

Franklin Essex

Coordinated Entry

Policies and Procedure Manual

Implementation, Governance and Evaluation of
the Coordinated Entry System in the
Franklin Essex Continuum of Care (CoC)

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Introduction

Document Overview

To implement and maintain a County-wide Coordinated Entry (CE) System, Franklin Essex Housing Coalition's Coordinated Entry Committee, along with the Collaborative Applicant, CARES, has developed the following Policies and Procedures Manual to outline and define the goals and objectives of the CE program. This document delineates the roles and responsibilities of each agency and user involved in the program while establishing protocol for program assessment, referral acceptance, client privacy, and consumer disclosure. Each participating agency must have the Director of that agency sign the Agency Agreement at the end of this document, indicating that the agency has reviewed these policies and procedures and will comply with them.

Implementing Coordinated Entry is a requirement under the CoC program Interim Rule, all CoC funded and ESG funded agencies are required to participate. The Franklin Essex Coordinated Entry process is a necessary system for developing a systemic response to homelessness. The Franklin Essex Coordinated Entry System ensures that people experiencing homelessness are prioritized for and matched with the right intervention as quickly as possible. This process standardizes the access, assessment, prioritization and referral process across all providers who are CoC and for some that are non-CoC funded.

The Coordinated Entry Policies and Procedure will:

- Assist with the coordination of service delivery across Franklin Essex and will be the foundation of the coordinated entry system;
- Assist in assessing individuals and families consistently to determine program eligibility;
- Assist in administering programs fairly and methodically;
- Establish common performance measurements for all CoC components including outreach, Emergency shelters and prevention service; and.

The Policy and Procedures have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing. All programs that receive ESG or CoC funding are required to abide by the Policy and Procedure guidelines. Agency program procedure should reflect the policy and procedures described in this document. The CoC strongly encourages the collaboration with programs that do not receive either of these sources of funds to provide comprehensive services to the community's homeless population.

Coordinated Entry works by establishing one process to assess the situation of all households who request help through the housing crisis response system. There are four core elements to the Coordinated Entry System; Access, Assessment, Prioritization and Referral. This manual will provide details about each of these four system functions.

Goals of Coordinated Entry

CE is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions. It helps communities prioritize assistance based upon vulnerability and severity of service needs to ensure that people who need

assistance the most can receive it in a timely manner. CE also provides information about service needs and gaps to help communities plan their assistance and identify needed resources.

Primary goals for the coordinated entry processes are:

- Assistance will be allocated as effectively as possible,
- Assistance is easily accessible no matter where or how people present

Purpose of Coordinated Entry

Coordinated Entry is considered one of the many interventions in a community's united effort to prevent, reduce, and combat homelessness. The process works best and provides the greatest value if it is driven by "What does the client need" rather than by provider eligibility. Coordinated entry refers to the process used to assess and assist in meeting the housing needs of people at-risk of homelessness and people experiencing homelessness. The Franklin Essex CoC Coordinated Entry (CE) process is designed to identify, engage, and assist homeless individuals and families and ensure those who need assistance are connected to proper housing and services. The implementation of coordinated entry is considered a national best practice. When implemented effectively, coordinated assessment can:

- Reduce the amount of research and the number of phone calls people experiencing homelessness must make before finding crisis housing or services;
- Reduce new entries into homelessness through coordinated system wide diversion and prevention efforts;
- Prevent people experiencing homelessness from entering and exiting multiple programs before getting their needs met;
- Foster increased collaboration between homelessness assistance providers; and
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and make progress on ending homelessness.

The Coordinated Entry process makes referrals to all projects receiving Emergency Solutions Grants (ESG) and CoC Program funds, including Rapid Re-housing (RRH), Permanent Supportive Housing (PSH), and Transitional Housing (TH), as well as other housing and homelessness projects. Projects in the community that are CoC and/or ESG funded fill all vacancies through referrals, while non-funded projects are strongly encouraged to accept referrals from the Coordinated entry process.

Training: Lead CE representatives from each CoC will meet quarterly with collaborative Applicant to discuss policies and procedures and prioritization process. Agency staff will be trained at on-boarding, annually and as needed at committee meetings to ensure that all staff administering assessments have access to materials that clearly describe the methods by which assessments are conducted. A webinar training will be available for program staff that will provide step by step instructions on how to complete assessment tool, what documents must be submitted with tool and walk participants through referral process. A checklist noting the specific documents that must be submitted to verify disability and homeless status is attached to the User Guide. Training will also include a review of the policies and procedures and prioritization process for Coordinated Entry.

Operating procedures of the Franklin Essex Coordinated Entry System

Coordinated Entry is an evolving practice as new research, models and assessment tools are continually being created. A CoC's CE process must be flexible and responsive to new information about more effective approaches as the process evolves and other services are wrapped into coordinated Entry.

The Target Population for Coordinated Entry includes:

- Chronically Homeless
- Homeless
- Veterans
- Domestic Violence
- Substance Abuse
- Mental Illness
- Youth
- Physically Disabled
- Families
- HIV / AIDS
- Unstably housed

Full implementation and operation of the Coordinated Entry system includes the following Core Elements:

Access: The engagement point for persons experiencing a housing crisis.

- The Franklin Essex Coordinated Entry System has adopted a No Wrong Door approach whereby assessment can be conducted regardless of which community stakeholder and/or CoC provider the client presents. This ensures that Consumers should have equal access to information and advice about the housing assistance for which they are eligible and assist them in making informed choices about available services that best meet their needs regardless of language barriers or impairments.
- Examples of access points include private and publicly funded homeless shelters, Local DSS Temporary Assistance (TA) staff, street outreach projects, PSH/RRH programs, and outpatient treatment clinics.

Assessment: Upon access CoC providers associated with the Coordinated Entry Process will begin assessing the person's housing needs.

- A universal intake and assessment form will be utilized for all consumers. The process will be easy on the client, and provide quick and seamless entry into homelessness services. Individuals and families will be referred to the most appropriate resource(s) for their individual situation. The process will prevent duplication of services, reduce length of time homeless and improve communication among agencies.

Prioritization: One of the main purposes of coordinated entry is to ensure that people with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance.

- People experiencing chronic homelessness are prioritized within the CE priority list for permanent supportive housing and rapid rehousing. In addition to prioritizing people experiencing chronic homelessness, the coordinated entry process prioritizes people who are more likely to need some

form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness.

- If it happens that the current Franklin Essex Coordinated Entry priority list shows no chronically suitable households, with HUD guidance, a non-chronic homeless household may be approved for a vacant unit. It is expected that efforts have been undertaken to locate persons that would be considered the highest priority and a form documenting this action must be completed by agency accepting non-chronic household and approved by the lead CE agency.

Documentation of Homelessness or At-Risk of Homelessness

Documentation proving homeless status is due at the time of application to the CE project

The order of priority for obtaining evidence of homelessness and / or at-risk of homelessness is the following:

- Third-party documentation
- Intake worker observations
- Self-certification

Points to consider when prioritizing households for housing and homelessness assistance: Based on Vulnerability Scoring from Coordinated Entry Application

Chronically homeless households are prioritized within the Coordinated Entry priority list; applications are given a vulnerability score based on points given for the following. (List below is not in order of points awarded)

- If currently homeless – 1 point
- If currently staying in a place not meant for human habitation or is street homeless – 1 point
- If 18-24 years of age – 2 points
- If 60 years of age or older – 2 points
- If served on day (other than training) in active military, naval, or air service – 1 point
 - If veteran is a female – 1 point
- If client acknowledges experiencing domestic violence (DV) in the last 60 days – 2 points
- If client indicates having limitations on where they can live due to DV – 2 points
- If client is pregnant – 1 point
- If client has a documented disability, as defined by HUD – 1 point
- If client has a terminal illness or end-stage disease that cannot be cured or adequately treated and is reasonably expected to result in death – 1 point
- If client has a serious underlying medical condition and may be at higher risk of severe illness from COVID-19 due to the following: chronic lung disease, moderate to severe asthma, severe obesity, diabetes, immunocompromised, chronic kidney disease, and/or liver disease – 2 points
- If client has a disabling condition or illness that substantially impairs their ability to access a housing unit, and accommodations are required for accessibility – 1 point
- If client indicates they have no income OR only receive DSS assistance – 1 point
- If client indicates criminal history and/or current probation or parole status – 1 point
- If client indicates having limitations on where they can live due to probation, parole or so/Arson status – 1 point
- If client has had any recent involvement with a Child Protective, Adult protective, Juvenile Justice, Family Court or Foster Care Agency, including youth/young adults who have left foster care within the prior five years and who were in Foster Care at or over age 16 – 1 point
- If client has had multiple points of contact (3 or more) with Emergency Responders such as ambulance, ER visits, crisis, detox, fire, or police program within the last 90 days – 1 point
- If client indicates that they have been homeless due to eviction, utility shut off or code enforcement three or more times in the last 2 years – 1 point
- If client indicates that they do not have access to their own transportation – 1 point

Prevention:

- Lock out – Sheriff – 3 points
- Warrant (stayed or not) – 2 points
- Court/Trial date – 2 points
- 14 day rent demand – 1 point
- 21 day rent demand – 1 point
- No income or income to housing ratio 80+ - 3 points
- Income to housing 50-80 – 2 points
- Income to housing 30-50 – 1 point
- COVID (sick, quarantined, income affected due to covid) – 3 points
- Household of 5 or more – 3 points
- Single parent with minor child(ren) – 2 points
- At risk of losing public, subsidized or voucher assisted housing – 3 points
- At risk of losing supportive housing – 1 point
- Domestic violence survivor in the past 5 years – 3 points
- Household member with disabling condition (SMI, chronic illness, substance use, developmental, physical, and/or other disabling condition) – 3 points
- Any household member indicates a criminal history, current probation or parole status – 2 points
- Any household member currently pregnant – 2 points
- Any household member is a veteran – 2 points

Referral: Persons will be referred to available housing resources and prevention services in accordance with the CoC's documented prioritization guidelines.

- The point of entry (POE) agency completes the (CE) intake/assessment with a signed consumer consent/release form.
- All (CE) Point of Entry (POE) locations offer the same assessment approach and referrals using uniform decision-making processes. A person presenting at a coordinated entry location is not steered towards any program or provider simply because they presented at that location.

Referral protocols: Programs that participate in the CoC's coordinated entry process accept all eligible referrals unless the agency has documentation that would support rejecting a referral.

Referral Rejection Policy: Both CoC providers and program participants may deny or reject referrals from the defined CE access point, although service denials should be infrequent and must be documented with specific justification as prescribed by the CoC. The specific allowable criteria for denying a referral must be established by the CoC, must be shared with each project and client, and be reviewed and updated annually. All participating projects and clients must provide the reason for service denial and may be subject to a limit on number of service denial.

Coordinated Entry System Ensures:

- **Low Barrier:**

The coordinated entry process does not screen people out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record.

- **Person-Centered:**

- The coordinated entry process incorporates participant choice, which may be facilitated by questions in the assessment tool or through other methods. Choice can include location and type of housing, level of services, and other options about which households can participate in decisions.

- **Emergency Services:**
 - The coordinated entry process does not delay access to emergency services such as shelter through the local Department of Social Services.
 - Emergency Shelter providers attend the coordinated entry monthly meetings. DSS places families and singles at emergency shelters and hotel/motels throughout Franklin Essex
- **Prevention Services:**
 - Referral to Prevention Services Provider is made through the Coordinated Entry system.
 - Prevention services within the CoC are available through Community Connections of Franklin County, Department of Veteran Affairs, DSS Adult Protective Services and Adirondack Community Action Program.
- **Inclusive:**
 - A coordinated entry process includes all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, and survivors of domestic violence.
 - All subpopulations including chronically homeless individuals and families, Veterans, youth, persons and households fleeing domestic violence, transgendered persons, and refugees and new immigrants must be provided equal access to the CoC's Coordinated Entry System services regardless of the characteristics and attributes of their specific subpopulations.
- **Ongoing planning and stakeholder consultation**
 - The CoC engages in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually. Feedback from individuals and families experiencing homelessness or recently connected to housing through the coordinated entry process is regularly gathered through surveys, focus groups, and other means and is used to improve the process.
- **Informing local planning:**
 - Information gathered through the coordinated entry process is used to guide homeless assistance planning and system change efforts in the community.
- **Safety planning:**

The coordinated entry process ensures the safety of the individuals seeking assistance. This ensures that people fleeing domestic violence have safe and confidential access to the coordinated entry process and domestic violence services, and that any data collection adheres to the Violence Against Women Act (VAWA). The CoC coordinates with victim/non-victim providers to ensure DV survivors are provided housing services that uphold safety by prioritizing programs that collaborate to offer victims a wide range of options. Households presenting at non-victim providers are linked with DV services via a phone assessment. Households are given options including VAWA and CoC services to guard personally identifiable information. If a client is eligible and elects DV services the provider will end intake, void electronic record and connect victim with DV service provider. If client elects for non DV services, the Client is referred to a nonvictim provider to fulfill CoC CE process. VAWA compliant informed consent is required to provide information to other providers.

- **Street Outreach:**
 - Programs that are staffed by outreach workers will address homeless individual and families housing by offering ongoing engagement with those not able or willing to access housing services on their own. Street outreach services will complete coordinated Entry application and provide follow up with the client while the client transitions to being housed. Unsheltered persons will be engaged to provide immediate support, intervention and connections with homeless assistance programs, social services and housing programs including permanent supportive housing and rapid rehousing programs. Street outreach efforts are linked to the coordinated entry process and participate in SPOA meetings. Through the street outreach efforts, The Franklin Essex Coordinated Entry ensures that people on the streets are prioritized for assistance in the same manner as any other person assessed through the Coordinated Entry process.

- **Using HMIS and other systems for Coordinated Entry process:**
 - Franklin and Essex County will use HMIS to collect and manage data associated with assessments, referrals, current living situations and discharges from the coordinated entry project.
 - All persons enrolled in the Coordinated Entry System will be input into the local HMIS system.
 - Data will include HUD required elements as well as information needed to improve the Coordinated Entry referral process.
 - If a client indicates that they are a victim of violence, or fleeing violence, and are receiving services from a victim services provider, the victim services provider will not enter personally identifying client information in HMIS but in an HMIS-comparable database.
 - All households, whether being served by a victim service provider or not, have the right to refuse to have their personally identifying information entered into HMIS and shared among CoC providers and still receive services.
 - Agencies shall adhere to the CoC's HMIS data quality and timeliness standards for the input and updating of participant information in HMIS

- **Fair and Equal Access:**
 - The Franklin Essex Coordinated Entry system will ensure fair and equal access so that all people can easily access the Coordinated Entry process and the process for accessing help is well known.
 - All programs will ensure fair and equal access to CE system programs and services for all clients regardless of
 - actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, sexual orientation, or domestic violence status.
 - To ensure fair access by individuals with disabilities, physical and communication accessibility barriers must be addressed by appropriate accommodation within the Coordinated Entry System.
 - If an individual's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to

accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual's needs.

Marketing: CoC's and recipients of HUD CoC Program and ESG Program funding are required to affirmatively market their housing and supportive services projects to eligible persons who are least likely to apply in the absence of special outreach. Marketing strategies may include participating agencies utilizing their websites to advertise that they are a point of access and a brochure outlining the coordinated entry process as well as where individuals can go to apply for housing assistance through the CoC. This brochure will be available at community organizations such as health centers, churches and libraries.

Evaluation/Oversight:

Successful implementation and operation of coordinated entry require policy oversight and day-to-day system-level management. The FEHC Coordinated Entry project has designated the following entities to oversee the policy, management and evaluation of their Coordinated Entry process.

- The Evaluation Entity- The FEHC Board will assume the responsibility of Planning an annual CE evaluation, collecting data, evaluating the CE implementation process for effectiveness and efficiency and identifying policy and process improvements.
- The Policy Oversight Entity- The CE Committee will assume the responsibility of establishing participation expectations, determining local data collection and data quality expectations, defining data sharing protocols and selecting a Data System for CE.
- The Management Entity- The CE lead with HMIS participation will assume the responsibility of establishing day-to-day management structures, establishing a clear, accessible communication plan, promoting standardized screening and assessment processes, developing and delivering training and conducting monitoring.

Grievance/Appeal process:

- There will be formal grievance and appeals process overseen by the Advisory Committee. Consumer choice is central to coordinated entry and the appeals process will embrace that same person centered and easily navigable model. If a participant feels they did not receive fair treatment, they were denied resources or given an inappropriate referral, the participant may appeal these decisions or actions. It is Coordinated Entry policy to make every effort to settle difficulties and problems which may occur in the Coordinated Entry process.
- Every client who participates in the Coordinated Entry process is entitled to file a grievance if they have a complaint about the services they receive from any participating Coordinated Entry Agency. We would encourage every client to first attempt to resolve problems directly with the Agency that they are working with in the housing process. If, after addressing concerns with the Agency, the client is not satisfied with the outcome, then the client should proceed with the grievance procedure.
- Coordinated Entry Grievance Form will be available at each participating CoC Agency.
- The Advisory Committee will engage in regular evaluations. The committee will recommend changes to the CE process after these evaluations. Changes will be recommended to and approved by the FEHC Board. The Advisory Committee will also be responsible for overseeing the grievance and appeals process within CE.
- Coordinated Entry formal meetings will occur monthly. This meeting should serve as a space for agency representatives to discuss participants' progress and referral status, troubleshoot any issues, and coordinate outreach. The agency representatives can make recommendations on suggested changes to the coordinated entry system.
- Programs will be evaluated on their level of participation in coordinated entry including having

coordinated entry staff, participating in the monthly meetings, taking referrals from coordinated entry, and regular updates on vacancies and priority list. Participation in coordinated entry will be tracked through HMIS for quality, and agencies will be given the opportunity to submit their feedback on the process.

Evaluation process:

The Operations Committee is named as the Evaluation Entity for the FEHC Coordinated Entry Project. The Evaluation Entity will be tasked with conducting an annual evaluation of the Coordinated Entry Project. The Operations Committee will evaluate the CoC's Coordinated Entry project using the methods detailed below. To ensure that each CoC is competitive in the annual CoC competition CARES as the Collaborative Applicant will support the CoC's to facilitate the implementation of this process. CARES will work with the Coordinated Entry lead agencies to draft the survey tools, pull together evaluation entity members for each CoC and assist with facilitating the evaluation process.

Desired outcomes of the Evaluation are to:

- Identify opportunities for improvement of the CE project
- Demonstrate to CoC leadership a way to evaluate the CE project in a collaborative, transparent, improvement-focused manner
- This Evaluation will not:
- Evaluate the Lead Agency individually
- Evaluate individual agencies within the CE project

Multiple methods to gather data and elicit comprehensive feedback on the Coordinated Entry Project include:

- A comprehensive review of the CE policies and Procedures including geographic coverage, assessment methods and prioritization and referral processes.
- Phone Surveys gathering information from formerly homeless individuals housed through the CE project and those currently on the priority list receiving services through the CE project.
- An online Survey collecting information from CE participating providers within the CoC to gather feedback on the structure of the CE project as well as strengths and barriers.
- Review of HMIS data to ensure CE compliance

All components of the Coordinated Entry System will be reviewed and assessed by all stakeholders continuously. Recommendations for policy change will be presented to the FEHC Board.

I have received the Policy and Procedures Manual for the Franklin and Essex County Coordinated Entry System and I understand that it is my responsibility to read and comply with the policies contained in this Manual and any revisions made to it.

Name of Participating Agency: _____

Name of Designated Agency Representative authorized to sign: _____

Title: _____

Signature of Designated Agency Representative: _____

Date: _____

Please return this page to:

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