



SOUTHERN TIER

HOMELESS COALITION

Solutions for homelessness
in the Southern Tier

Coordinated Entry System

Policies & Procedures

**CoC NY-511: Broome, Chenango, Cortland, Delaware,
Otsego, & Tioga Counties**

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Purpose and Background

§578.1 *Purpose and scope of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act: Continuum of Care (CoC) Program Interim Rule* authorizes Continuums of Care to:

- “(1) Promote communitywide commitment to the goal of ending homelessness;
- (2) Provide funding for efforts by nonprofit providers, States, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness;
- (3) Promote access to and effective utilization of mainstream programs by homeless individuals and families; and
- (4) Optimize self-sufficiency among individuals and families experiencing homelessness.”

§578.7 *Responsibilities of the Continuum of Care* (a)(8) requires that Continuums:

“In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from nonvictim service providers. This system must comply with any requirements established by HUD by Notice.”

Under the above authorization and requirement and pursuant to HUD’s Notice: CPD-17-01 *Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System*, CoC NY-511 sets forth the following Policies and Procedures manual to guide its Coordinated Entry System, covering Broome, Chenango, Cortland, Delaware, Otsego, and Tioga Counties in New York’s Southern Tier.

CoC NY-511 has designed the Coordinated Entry System described in this manual to increase the efficiency of its local crisis response system, identifying the following objectives:

- ❖ Streamline access to homeless services
- ❖ Standardize the assessment process
- ❖ Coordinate referrals based on the priorities established in its Written Standards

To achieve these objectives, NY-511's Coordinated Entry System includes:

- ❖ A **“no wrong door” approach** in partnership with two regional 2-1-1 hotline call centers **covering the CoC's entire geographic area** to establish a **single access method** for homeless service assistance
- ❖ **Fair and equal access** to the Coordinated Entry System process
- ❖ The application of a **standard assessment tool (Vulnerability Index – Service Prioritization Decision Assistance Tool: VI-SPDAT)** in its applicable versions to guide a uniform process in determining the appropriate level of assistance required to meet presenting needs
- ❖ An **allowance for emergency services to operate with as few barriers to entry as possible** while maintaining their inclusion in rejection and assistance termination requirements

Participating in this Coordinated Entry System is required by the federal Department of Housing and Urban Development (HUD) for all CoC and Emergency Solutions Grant (ESG) Program recipients. This manual was thus developed in conjunction with CoC and ESG Program recipients and other homeless service providers and was designed according to the following Guiding Principles:

Coordinated Entry System Guiding Principles

Vision: When a Coordinated Entry System (CES) is in place throughout the Southern Tier, individuals & families at-risk of or experiencing homelessness will receive swift access to the available services most appropriate for their housing need & will move more quickly from housing crisis to sustained housing stability.

Guiding Principles of the Southern Tier Homeless Coalition's Coordinated Entry System:

1. CES planning & implementation will prioritize person-centered approaches & outcomes
2. CES planning & implementation will demonstrate fidelity to the Housing First model
3. CES will streamline assessment & referral processes to ensure swift access to housing services
4. CES will eliminate barriers to accessing & maintaining housing services
5. CES will reduce the stress intrinsic to housing crises by facilitating system navigation
6. CES will prioritize assistance for persons who demonstrate the greatest risk/vulnerability
7. CES will reduce the length of time persons experience homelessness by quickly identifying permanent housing options
8. CES will increase community collaboration by facilitating system-wide communication on behalf of those experiencing homelessness

9. CES will improve participants' trust of providers by supporting effective outcomes
10. CES will increase the Coalition's awareness regarding trends in local homelessness

Disclaimer

This document was drafted, reviewed, and approved by the Coordinated Entry System (CES) Committee, a sub-committee of CoC NY-511, on May 10, 2017 and was then reviewed, revised, and approved by the CoC Board on May 17, 2017. CoC NY-511 anticipates adjustments to the processes described in this manual as CES procedures are refined and expanded. **The CES Committee shall review and update these policies and procedures as needed and at least annually**, providing periodic opportunities for stakeholder feedback and CoC Board approval.

Definitions

Terms used throughout this manual are defined below:

Chronically Homeless (HUD Definition):

(1) A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

- (i) *Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and*
- (ii) *Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;*

(2) *An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or*

(3) *A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.*

Homeless Individual with a Disability (HUD Definition):

An individual who is homeless and has a disability that—

- (i)(I) is expected to be long-continuing or of indefinite duration;*

(II) substantially impedes the individual's ability to live independently;
(III) could be improved by the provision of more suitable housing conditions; and
(IV) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post traumatic stress disorder, or brain injury;

(ii) is 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

(iii) is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.

Developmental Disability (Defined in §102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000)

Means a severe, chronic disability that is attributable to a mental or physical impairment or combination AND is manifested before age 22 AND is likely to continue indefinitely AND reflects need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual may be considered to have a developmental disability without meeting three or more of the criteria listed previously, if the individual is 9 years old or younger AND has a substantial developmental delay or specific congenital or acquired condition AND without services and supports, has a high probability of meeting those criteria later in life.

HIV/AIDS Criteria *Includes the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).*

Literally Homeless (HUD Homeless Definition Category 1):

(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
(i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

At imminent risk of homelessness (HUD Homeless Definition Category 2)

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

Homeless under other Federal statutes (HUD Homeless Definition Category 3)

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and (iv) can be expected to continue in such status for an extended period of time due to special needs or barriers

Fleeing domestic abuse or violence (HUD Homeless Definition Category 4)

Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

Homeless Management Information System

A Homeless Management Information System (HMIS) is *the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD (HUD Definition)*. An HMIS is used to record and track client-level information on the characteristics and service needs of homeless persons and supplies HUD as well as other planners and policy makers at the federal, state, and local levels with aggregate data to maintain an awareness regarding the scope of homelessness in a given region. HMIS is also used to monitor and measure the performance of homeless programs.

Fairview Recovery Services is CoC NY-511's HMIS Lead and contracts with Northern Creations Consulting Corporation to staff the HMIS System Administrator position and supportive roles. CoC NY-511's HMIS Vendor is Client Track. HMIS staff are responsible for the administration of the HMIS software and for providing technical assistance to participating agencies and end-users. Agencies that participate in CoC NY-511 HMIS are referred to as "participating agencies" and are required to follow guidelines as identified in the HMIS Policies & Procedures Manual (V2.0) to maintain data quality and security.

Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)

The VI-SPDAT combines a survey (Vulnerability Index™ - VI) with an assessment tool (Service Prioritization Decision Assistance Tool™ - SPDAT) that helps identify both eligibility and severity of need in recommending the most appropriate housing and support interventions available for those accessing the Coordinated Entry System.

The tool helps identify the best type of support and housing intervention for an individual by relying on three categories of recommendation:

- Permanent Supportive Housing: Individuals or families who need permanent housing with ongoing access to services and case management to remain stably housed.
- Rapid Re-Housing: Individuals or families with moderate health, mental health and/or behavioral health issues, but who are likely to be able to achieve housing stability over a short time period through a medium or short-term rent subsidy and access to support services.
- Affordable Housing: Individuals or families who do not require intensive supports but may still benefit from access to affordable housing. In these cases, the tool recommends affordable or subsidized housing but no specific intervention drawn uniquely from the homeless services world. (In most cases, this amounts to saying simply, “no case management.”)

The following versions of the VI-SPDAT will be administered applicable to the population being screened by CES Staff:

- **VI-SPDAT Prescreen Triage Tool for Single Adults (V2.0)**
- **VI-SPDAT Prescreen Triage Tool for Families (V2.0)**
- **TAY-VI-SPDAT “Next Step Tool for Homeless Youth” (V1.0)**
- **PR-VI-SPDAT Prevention/Re-Housing Prescreen Tool for Single Adults (V1.0)**
- **PR-VI-SPDAT Prevention/Re-Housing Prescreen Tool for Families (V1.0)**

Safety Planning

All persons accessing CES who are fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking will be immediately offered the opportunity to connect to the domestic violence crisis response provider in their region.

Nondiscrimination

All projects participating in CES must provide housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of specialized outreach or accommodation and without regard to actual or perceived sexual orientation, gender identity, or marital status in adherence to CoC NY-511’s Anti-Discrimination Policy (see **Appendix A**). CoC NY-511 has designated the CES Committee as the entity responsible for monitoring agencies on compliance with all CES requirements, including adherence to civil rights and fair housing laws and regulations. Failure to comply with these statutes will result in a monitoring finding on the project, which may impact their position in the CoC Rating and Ranking process.

The CES Committee will also be responsible for managing case reviews to monitor rejection and assistance termination decisions by receiving programs and an eligibility determination appeals process in compliance with the protocols described in this manual.

Staffing Roles and Expectations

Coordinating Entity – *Northern Creations Consulting Corporation* is responsible for the day-to-day administration of the Coordinated Entry System, including but not limited to the following:

- Collaborating with the CES Committee to create and widely disseminate materials regarding services available through the Coordinated Entry System and how to access those services;
- Designing and delivering training at least annually to all key stakeholder organizations, including but not limited to the required training of CES Staff;
- Ensuring that pertinent information is entered into HMIS for monitoring and tracking the process of referrals including vacancy reporting and completion of assessments;
- Designing and executing ongoing quality control activities to ensure clarity, transparency, and consistency to remain accountable to clients, referral sources, and homeless service providers throughout the coordinated entry process;
- Periodically evaluating efforts to ensure that the Coordinated Entry System is functioning as intended;
- Making periodic adjustments to the Coordinated Entry System as determined necessary by the CES Committee;
- Collaborating with the CES Committee to update policies and procedures.

Project Manager – The *Coordinating Entity* staffs the *Coordinated Entry Specialist Director* position to manage the CES project. The *Coordinated Entry Specialist Director* role includes management of the Coordinated Entry System, including but not limited to the following:

- Serving as point person and lead to all workgroups and transition teams
- Providing Coordinated Entry training to participating agencies
- Database administration
- Report generation
- Communicating to user agencies and outreach coordinators

- Deactivating/reactivating client records
- Responding to requests for client deletion
- Responding to email generated questions
- Monitoring system performance (CES Staff, Database, Providers, etc.)

2-1-1 call center staff are responsible for ensuring that all households experiencing homelessness or are at-risk of homelessness are promptly transferred to CES staff for commencement of the CES assessment process.

Receiving Program - All Homelessness Prevention, Rapid Re-Housing, Permanent Supportive Housing, and Transitional Housing programs are *Receiving Programs* and are responsible for reporting vacancies/funding availability to the Coordinated Entry Specialist Director in compliance with the protocols described in this manual. All programs that receive a referral from the Coordinated Entry System are responsible for responding to that referral and participating in case conferencing in compliance with the protocols described in this manual.

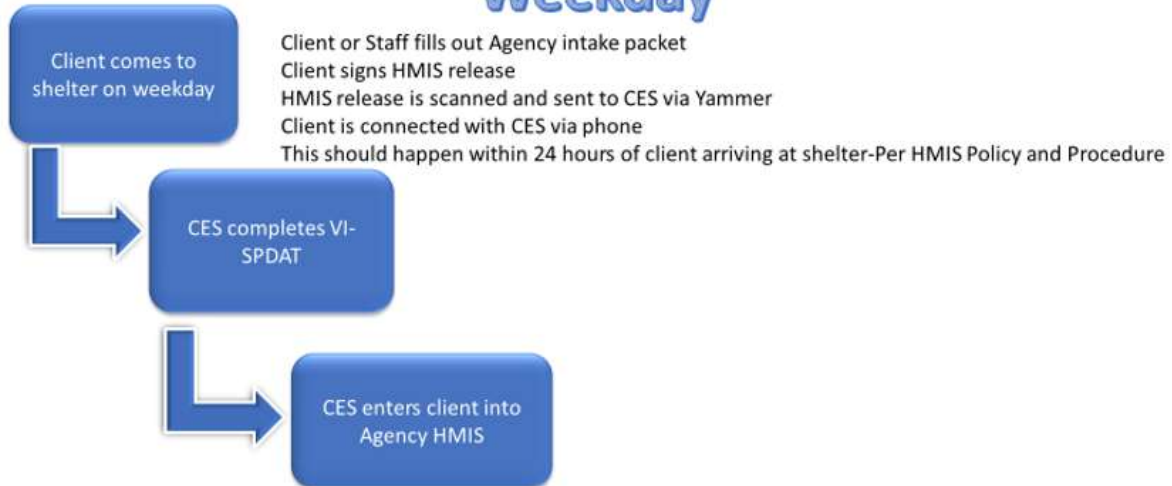
Authorized User Agencies - Housing providers who wish to or are required to participate in the Coordinated Entry System are *Authorized User Agencies* and must sign a Memorandum of Understanding to have access to database information during the initial interview and enrollment process.

Target Population

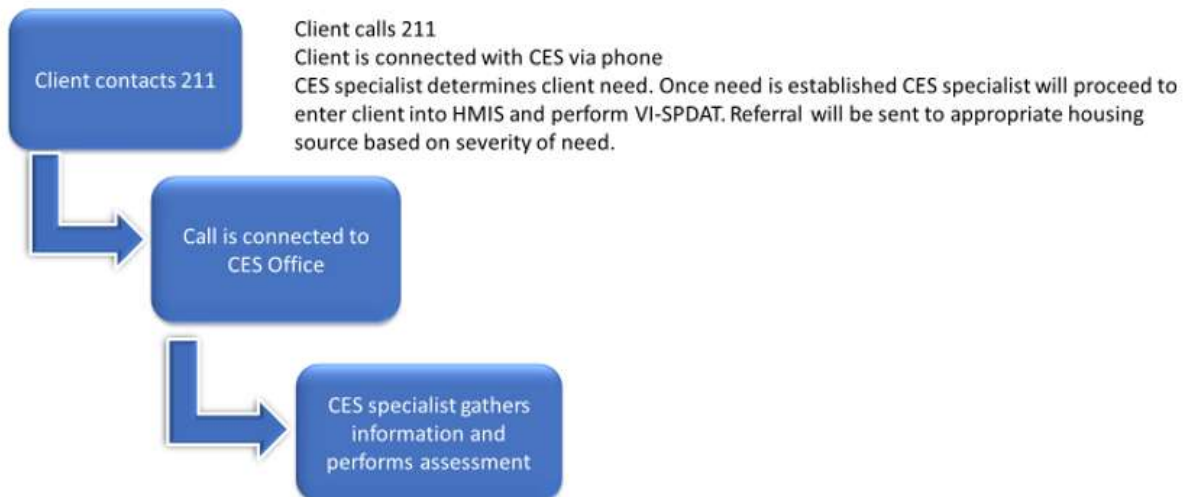
The Coordinated Entry System is open to all households who meet HUD's definition of homeless, as outlined in the most recently revised HEARTH Act regulations, and have incomes below 30% of the Area Median Income. CES uses vulnerability indices & locally developed prioritization standards (see CoC NY-511 Written Standards) to rank households in order of vulnerability, with the most vulnerable households ranked at the top.

Coordinated Entry System Workflow

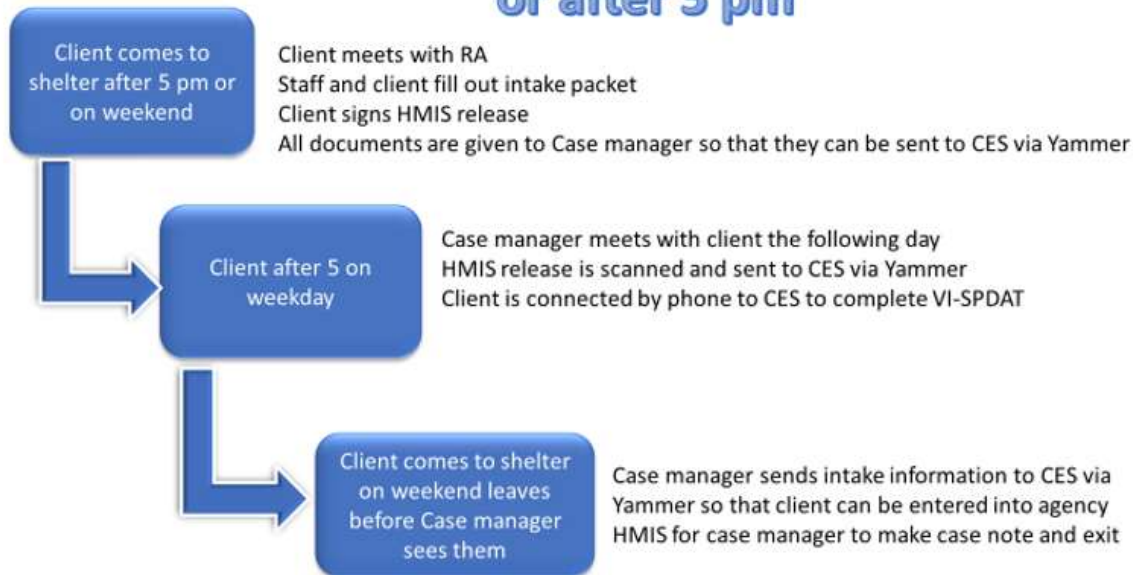
Coordinated Entry Shelter Flowchart Weekday



Coordinated Entry Flowchart 211 Call



Coordinated Entry Shelter Flowchart Weekend or after 5 pm



Coordinated Entry Policies and Procedures

CoC NY-511 has adopted a “no wrong door” approach to its CES to ensure that no matter which homeless assistance provider a household contacts for assistance, he/she will be connected to the same assessment and prioritization process and will have access to the same resources and referrals.

1. Connecting to the Coordinated Entry System

- 1.1. Locations & Hours – Homeless service assessments are conducted by CES staff via the 2-1-1 hotline. CoC NY-511 has partnered with both the *Susquehanna River Region* 2-1-1 call center, covering Broome, Chenango, Delaware, Otsego, and Tioga Counties, and the *Cortland-Tompkins* 2-1-1 call center, covering Cortland County, to provide an immediate connection to CES regardless of regional location. Within the auspices of the “no wrong door” approach, any individual or family who contacts or visits an authorized user agency will be provided the opportunity to connect to CES via the 2-1-1 hotline.

Individuals and families may also seek service assessments in-person by visiting designated CES locations, the addresses and hours of which can be found on the Southern Tier Homeless Coalition's website.

Emergency Services

CoC NY-511's CES will not prioritize entry to emergency shelter based on severity of service need or vulnerability. Participating shelters, however, must assist clients in accessing CES within 3 days of shelter entry and will be included in case review discussion regarding rejection and assistance termination decisions. Participating Departments of Social Services will incorporate connecting clients placed at hotels/motels to CES as defined by the process identified in each agency's MOU.

Prevention Services

Households seeking homelessness prevention assistance will be assessed using the **Prevention/Re-Housing Vulnerability Index – Service Prioritization Decision Assistance Tool (PR-VI-SPDAT)** and prioritized for referral according to the prioritization identified in their jurisdiction's ESG Written Standards.

Street Outreach

Street outreach teams are considered an entry point for CES and will be trained in the access and assessment process. Teams will be provided with materials to distribute detailing how to connect to CES and will make every effort to ensure that those whom they engage are prioritized for assistance in the same manner as any other person assessed through CES, including allowing clients to use the agency's telephone to connect to CES via the 2-1-1 hotline or transporting individuals to CES locations for assessment.

1.2 Eligibility – CES staff refer to both CoC NY-511's Written Standards and county-specific Program Matrices to determine project eligibility for identified services. An Active List of available units is updated in compliance with the protocols described in this manual.

1.3 Affirmative Marketing – Per HUD's CPD-17-01 *Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System*: "The CoC Program interim rule at 24 CFR 578.93(c) requires recipients of CoC Program funds to affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities. Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2)." In compliance, pursuant also to 24 CFR § 576.407(a) and (b), and in

order to promote the full and complete participation of every individual attempting to access CES, CoC NY-511's CES shall affirmatively market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of specialized outreach or accommodation and without regard to actual or perceived sexual orientation, gender identity, or marital status.

Participating projects are required to post a notice (provided by the CoC) that describes CES in agency waiting areas as well as any areas where clients may congregate or receive services. Participating agency staff should be informed regarding who within their agency can discuss CES to a client seeking additional information.

As needed, the *Coordinated Entry Specialist Director* will send information and updates regarding CES via email to CoC NY-511 stakeholders, 2-1-1 call center staff, and the general public. Flyers and brochures will also be distributed and the CoC Coordinator will maintain CES information on the Southern Tier Homeless Coalition's website and social media accounts.

1. All promotional materials (both printed materials and digital media) describing CES services, processes, and rules shall include clear and concise language describing how CES processes are available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of specialized outreach or accommodation and without regard to actual or perceived sexual orientation, gender identity, or marital status.
2. CES participating agencies are required to market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of specialized outreach or accommodation and without regard to actual or perceived sexual orientation, gender identity, or marital status.
3. All CES participating agencies shall retain copies of CES marketing materials with evidence of affirmatively furthering fair and equal access to all CES processes. Copies of marketing materials shall be provided upon request by funders, partners, and participants in CES services.

2. The Service Assessment Process

2.1. Coordinated Entry System (CES) Staff

2.1.1. Roles and Responsibilities – CES Staff are primarily headquartered out of 23 Jackson Avenue, Endicott and are accessible on-site or via the 2-1-1 hotline for remote assessment from 8:30am-5pm Monday-Friday. CES Staff are also able to travel regionally to administer assessments as needed. All CES Staff are required to complete the applicable VI-SPDAT assessment in HMIS with individuals and families in need of housing services and subsequently identify the most appropriate service available to each as well as the household's priority on the corresponding Waitlist based on the severity of their service need and the prioritization methods identified in CoC NY-511's Written Standards for that project level. If said household meets an immediate priority level and a unit is available within the project identified as most appropriate for them CES Staff will complete an initial referral. CES Staff will otherwise inform Receiving Programs of the household's place on the Waitlist to allow for preliminary screening discussions as may be appropriate. CES Staff responsibilities include, but are not limited to the following:

- Operating as the initial contact for the Coordinated Entry System
- Conducting VI-SPDAT assessments
- Client notification of Eligibility and Referral results
- Submission of referrals to the Receiving Program through HMIS
- Collecting & uploading all documents available at assessment
- Participation in case conferences
- Responding to requests by Authorized User Agencies

2.1.2. Training Requirements – CES Staff are trained by the Coordinating Entity. Training consists of [org.code VI-SPDAT requirements] in addition to HMIS training on the CES workflow.

2.2. HMIS Workflow – The workflow below outlines CES steps in HMIS:

2.3. Unit Availability/Vacancy Posting – All Emergency Shelter, Rapid Re-Housing, Transitional Housing, and Permanent Supportive Housing Programs are required to notify the *Coordinated Entry System Specialist Director* via *Yammer*, a confidential Microsoft Office application, within 24 business hours of unit/bed availability. The notification must include specific details of the vacancy including the program name, unit size, location, and eligibility requirements.

If providers are aware of impending vacancies, the anticipated availability date may be posted within 14 days of the unit vacancy. Programs must update vacancy information in HMIS within 24 business hours of a unit/bed being filled. This information is crucial in determining what resources are available and where to send a household in need of housing services.

Agencies operating Homelessness Prevention and Rapid Re-housing projects not connected to units must inform the *Coordinated Entry System Specialist Director* weekly via *Yammer* regarding remaining funding amounts.

- 2.4. Release of Information – All clients will be asked to offer verbal consent to the release of information prior to the assessment process. As part of the assessment process, clients will be informed regarding what data will be shared, what agencies it will be shared with, and what the purpose of the data sharing is. Clients will have the option to decline sharing data; doing so does not make them ineligible for CES. In such a case, CES Staff may continue with the assessment process, completing the applicable VI-SPDAT on paper and informing the client of their results and service options without making any additional efforts to prioritize or refer. Clients may opt at any time during the initial assessment to consent to the release of their information, at which point data entry will be completed in HMIS and the CES process will continue toward prioritization and/or referral. If consent is not offered, clients will be reassessed upon reengagement. All clients will be offered the option of receiving data sharing information in the written form of their preference.
- 2.5. Client Photos – Photos can be taken at the time of assessment but are not required. If a photo is taken and uploaded into HMIS, a photo release must be signed by the client prior to the photo being taken.
- 2.6. Data Security – CES Staff utilize CoC NY-511's Homeless Management Information System (HMIS) for the collection and storage of all data collected during the CES process. HMIS Policies & Procedures Manual (V2.0) regarding client privacy and confidentiality are followed to ensure that client data is securely stored and is not shared with anyone whom the client has not confirmed consent.
- 2.7. Timeline – CES Staff notifies the individual of his/her eligibility and referral results immediately. If immediate priority is identified and a unit within the Receiving Program is available, a referral is initiated. Households are otherwise informed of their placement on the Waitlist corresponding to their results.

3. Housing Referral

- 3.1. Waitlist – There are separate waitlists for Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), and Transitional Housing (TH). The waitlists consist of the following:
 - 3.1.1. For PSH, individuals are prioritized based on their VI-SPDAT score and prioritization standards identified in CoC NY-511's Written Standards (*I.A.2 Prioritizing Permanent Supportive Housing*).

- 3.1.2. For RRH, individuals are prioritized based on their VI-SPDAT score and prioritization standards identified in CoC NY-511's Written Standards (*II.A.2 Prioritizing Permanent Supportive Housing*).
 - 3.1.3. For TH, individuals are prioritized based on their VI-SPDAT score and prioritization standards identified in CoC NY-511's Written Standards (*III.A.2 Prioritizing Permanent Supportive Housing*).
 - 3.1.4. CES Staff pull the waitlist daily.
 - 3.1.5. If the waitlist indicates an opening for either PSH, RRH, or TH, *CES Staff* create a referral to the program with the opening.
 - 3.1.6. *Participant Autonomy* – All individuals assessed through CES are permitted to refuse one referral made for them without losing their place on the CES prioritization list. In the occasion that a referral is rejected, CES Staff will discuss with the client why he/she did not accept the referral to help inform any future referrals. If additional referrals are rejected, the CES Committee will convene a meeting to review the client's assessment records, referrals, and any other case notes to identify what the next best steps are in the process.
 - 3.1.7. Receiving Program staff attempt to make contact with the referred individual for seven (7) business days.
 - 3.1.8. If the individual cannot be contacted within that timeframe, then staff move on to the next household on the list.
 - 3.1.9. Once staff make contact with the individual, the individual must decide immediately whether to accept or decline the unit.
 - 3.1.10. If the unit is accepted, the household is assisted with any next steps required for move-in.
 - 3.1.11. If the unit is declined, the next individual on the waitlist is contacted and the individual that refused is subject to the protocols described in this manual.
- 3.2. *Receiving Program Responsibilities* – Once a referral is made, the Receiving Program has 24 business hours to acknowledge the receipt of the referral. The Receiving Program must then accept or deny the referral within 7 days. The Receiving Program may reject or deny the referral if the assigned case manager has been unable to contact the household after 7 days. If a household shows up at the Receiving Program after the 7 days have expired, the case manager will contact CES Staff for case conferencing. If the referral is accepted, the Receiving Program will be responsible for enrolling the household as quickly as possible and within no more than 30 days' time. If the referral

is denied, the Receiving Program must submit documentation supporting the decision in writing to the Coordinated Entry Specialist Director for review by the CES Committee.

- 3.2.1. All ESG & CoC Program funded homelessness assistance projects must accept referrals exclusively through the CES as described in this manual.
- 3.2.2. Document Requirement Updates - Receiving Programs make eligibility determination decisions within one business day of the intake interview (or when all required application materials are complete). The Receiving Program orally reviews the intake decision notification with the client to ensure that the client understands the decision, and applicable next steps, including the client's right to appeal the decision. An intake decision notification includes at a minimum:
 - first available move-in date, if applicable; and
 - reason the client cannot enter the program, including reason for rejection by client or program (which includes redirection to CES Staff and submission of written denial documentation), if applicable.
 - instructions for appealing the decision.
- 3.2.3. Reasons for denial – Receiving Programs may only decline individuals and families found eligible for and referred by CES Staff under limited circumstances including:
 - there is no actual vacancy available;
 - the individual or family missed two intake appointments;
 - the Receiving Program has been unable to make contact with the individual or family for seven (7) consecutive business days;
 - the household presents with more people than referred by CES Staff and the Receiving Program cannot accommodate the increase;
 - the individual or family was denied by independent property owner/landlord due to certain criminal behaviors; or
 - based on their individual program policies and procedures the Receiving Program has determined that the individual or family cannot be safely accommodated or cannot meet tenancy obligations with the supports provided by the program;

Participating projects are expected to operate within the Housing First Model to the fullest extent possible within the perimeters of existing funding regulations and as measured by the United States Interagency Council on Homelessness' (USICH) "Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation."

The Receiving Program must update the referral outcome in HMIS for any decisions to accept or reject a client. If the ineligible client has not otherwise been accommodated for the night, e.g. via an intervention by emergency services, the Receiving Program must notify CES Staff, refer the client back, and document that outcome in HMIS. A reason for denial must be submitted to the client the same day the decision was made if possible.

3.2.4. Client Choice – Clients may decline a referral because of program requirements that are inconsistent with their needs or preferences. There are no limitations on this decision.

3.2.5. Client Appeal – All clients have the right to appeal eligibility determinations issued by either the Coordinating Entity or any Receiving Program. Instructions for submitting an appeal are provided to clients at the time that an intake decision is made by the Receiving Program. All appeals of decisions by Receiving Programs should be made in writing and submitted to the Coordinating Entity for review by the CES Committee.

3.3. Move-In – If the homeless individual or family is accepted, the Receiving Program must update the referral outcome in HMIS and arrange for move-in as soon as possible and within no more than 30 days' time. To the extent feasible given available funding and as necessary, the Receiving Program will provide the individual or family with move-in assistance including transportation of household members and personal belongings.

3.4. PSH to PSH – under the CoC Program, permanent supportive housing projects may serve individuals and families from other permanent supportive housing projects who originally met the eligibility requirements for permanent supportive housing so long as the program participants were eligible for the original permanent supportive housing (Section 423(f) of the McKinney-Vento Act, as amended by the HEARTH Act). This means that an individual or family may transfer from one permanent supportive housing program to another under the CoC Program. This could occur under the following circumstances:

- If there were another permanent supportive housing program that better met the service needs of the program participant;
- The program participant is evicted by the landlord or housing program and the participant is still eligible for case management services; or
- The current permanent supportive housing program in which the individual or family is enrolled in has lost their funding.

3.4.1. PSH to PSH Referral – If any of the above scenarios apply, a staff member from the current PSH must notify the Coordinated Entry Specialist Director in writing via email to initiate the process of transferring the client. The Coordinated Entry Specialist Director will verify that the request falls within the guidelines for the transfer as outlined in this manual. The Coordinated Entry Specialist Director will determine if a PSH unit is available, create the referral in HMIS, and notify the current PSH. The current PSH will then be responsible for assisting the program participant in completing the documentation necessary for the new PSH. Transfer requests outside of the ones outlined in this manual will not be approved. If no PSH unit is available, then the current PSH will have to continue to work with the program participant in securing alternate housing options.

3.5. Referrals to and from other systems not using HMIS – The Coordinated Entry System appropriately addresses the needs of Veterans and individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking.

3.5.1. Domestic Violence (DV) – When a homeless or at-risk individual/household is identified by the *CES Staff* to be in need of domestic violence services, that individual/household is immediately referred to the domestic violence crisis response provider in their region. If the individual/household does not wish to seek DV specific services, the individual/household will have full access to the *Coordinated Entry System*, in accordance with all protocols described in this manual. If the DV provider determines that the individual/household seeking DV specific services is either not eligible for or cannot be accommodated by the DV specific system, the provider will refer the client back to CES for reassessment and referral in accordance with all protocols described in this manual.

3.5.2. Veterans – When a homeless or at-risk individual is identified by the *Coordinated Entry System* to be a Veteran, additional questions concerning service era, length of service, and discharge status will be asked. If eligible for VA services, the Veteran will be given the option of being referred to the VA Clinic/Center in their region. If the individual seeking veteran specific services is not eligible for VA services, CES Staff will discuss a referral to the SSVF provider active in the Veteran's region and add the household to the appropriate waitlist in accordance with the processes outlined in this manual.

4. Case Conferencing

4.1. Case Review – The CES Committee will review all rejection decisions by Receiving Programs in order to resolve barriers to the client receiving the indicated level of

service. Providers may also request a case conference, at their discretion, in other circumstances in which a household is insufficiently engaged in actions necessary to secure a permanent placement.

In cases in which a homeless individual or family is facing program termination, the Provider will notify the Coordinated Entry Specialist Director, who may then require a case conference with the CES Committee to review and determine next steps. The purpose of the case conference will be to discuss interventions used to date and resolve barriers to securing permanent housing including plans to have the individual or family re-assessed for a more suitable housing program.

If the CES Committee finds that a particular project is frequently rejecting referrals, then the project must provide a detailed, written explanation for this pattern and a plan of action for reducing the number of rejections. Failure to do so may result in a reduced score during the CoC's Rating and Ranking process.

Fair Housing, Tenant Selection Plan, and Other Statutory and Regulatory Requirements

CoC NY-511 takes all necessary steps to ensure that the Coordinated Entry System is administered in accordance with the Fair Housing Act by promoting housing that is accessible to and usable by persons with disabilities. The Coordinated Entry System complies with the non-discrimination requirements of the Fair Housing Act, which prohibits discrimination in all housing transactions on the basis of race, national origin, sex, color, religion, disability status and familial status. This also includes protection from housing discrimination based on source of income. Additional protected classes under state law include sexual orientation (including gender identity), marital status, military discharge status, age (40+). Agencies cannot preference any protected class unless allowed by statute/regulation, or written waiver from their funding or regulatory body (i.e. U.S. Department of Housing and Urban Development).

All Authorized User Agencies who enter into an MOU for the Coordinated Entry System agree to take full accountability for complying with Fair Housing and all other funding and program requirements. The MOU requires User Agencies to use the Coordinated Entry System in a consistent manner with the statutes and regulations that govern their housing programs.

The Coordinating Entity will request from each Authorized User Agency their tenant selection plan and any funding contract that requires or allows a specific subpopulation of persons to be served. For instance, Housing Opportunities for Persons with AIDS (HOPWA) programs will show funding contract, a single-gender program must produce its HUD waiver. It is further recognized that the Fair Housing Act recognizes that a housing provider may seek to fulfill its "business necessity" by narrowing focus on a subpopulation within the homeless population.

The Coordinated Entry System may allow filtered searches for subpopulations while preventing discrimination against protected classes.

Evaluating and Updating Coordinated Access System Policies and Procedures

The CES will be evaluated using HMIS data on a biannual basis to ensure that initial lessons learned, successes, and challenges are captured early to inform any course corrections that need to be considered by the CoC. Population-specific data, service requests, and outcome indicators will be tracked in HMIS as well. The CES Committee has selected the following as key outcomes for CES:

- Reduction in the length of time homeless (system and project level)
- Reduction in the number of persons experiencing first time homelessness (system and project level)
- Increase in the number of placements into permanent housing (system and project level)
- Increase in regional access to available data representing service needs identified through CES

Termination

Any Authorized User Agency may terminate their participation in the *Coordinated Entry System* by giving written notice. Housing programs that are required to participate due to HUD guidelines will need HUD approval to terminate participation.

Appendix A: CoC NY-511 Anti-Discrimination Policy

All CoC and ESG Program-funded projects within NY-511 CoC shall market to and serve all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability who are least likely to apply in the absence of special outreach or accommodation and without regard to actual or perceived sexual orientation, gender identity, or marital status.

All CoC and ESG Program-funded projects within NY-511 CoC shall also comply with all State of New York and Federal statutes relating to nondiscrimination. These include but are not limited to:

- (a) Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity Final Rule, which ensures that HUD programs are open to all eligible individuals and families regardless of sexual orientation, gender identity, or marital status;
- (b) Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs Final Rule, which ensures equal access for individuals in accordance with their gender identity in programs and shelter funded under programs administered by HUD's Office of Community Planning and Development (CPD);
- (c) the Fair Housing Act (Title VIII of the Civil Rights Act of 1968) which prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
- (d) Title VIII of the Civil Rights Act of 1968, as amended (42 U.S.C. § 3601 et seq.), relating to non-discrimination in the sale, rental or financing of housing;
- (e) Title VI of the Civil Rights Act of 1964 (P.L. 88-352, 42 U.S.C. § 2000d, and implementing regulations) which prohibits discrimination on the grounds of race, creed, color, sex, religion, ancestry, age, condition of physical handicap, marital status, political affiliation, or national origin;
- (f) Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, (42 U.S.C. § 2000e), and implementing regulations;
- (g) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681- 1683, 1685- 1686), which prohibits discrimination on the basis of sex;
- (h) Sections 503 and 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794, 45 C.F.R. Part 84), which prohibits discrimination on the basis of handicaps;
- (i) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age;
- (j) the Drug Abuse Office and Treatment Act of 1972, as amended (P.L. 92-255), relating to nondiscrimination on the basis of drug abuse;
- (k) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and

Rehabilitation Act of 1970, as amended (P.L. 91-616), relating to nondiscrimination on the basis of alcohol abuse or alcoholism;

- (l) Sections 523 and 527 of the Public Health Service Act of 1912, as amended, (42 U.S.C. §§ 290(dd)(3), 290 (ee)(3)), relating to confidentiality of alcohol and drug abuse patient records;
- (m) Title II of the Americans with Disabilities Act prohibits public entities, which includes 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;
- (n) 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;
- (o) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and
- (p) the requirements of any other nondiscrimination statute(s) which may apply to the application.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact Southern Tier Independence Center at 607.724.2111 or, if a resident of Cortland County, Access to Independence Cortland County at 607.753.7363. Individuals who are deaf, hard of hearing, or have speech disabilities may contact Southern Tier Independence Center at 607.724.2111 or, if a resident of Cortland County, Access to Independence Cortland County at 607.753.7363. Additionally, program information may be available in languages other than English.

If you believe your civil rights have been violated, a fair housing complaint may be filed online by completing the Housing Discrimination Complaint form (HUD form 903) found at <https://portal.hud.gov/FHEO903/Form903/Form903Start.action>

If you have questions regarding Fair Housing in New York State or believe you have been a victim of housing discrimination, contact the Civil Rights Bureau of the New York State Attorney General's Office at **212-416-8250** or civil.rights@ag.ny.gov.