
**COORDINATED ENTRY
POLICY AND PROCEDURES**

Lakeland, Winter Haven/Polk County
Continuum of Care
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PURPOSE

This document establishes the policies and procedures governing the Lakeland, Winter Haven/Polk County Continuum of Care Coordinated Entry System. The Coordinated Entry System is defined to mean a coordinated process designed to standardize program participant intake, assessment, and provision of referrals. **The Coordinated Entry System is the only access to all homeless housing services in Polk County including, but not limited to, CoC and ESG funded housing services including prevention.**

BACKGROUND

Under the requirements of the Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program (HEARTH Act) and 24 CFR Part 578, Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program; Interim Final Rule (Interim Rule), The Lakeland, Winter Haven/Polk County Continuum of Care has implemented a Coordinated Entry System. Coordinated entry is a powerful tool designed to ensure that homeless persons and persons at risk of homelessness are matched, as quickly as possible, with the intervention that will most efficiently and effectively end their homelessness. The Polk County Coordinated Entry System described in this manual is designed to meet the requirements of the HEARTH Act, under which, at a minimum, Continuums of Care must adopt written standards that include:

- Policies and procedures for providing an initial housing assessment to determine the best housing and services intervention for individuals and families;
- A specific policy to guide the operation of the centralized or coordinated entry 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 non-victim service providers;
- Policies and procedures for evaluating individuals' and families' eligibility for assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance;

Polk County CoC has designed the Polk County Coordinated Entry System described in this policy and procedures to coordinate and strengthen access to housing for families and individuals who are homeless or at risk of homelessness throughout Polk County. The Polk County Coordinated Entry System institutes consistent and uniform assessment and referral processes to determine and secure the most appropriate response to each individual or family's immediate and long-term housing needs.

The Polk County Coordinated Entry System is designed to:

- Allow anyone who needs assistance to know where to go to get that assistance, to be assessed in a standard and consistent way, and to connect with the housing/services that best meet their needs;
- Ensure clarity, transparency, consistency and accountability for homeless clients, referral sources and homeless service providers throughout the assessment and referral process;

- Facilitate exits from homelessness to stable housing in the most rapid manner possible given available resources;
- Ensure that clients gain access as efficiently and effectively as possible to the type of intervention most appropriate to their immediate and long-term housing needs;
- Ensure that people who have been homeless the longest and/or are the most vulnerable have priority access to scarce permanent supportive housing resources.

To achieve these objectives, the Polk County Coordinated Entry System includes:

- A **uniform and standard assessment process** to be used for all those seeking assistance and procedures for determining the appropriate next level of assistance to resolve the homelessness of those living in shelters, on the streets, or places not meant for human habitation;
- Establishment of **uniform guidelines** among components of homeless assistance (transitional housing, rapid rehousing, and permanent supportive housing) regarding: eligibility for services, priority populations, expected outcomes, and targets for length of stay;
- Agreed upon **priorities for accessing homeless assistance**;
- **Referral policies and procedures** from the system of coordinated access to homeless services providers to facilitate access to services;
- **Policies and procedures** contained herein and detailing the operations of Polk County Coordinated Entry System

The Polk County Coordinated Entry System is designed to assess eligibility for housing programs targeted to homeless persons. It is not a guarantee that the individual will meet the final eligibility requirements for or receive a referral to a particular housing option.

DEFINITIONS

At imminent risk of homelessness

Individual or family who will imminently lose their primary nighttime residence, provided that:

- Residence will be lost within 14 days of the date of application for homeless assistance;
- No subsequent residence has been identified; and
- The individual or family lacks the resources or support networks needed to obtain other permanent housing.

(HUD Definition, Category 2)

Chronically Homeless

An individual who:

- Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
- Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental

illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

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

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) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

(HUD Definition)

Disability

A Physical, Mental or Emotional Impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions; includes:

Developmental Disability Defined in §102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 15002). 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 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).

(HUD Definition)

Homelessness Prevention

Providing financial assistance, counseling, and other housing stabilization services necessary to prevent an individual or family from moving into an emergency shelter, the streets, or a place not meant for human habitation.

Literally Homeless

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation;
- 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
- 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

(HUD Definition, Category 1)

Fleeing domestic abuse or violence

Any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, or stalking;
- Has no other residence; and
- Lacks the resources or support networks to obtain other permanent housing.

This definition includes (HUD Definition, Category 4)

Polk County Homeless Management Information System (PC HMIS):

The PC HMIS is a continuum-wide based database that allows for the monitoring, tracking and compilation of data on homeless services. This includes, but is not limited to, the number of homeless persons served on any given day, an inventory of the service capacity of the Polk County Continuum of Care, the frequency of services provided, and an unduplicated annual count of our homeless population.

VI-SPDAT

The Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) is a survey administered both to individuals and families to determine risk and prioritization when assisting homeless and at-risk of homelessness persons.

TARGET POPULATION

This process is intended to serve people experiencing homelessness and those are at risk of homelessness.

This coordinated entry process was developed for residents of Polk County. In cases where it is forbidden by their funders or local, state, or federal law, providers may not serve individuals who do not have adequate proof of residence in Polk County. Intake staff will attempt to provide out-of-county clients with available information pertinent to the area in which they currently reside.

GOALS AND GUIDING PRINCIPLES

The goal of the coordinated entry process is to provide each client with adequate services and supports to meet their housing needs, with a focus on returning them to housing as quickly as possible. Below are the guiding principles that will help Polk County meet these goals.

- **Non Discrimination:** CoC and all agencies participating in the coordinated entry process will comply with the equal access and nondiscrimination provisions of Federal civil rights laws. Housing and supportive services are to be provided to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability and be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status.
- **Fair Housing:** Coordinated Entry is informed by Federal, State, and local Fair Housing laws and regulations and ensures participants are not “steered” toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.
- **Client Choice:** Clients will be given information about the programs available to them and can choose which programs they want to participate in. They will also be engaged as key and valued partners in the implementation and evaluation of coordinated entry through forums, surveys, and other methods designed to obtain their thoughts on the effectiveness of the coordinated entry process.
- **Accurate Data:** Data collection on people experiencing homelessness is a key component of the coordinated entry process. Data from the assessment process that reveals what resources clients need the most will be used to assist with reallocation of funds and other funding decisions. To capture this data accurately, all assessment staff and providers must enter data into Polk County Homeless Management Information System (PC HMIS), with the exception of some special populations and other cases, outlined later in this document, in a timely fashion. Clients’ rights around data will always be made explicit to them, and no client will be denied services for refusing to share their data.
- **Performance-Driven Decision Making:** Decisions about and modifications to the coordinated entry process will be driven primarily by the need to improve the performance of the Polk County Coordinated Entry System on key outcomes. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of waiting time for an assessment.
- **Housing First:** Coordinated entry will support a Housing First approach, and will thus work to connect households with the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.
- **Lower Barriers:** The coordinated entry process must not screen people out due to perceived barriers related to housing or services.
- **Prioritizing the Hardest to House:** Coordinated entry referrals will prioritize those households that appear to be the hardest to house or serve for program beds and services. This approach

will ensure an appropriate match between the most intensive services and the people least likely to succeed with a less intensive intervention, while giving people with fewer housing barriers more time to work out a housing solution on their own. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all.

PROHIBITED PRACTICES

- **Involuntary Family Separation.** The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to any housing or shelter receiving funding from either ESG or CoC.
- **Denying Access to Coordinated Entry to Victims of Domestic Abuse or Violence.** Participants may not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking.
- **Releasing the Address of Family Violence Projects.** The address or location of any family violence project must not be made public.
- **Coordinated Entry Requiring Disability Disclosure.** The assessment and prioritization process must not require disclosure of specific disabilities or diagnoses.

DESIGNATED COORDINATED INTAKE CENTERS

The designated coordinated intake centers are the **only** locations where people experiencing homelessness will be assessed and referred to homelessness assistance services. All designated Coordinated Intake Centers must execute the Memorandum of Understanding with HCPC at Attachment B. All people experiencing homelessness or at risk of homelessness should be directed to these locations to be assessed prior to receiving any housing services or any admission to a homelessness assistance program.

The designated coordinated intake centers in Polk County are:

- Bartow Church Center;
- Haines City Community Center;
- Lake Wales Care Center;
- Mobile Outreach Coordinated Intake;
- Mulberry Community Service Center.
- Talbot House Ministries;
- Salvation Army West;
- Talbot House Ministries
- Women's Resource Center

This list will be updated when designated coordinated intake centers are added or removed.

PROCEDURES

EMERGENCY SHELTER

Emergency shelter intake is not required to go through a coordinated intake center; however, emergency shelter operators should encourage emergency shelter clients, who have not been assessed for housing by a coordinated intake center to do so.

PRESCREENING QUESTIONS

The first question to ask a client is “What city did you sleep in last night?” If the answer is not a location in Polk County the client is not eligible for services.

The second question to ask a client is “Are you in physical danger where you are currently staying?” If the answer is “yes” ask “Do want to be referred to a confidential domestic violence provider?” If the answer is “yes”:

- If you are talking to the client at your location (not on the phone) dial the Peace River Center 24-Hour Crisis Line at (863) 413-2700 and hand the phone to the client. Peace River Center will take it from there including transportation for the client.
- If you are talking to the client on the phone provide the number of the Peace River Center 24-Hour Crisis Line ((863) 413-2700) to the client and strongly suggest they call immediately.

If the answer to the second or third question is “no”, ask the following questions:

- Are you currently homeless or do you think you will become homeless within the next 14 days? Homeless means living in a place not meant for human habitation, in emergency shelter, in transitional housing, or exiting an institution where you stayed for up to 90 days and were in shelter or a place not meant for human habitation beforehand.
- Are you interested in receiving homelessness assistance services? If the answer is “yes”, continue with the Intake Process. If the answer is “no”, refer the client to 2-1-1 or another mainstream service provider.

SYSTEM INTAKE

INTAKE AT PROVIDER AGENCIES

Clients who come to agencies other than the Designated Coordinated Intake Centers seeking homelessness assistance services will be referred to a designated coordinated intake center for assessment. If the client is unable to reach the center due to a disability or lack of transportation, an effort should be made by the agency to assist the client with transportation needs. If the designated coordinated intake centers are closed and the agency provides beds or other crisis housing, they may admit the client until the coordinated entry process is available again. These clients should be directed to the designated coordinated intake centers again as soon as they are open. Homeless service providers **may not** provide housing assistance to clients who have not first been assessed and referred by a Coordinated Intake Center. This includes pre-screening for housing assistance.

PHONE CALLS

Staff at the designated coordinated intake centers, 2-1-1 call centers, or other provider locations may receive phone calls from people experiencing or at risk of homelessness who are interested in being assessed or receiving homelessness assistance services. All of these callers should be directed to the nearest Designated Coordinated Intake Center for assessment and prioritization.

Phone calls to the Referral Center from clients who have not been assessed by a designated entry center should be directed to the nearest center. This applies to clients referred by Homeless Education Advocates Restoring the Hope (HEARTH) Homeless Liaisons.

INTAKE AT COORDINATED INTAKE CENTERS

Walk-in clients entering a Coordinated Intake Center while assessment staff is on duty will be served as soon as possible. If the entry staff is busy serving other clients, direct the client to a waiting area and provide the client with an estimate for wait time.

THE INTAKE PROCESS

Intake refers to the process of asking the client a set of questions to determine which programs or services are most appropriate to meet their needs and prioritizing the client for various services. A standardized set of assessment tools will be used to make these determinations. The same process will be used at all coordinated intake centers including street outreach. Intake staff will be trained on administering and scoring these tools and average amount of time each assessment should take. Assessments will be administered at designated coordinated intake centers only.

WHILE INTAKE CENTER STAFF ARE ON DUTY:

SURVEYING THE CLIENT:

1. Each person walking into a coordinated intake center will be asked the prescreening questions to determine if they should go through the coordinated entry process. If it is determined by the pre-screening questions that the client does not need homelessness assistance services, they will be directed to other more appropriate resources.
2. Homeless prevention clients with a lease or rental agreement must have a written eviction notice to be surveyed for homeless prevention assistance. Homeless prevention clients in housing arrangements without a lease or rental agreement must provide a letter from the person they are staying with terminating the arrangement to be surveyed for homeless prevention services.
3. If the client is eligible according to the pre-screening process, the coordinated intake staff member will explain the assessment process and share and discuss the Release of Information (ROI) form with the client.
4. Participants must be informed of their ability to file a nondiscrimination complaint.
5. Families must:
 - A. be made aware that the age and gender of a child under age 18 cannot be used as a basis for denying any family's admission to any government-funded family housing or shelter and that they should report any violation to the Referral Center;
 - B. be offered the HEARTH Project Parents Resource Guide in either in English or Spanish if they have school age children.

6. The posted Privacy Notice must be pointed out to the client. Inform the client of their right to receive a copy of the Privacy Notice.
7. When the client signs the ROI and has been informed of the discrimination and privacy policy, the staff member will begin the assessment process. The intake staff member informs the client that the interview will take up to thirty minutes. Then the staff member will collect the Universal Data Elements using the Coordinated Intake & Assessment Form and administer the Vulnerability Index & Service Prioritization Assistance Tool (VI-SPDAT).
8. In order to receive assistance, clients must provide Universal Data Elements. Clients are not required to complete a VI-SPDAT assessment. However, if a client chooses not to complete the VI-SPDAT, they must be informed that we will be unable to prioritize them appropriately and service provision may be delayed.
9. The VI-SPDAT should be an interview between staff and client. It should not be given to the client to complete on their own.
10. Enter the data into HMIS.

Note: Participants are free to decide what information they provide during the assessment process. The CoC is prohibited from denying assessment or services to a participant if the participant refuses to provide certain pieces of information, unless the information is necessary to establish or document program eligibility per the applicable program regulation.

Also, the CoC is prohibited from denying services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation.

MAKING THE REFERRAL TO THE REFERRAL CENTER

1. Once the client's VI-SPDAT survey is entered into HMIS, a referral must be made to the Referral Center. This referral should be made as soon as possible; in any case it **must** be made by the end of the work day.
2. Always enter "Housing Expense Assistance" as the Need for the client in HMIS. The standard HMIS Need term used for all housing referrals made by a Coordinated Intake Center is "Housing Expense Assistance." No other term should be used.
3. Intake staff ensure that the VI-SPDAT score is attached to the referral.
4. The person making the referral should use the notepad within the referral to enter any additional information the Referral Center might need to know. At a minimum the client's contact information must be listed in notes.

AFTER HOURS ASSESSMENT

Clients requesting assistance after hours, or when Coordinated Intake Centers are closed, should be advised to visit the Coordinated Intake Center as soon as it re-opens. Clients needing shelter for the night should be directed to the nearest emergency shelter.

REFERRAL CENTER PROCESS:

1. A report of all incoming referrals will be generated continuously throughout the day. All outstanding referrals will be selected regardless of date, and the sorting method should be VI-SPDAT score in descending order.

2. Every outstanding referral will be examined, including VI-SPDAT score and notes from the intake center.
3. The VI-SPDAT score will be used to sort housing and services clients in to three categories. Scores of 8 or above are candidates for permanent supportive housing. Scores of 4 through 7 are candidates for rapid rehousing. Scores of 3 and less do not normally require a housing intervention.
4. Clients eligible for prevention are handled on a separate priority list. Clients who meet the at risk of homelessness criteria, but do not meet the literally homeless criteria or at imminent risk of homelessness criteria may be assessed for prevention. These clients are prioritized by acuity. Client eligibility must be documented.
5. Chronically Homeless Persons are prioritized by VI-SPDAT score for referral to CoC program-funded permanent supportive housing beds dedicated or prioritized for occupancy by persons experiencing chronic homelessness. Chronically homeless persons are prioritized using the criteria at attachment A for referral to CoC for program-funded permanent supportive housing beds not dedicated or not prioritized for occupancy by persons experiencing chronic homelessness.
6. At 9 am on Mondays and Thursdays, the Referral Center will host a short conference call with CoC housing providers. This information is used in when determining where to place clients.
7. Referrals are handled based on client vulnerability as measured by the VI-SPDAT assessment tool. While the VI-SPDAT will be the main tool for prioritizing a client's need, there may be instances where other factors may come into play (such as a vulnerable family versus a vulnerable adult or two clients with very close VI-SPDAT scores). Judgment must be used in these cases and the decision documented in the notes.
8. In the event that two or more homeless households are identically prioritized for referral to the next available unit, and each household is also eligible for referral to that unit, refer the household that first presented for assistance in the next available unit.
9. Before making a referral to a provider, the Referral Center will contact that provider to ensure they are able to accept the client. Once the provider confirms they can accept the client, the Referral Center will generate a referral in HMIS.
10. Each week, the Referral Center will generate a report listing **all** the referrals the Referral Center has received and sent, whether or not they are still outstanding.
11. The Referral Center will contact clients with an acuity score of four or greater within six weeks to verify that their need still exists and to assure them that we are continuing to work on finding an appropriate housing solution for them. Clients with an acuity score less than four will be contacted bi-annually.
12. If the Referral Center is unable to contact a client after 3 attempts in 90 days or there is no contact information and the client has not contacted the Referral Center in 90 days, the client will be deleted from the priority list.
13. When a provider rejects a referral or the client refuses housing or service options, the client will remain on the priority list with the same priority.
14. When contacting clients with school age children Referral Staff will ensure that the client is aware of the Polk County Homeless Education Advocates Restoring the Hope (HEARTH) Project and will make a referral that project if the client agrees.

PROVIDER PROCESS:

1. To ensure timely action on housing referrals, the housing provider should run a report for all outstanding incoming referrals to their organization in the morning and in the afternoon.
2. The Referral Center will host a twice-a-week conference call with housing providers to determine housing availability. It is extremely important for each provider to have a knowledgeable staff person participating in this call.
3. After a provider agrees to accept a referral and the referral is made, the provider will contact the client for further information and intake.
4. If a provider rejects a referral, the Referral Center should be notified immediately and informed of the reason for the rejection. Allowable reasons for rejecting a referral are listed in the Reasons for Rejecting a Referral section.
5. Providers will see VI-SPDAT scores in HMIS referrals but will not have access to assessment responses.
6. Providers should accept referrals and contact those clients within 24 hours of receiving the referral from the Referral Center. A client's contact information will be listed in the Notes section of the referral sent by the Referral Center.

PROVIDER FOLLOW UP RESPONSIBILITIES

- The provider must take reasonable steps to notify the client verbally and with a letter of the decision to accept or reject a client within one business day after completion of the client's application and program decision. Where no mailing address can be determined, the letter should be left at the program front desk.
- The decision letter must:
 - Be on agency letterhead, be dated, and be signed by an authorized staff member;
 - Comply with the HIPAA privacy rule or any other applicable confidentiality requirements
 - If the client is accepted, give the first available move-in date.
 - If the client is rejected, include a brief statement of reasons for the rejection, a statement that the client has a right to an appeal process, and instructions for appealing the decision.
- Copy any acceptance or rejection letter to Lead Agency Executive Director at the same time it is provided to the client.
- Communicate with Lead Agency staff in a timely manner, so that all steps can be taken to reassign the client.
- Participate in any case conference, if requested by Lead Agency staff, to assist in finding a more appropriate referral.
- Accept client if appeals process overturns rejection decision (see appeals process below).

REASONS FOR REJECTING A REFERRAL:

Providers may only reject a referral of individuals and families found eligible and referred by the Referral Center under limited circumstances including:

- There is no appropriate vacancy available;
- The provider agency has been unable to contact the individual or family for seven business days;
- Household presents with more or fewer people than the unit is designed for in line with housing standards;

- The program provides documentation that it lacks the resources needed to effectively or safely serve and support the individual or family in question;
- Client misses two or more intake appointments within a 48-hour period of time;
- For programs not funded by HUD only:
 - The individual or family is not eligible under funding source or local eligibility requirements;
 - The program provides documentation that it is contractually required to serve only clients referred from a sole source or separate process (for example, DCF or SSVF)

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

COORDINATED ENTRY CLIENT APPEAL PROCESS:

Clients referred by or through coordinated entry have a right to appeal adverse program admissions decisions by receiving programs. The appeals process is as follows:

NOTICE OF DENIAL TO APPLICANT

The above-referenced decision letter will serve as effective written notice of a decision to deny program admission.

SCHEDULING A HEARING

- The client must make a request for a hearing in writing and delivered to Lead Agency staff in person, via mail, or via e-mail. Lead Agency staff must receive the request within 10 business days after the date of the written notice to deny program admission.
- Lead Agency staff must schedule and provide written notice to the client and Director of the project rejecting the referral of the hearing within 10 business days after the date of the client's request. The notice to the receiving program director must include a copy of the client's request.

HEARING PROCEDURES

- The Chair of the Coordinated Entry Committee, or his or her designee, will conduct hearings. In all cases, the hearing must be conducted by a person other than one who participated in or approved the rejection of the referral, or a subordinate of this person.
- The client must be given the opportunity to provide written or oral objections to the rejection of the referral decision and the project rejecting the referral must be given the opportunity to provide written or oral justifications for its decision.
- If the client fails to appear for the hearing, the denial decision will be upheld.

APPEAL DECISION

- The Chair of the Coordinated Entry Committee, or his or her designee, will be responsible for making the final decision on whether or not program admission should be granted or rejected.
- In making the decision, the following factors should be evaluated:
 - Were the grounds for rejection stated factually in the notice of decision to the client?

- Were the grounds for the rejection decision valid? If there was no basis for the decision in applicable law, regulations, or Coordinated Entry policies and procedures, then the decision to reject will be overturned.
- Was there sufficient evidence supporting the grounds for rejection? If the evidence proves there were valid grounds for rejection, and law or CoC policy allows rejection, then the decision to reject will be upheld.
- The Chair of the Coordinated Entry Committee, or his or her designee, will provide written notice within 10 business days of the hearing to the client and receiving program director of the final decision including a statement of the reasons for the decision.

ACCESSIBILITY

- The appeals process will comply with applicable law on disability, language, and literacy access.
- Accommodations must be offered as required by the law at any and all stages of the appeals process on the basis of disability, language, or literacy.
- Examples of accommodations include but are not limited to: reading of the rejection notice to the client, language translation of materials, use of a translation line or service, and provision of assistive listening services.

ASSESSOR TRAINING

The Lead Agency will provide coordinated entry training at least once a year to all staff administering assessments, that serve as access points, or otherwise conduct assessments. The training may be in-person, a live or recorded online session, or a self-administered.

The purpose of training is to provide all staff administering assessments with access to materials that clearly describe the methods, policies, and procedures by which assessments are to be conducted including the requirements for prioritization and the criteria for uniform decision-making and referrals.

Training materials will be updated at least annually.

ONGOING PLANNING AND STAKEHOLDER CONSULTATION

In order to address the quality and effectiveness of the entire coordinated entry experience for both participating projects and households, the lead agency will annually survey all participating providers and a representative sample of clients. The clients selected to participate in the evaluation must include individuals and families currently engaged in the coordinated entry process or who have been referred to housing through the coordinated entry process in the last year. The results of the surveys will be used to make necessary updates to the coordinated entry process written policies and procedures.

Since the concerns of providers and clients are not the same, two surveys will be conducted. The surveys should cover all relevant aspects of the coordinated entry experience and consist of closed-ended and open-ended questions. The client sample should reflect the characteristics of the population of clients served in the preceding 12 months.

The ongoing planning and stakeholder consultation process will be overseen by the Coordinated Entry Committee. The Coordinated Entry Committee will:

- provide input to survey development;
- generate recommendations for the update of CoC policy and procedures based on the survey results;

- and monitor the implementation of recommendations.

The Lead Agency Executive Director will ensure recommendation are implemented.

AFFIRMATIVE MARKETING AND OUTREACH

The Lead Agency is required to affirmatively market housing and supportive services to eligible persons and maintain records of those marketing activities. To meet this requirement one outreach activity will be conducted each month. These activities will be targeted to those least likely to seek housing or services in the absence of special outreach.

ATTACHMENT A WRITTEN STANDARDS FOR PRIORITIZING PERSONS EXPERIENCING CHRONIC HOMELESSNESS AND OTHER VULNERABLE HOMELESS PERSONS IN PERMANENT SUPPORTIVE HOUSING FROM CPD-16-11

Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. CoCs are strongly encouraged to revise their written standards to include the following order of priority for non-dedicated and non-prioritized PSH beds. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH that is not dedicated or prioritized for the chronically homeless would be required to follow this order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

(a) First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

(b) Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing

project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

ATTACHMENT B MEMORANDUM OF UNDERSTANDING

The Intake Center Name and the Homeless Coalition of Polk County (HCPC) have agreed to enter into a memorandum of understanding of mutual benefit. This agreement is to be effective July 18, start year - July 19, end year.

PURPOSE:

This agreement contains the responsibilities of the parties involved in the operation of a coordinated assessment system serving the homeless and those homeless in Polk County, Florida. It also contains the general provisions necessary for the operation of the Coordinated Entry System.

GENERAL PROVISIONS:

Under the CoC Program interim rule, each CoC must establish and operate a Coordinated Entry System. Coordinated Entry is a powerful tool designed to ensure that homeless persons are matched with the right intervention, among all of the interventions available in the CoC, as quickly as possible. It standardizes the access and assessment process for all clients and coordinates referrals across all providers in the CoC. When providers intake and assess clients using the same process, and when referrals are conducted with an understanding of all programs, including their offered services and bed availability, participants can be served with the most appropriate intervention and not with a “first come, first served” approach.

To maximize the benefits of Coordinated Entry the following general provisions were established:

- The Coordinated Entry System is defined to mean a coordinated process designed to standardize program participant intake, assessment, and provision of referrals.
- The Coordinated Entry System is the only access to all homeless services in Polk County including emergency solutions providers.
- Coordinated Intake does first-level screening with the programs making the final assessment decision.
- The system is to be easily accessed by individuals and families seeking housing or services, be well-advertised, and use the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) as the initial standardized, comprehensive assessment tool at all entry centers.
- All confidentiality provisions in the PC HMIS Participant MOU apply to the entry center.

RESPONSIBILITIES:

ENTRY CENTERS

- Ensuring all clients:
 - Have signed a ROI before collecting any data;

- Understand their privacy rights in the assessment process;
- Understand the complaint resolution process.
- Entering client demographic data into the Polk County Homeless Management Information System (PC HMIS).
- Administering the VI-SPDAT vulnerability assessment for purposes of prioritizing client need.
- Entering a client referral to the Referral Center in PC HMIS.

HCPC AND THE REFERRAL CENTER

- Maintaining the PC HMIS data and relevant assessments.
- Managing priority list and making referrals to providers.
- Providing Coordinated Entry Policy and Procedures.
- Training entry center assessment staff.
- Monitoring and evaluating the performance of the Coordinated Entry System.

Points of Contact:

Each agency director will appoint a point of contact and enter the name and contact information below.

Entry Center Point of Contact

Name: _____

Phone Number: _____

Email Address: _____

Reviewing and Implementing MOU:

Any and all changes to this Memorandum of Understanding shall be in writing and signed by both parties before becoming effective, agreed to, and executed.

In witness thereof, the parties have caused this Memorandum of Understanding to be executed by their duly authorized officials.

Homeless Coalition Of Polk County

Entry Center Agency

Signature

Signature

Title

Title

Date

Date

ATTACHMENT C - PRIVACY NOTICE

WHAT THIS IS: When you request or receive services, we may collect basic data about you and your household that may be shared with other Polk County HMIS partner agencies. We do this to better serve households and to avoid duplication of information. This also allows Polk County HMIS partners to work together to provide services to you, members of your household, and persons and families in need.

How will data be protected?

Your data is entered into a computer program that is protected by passwords and encryption technology. In addition, each agency must sign an agreement to maintain the security and confidentiality of the information. Any person or agency that violates the agreement may have their access right terminated and may be subject to further penalties. Records are protected by federal, state, and local regulations governing the confidentiality of client records and cannot be disclosed without written consent unless otherwise provided for in the regulations.

How do I benefit by providing the requested information and sharing it with other agencies?

By sharing your information with other agencies, you may receive services faster, be able to avoid being screened again, and minimize how many times you have to tell your “story.” You also help agencies document the need for services and funding. This will enhance the community’s ability to provide the most effective services and housing possible.

What are my rights?

- You can choose to forbid this agency to disclose your personal information and information of listed dependents to other collaborating Polk County HMIS participating agencies. Signing a release form is completely voluntary.
- You have a right to request a list of collaborating Polk County HMIS collaborating agencies.

How will the data be used?

- Your information will be shared with other Polk County HMIS participating organizations that agree to maintain the security and confidentiality of the information.
- Data derived from your information will be used to report to funders, state agencies, and for advocacy purposes.
- Data will be used to better show the need for services and assistance in our state
- Data will be used to keep required statistics for state and federal funders.
- Data may be used to provide confirmation of services received by you through other Polk County HMIS participating agencies.

ATTACHMENT D - RELEASE of INFORMATION

This agency is a partner in Polk County's Continuum of Care system. Continuum of Care agencies work together to provide services to persons and families in need. When you request or receive services, we may collect data about you and your household that may be shared with other Continuum of Care agencies.

Your data is entered into a computer program (HMIS) that is protected by passwords and encryption technology. In addition, each agency must sign an agreement to maintain the security and confidentiality of the information. Any person or agency that violates the agreement may have their access right terminated and may be subject to further penalties.

By sharing your information with other agencies, you may avoid being screened again, receive services faster, and minimize how many times you have to tell your "story." You also help agencies document the need for services and funding.

The following data will be shared:

- Personal identifying information such as: name, Social Security Number, and date of birth;
- Demographic information such as: race, ethnicity, and gender;
- Information about you that may help in locating housing resources such as veteran status or whether you or a member of your family has a disabling condition;
- Information about your history of housing and homelessness such as where you have been living and where we can reach you;
- Information about services you have received through other homeless providers.

By initialing below, I understand and acknowledge that based on the Continuum of Care policy I have a right to:

- Request a copy of The Privacy Notice, which describes the ways in which the primary identifying information, and other client data information may be used or disclosed;
- Not answer any questions unless entry into the Agency's program requires it;
- Opt-out of having information shared with other participating agencies and still receive services;
- Inspect, copy, and request amendment of records maintained by the Agency related to the provision of services to me and to receive a paper copy of this form;
- Sign a written request to remove my consent at any time; and
- File a grievance with the Agency or the Homeless Coalition of Polk County by providing a written notice of the alleged violation, if I believe my privacy rights have been violated and that I will not be retaliated against for filing such a complaint.

_____ **Please initial that you understand your rights**

By signing this form, I agree to share the information in this described in this form with other Polk County Continuum of Care agencies.

Client Signature _____

Date _____