access Point, the household will be referred to the nearest DV service provider.

- DV service provider staff will complete a CES assessment within one week, or as mutually agreed upon by the household and shelter staff.
- DV service providers will attend case conferencing to ensure the people with unique identifiers are still discussed and prioritized per the community policy, guaranteeing integration with CES.

Street Outreach

Policy

To ensure that people who are not yet connected to the homeless system have equal access to Coordinated Entry, street outreach efforts funded by ESG or the CoC program will fully participate in the CES process.

Procedures

People encountered by street outreach workers will be offered the same standardized processes as persons assessed at physical front doors/access points.

Training content provided to Access Point and Street Outreach staff will be consistent, and reinforced during case conferencing and other CES meetings.

Other Access Issues

In the event that a person contacts a physical front door/access point but is unable to visit the location, the Access Point will complete assessments over the phone or will connect the person to 2-1-1, if that option is available.

Staff and volunteers at all Access Points and Partner Agencies will be trained on standardized assessment process stages, detailed in the section below.

Assessment

Access Points and Partner Agencies will implement the CoC's standardized phased assessment approach, which ensures fair and equal access to homeless system resources for all eligible households. The assessment approach provides sufficient information to make prioritization decisions for ESG and CoC-funded housing and service resources, in addition to non-publicly funded housing and services that are participating in the Coordinated Entry process.

The assessment process may be completed by trained staff at Access Points and/or Partnering Agencies in three (3) stages. If a Partner Agency completes the first two steps of the assessment (Triage and Diversion) the agency will refer the household to the appropriate Access Point with a Warm Hand-off. The Partner Agency will also send the referred household's Triage and Diversion information to the respective Access Point.

Phased Assessment Process

Policy

The Montana Statewide Continuum of Care uses a phased approach to assessment which progressively collects only enough participant information to prioritize and refer participants to available CoC housing and support services.

Procedures

People who are experiencing homelessness will be assessed using the following instruments:

Triage Assessment – Access Point staff will administer this assessment tool to aid in resolving the immediate housing crisis.

Diversion Assessment – Access Point staff will use this CES assessment to examine existing CoC and participant resources and options that could be used to avoid entering the homeless system of care.

Initial ("Phase I") Assessment – Once a person who is experiencing homelessness has entered the system of care, Access Point staff will use this CoC-developed assessment to identify the person's housing and service needs with the intent to resolve participant's immediate housing crisis.

Comprehensive Assessment ("VI-SPDAT") – Once the immediate housing crisis has been addressed, Access Point staff will administer this assessment tool to gather information necessary to refine, clarify, and verify a person's housing and homeless history, barriers, goals, and preferences, and to support the evaluation of the person's vulnerability and service needs.

Next Step/Move On Assessment – This CES instrument will be used to record information revealed or known after an Initial Assessment is conducted when that new information may suggest a revised referral strategy.

Reasonable Accommodation

Policy

Coordinated Entry Access Points will provide people who are experiencing homelessness with assistance or changes in interview location to enable them to participate in the CES process despite having a disability.

Procedure

When a reasonable accommodation is requested for a person with a disability, the local CES Lead Entity will grant a reasonable accommodation within one week, unless it imposes an undue hardship. Examples of reasonable accommodations may include, but are not limited to, a mobility impairment request that requires completion of the assessment process at a different location, provision of sign language services for hearing impaired households, and information provided in accessible formats including Braille, audio, and large type.

Refusals

Policy

Outreach Workers and Access Point staff will continue to engage, as appropriate, with people who are experiencing homelessness and are unable or declining to engage in Coordinated Entry.

Procedure

In cases where a person is impacted by substance use and/or severe and disabling mental illness and and/or is unable/declining to engage in Coordinated Entry, the Outreach Worker or Access Point that was first in contact with the person will keep track of attempted outreach and engagement on a regular basis.

If the participant continues to decline housing assessments, staff will utilize continued progressive engagement and rapport building to support the participant in becoming engaged in services of their choosing.

Prioritization

Policy

The Montana Statewide Coordinated Entry System will prioritize households experiencing homelessness within the CoC's geographic area for referral to housing and services. This prioritization will be based on project type for Transitional Housing (TH), Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), and veteran services. Access to Emergency Shelter (ES) will not be prioritized based on severity of service need or vulnerability, allowing for an immediate crisis response.

Procedure

Households are prioritized for resources based on the vulnerability score provided by the VI-SPDAT, starting with the highest vulnerability score and working down the list in numerical order.

In the event that two or more households experiencing homelessness are identically prioritized for referral to the next available resource and meet basic eligibility criteria, CES will refer the household based on tie breaking criteria designed to meet specific local needs.

If there is a discrepancy or further objective information is needed, the tie may be discussed during case conferencing.

Case Conferencing

Policy

Case conferencing is the tool that will be used by assessors, advocates, case managers and other professionals who are familiar with households that are enrolled in CES. The primary focus of case conference meetings includes:

- Update/maintain the by-name list through case conferencing team updates.
- Coordinate services based on the prioritized BNL.
- Ensure people aren't slipping through the cracks of the standard housing placement process.
- Troubleshoot challenges that arise during the placement process and take steps to ensure housing retention.

At times, the assessment tool and/or assessment process does not produce the entire body of information necessary to determine a household's prioritization. This may be due to the limited nature of self-reported data, withheld information, or circumstances outside the scope of assessment questions that address one or more of the adopted prioritization factors.

The CES process does not operate with reliance solely based on self-reported data collected through the assessment process, but adds a human and professional component to the CES process through case conferencing.

Anyone being discussed in Case Conferencing has signed the Client Consent Form giving permission to do so whether with their full information or a unique identifier.

Procedure

Case conferencing meetings will be attended by representatives of Access Points. The By Name List will be reviewed during each Case Conferencing meeting, and information on the list will be updated in real time as people share new information with the group. Additional persons not associated with an Access Point may be allowed to "phone in" if a household has requested that the individual be involved in their housing plan.

Overriding Assessment Scores

Policy

Professionals (typically shelter staff, outreach, navigators) familiar with the household provide input through the case conferencing process and are required to go through specific questions on the VI-SPDAT and provide objective (non-opinion) information that is evidence the question was answered inaccurately and therefore a household's score is negatively impacted, ultimately hindering their ability to be prioritized for housing and/or other resources.

Procedure

The case conferencing group discusses the new information and makes override decisions based on the majority vote. The intention of this policy is to capture under-reported information and ensure the most vulnerable people are prioritized for resources. Only information relevant to factors listed in these policies and procedures may be used to make prioritization decisions and/or override vulnerability scores.

Referral

Policy

CoC and ESG funded projects will be required to receive 100% of referrals from the CES process. Homeless housing providers that do not receive federal funding are strongly encouraged to participate in CES.

Programs that participate in CES must provide written eligibility criteria for their programs to ensure referrals are appropriate and people are not being referred to programs for which they are not eligible (thereby avoiding additional, unnecessary steps in the process for consumers).

Procedure

1. A housing provider emails the CES Lead at housingfirst@thehrdc.org when a housing resource is available.
2. The CES Lead then emails out to the CES partnering agencies regarding the availability and connects with the BNL to identify the next person on the list based on the prioritization policy.
 - a. The lead will contact the individual/families case manager and/or initial point of contact to coordinate the referral.
3. The case manager is responsible for coordinating between the housing provider and participant for updates, to assist in identifying necessary verification, and the project specific intake processes.

Households are free to refuse housing referrals without retribution or limitation of access to homeless housing assistance. When a household refuses a referral to a specific homeless project, the housing provider logs the information on the BNL/HMIS and provides it to GGHAC-CES. The households remains on the by-name list and eligible for the next appropriate referral.

The referral process will be monitored through HMIS data, case conferencing notes and e-mail correspondence. Referrals to and from homeless housing providers will be entered into HMIS in real-time during Case Conferencing.