

Purpose and Background

The Homeless Resource Council of the Sierras (HRCS), CA-515 Continuum of Care (CoC), has developed the following Coordinated Entry Process (CEP) for the entire geographic area of Placer and Nevada Counties to meet the Department of Housing and Urban Development (HUD) and State of California Department of Housing and Community Development (HCD) guidelines. The primary goals of this CEP are that assistance be allocated as effectively as possible and that it be easily accessible to persons experiencing homelessness. This Coordinated Entry Process is mandated for all recipients of CoC and Emergency Solutions Grant (ESG) funding and was developed in accordance with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and its implementing regulations.

Coordinated Entry Processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. In addition, a Coordinated Entry Process provides information about service needs and gaps to help communities plan their assistance and identify necessary resources. Accordingly, the Coordinated Entry Process described in this Manual covers the entire geographic area of Placer and Nevada Counties and was designed with the following guiding principles:

Prioritization: The CEP ensures that people with the greatest needs receive priority for any type of housing and homeless assistance available in the geographic area, information and referral, Rapid Rehousing (RRH), and other interventions.

Low Barrier: The CEP 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. In addition, housing and homelessness programs lower their screening barriers in partnership with the Coordinated Entry process.

Housing First Orientation: The CEP is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements.

Person-Centered: The CEP incorporates participant choice which is facilitated by questions in the assessment tool and through other methods. Choice can include location and type of housing, level of services, and other options about the types of eligible services a household may receive.

Fair and Equal Access: All individuals in the Placer and Nevada geographic area have fair and equal access to CEP. Fair and equal access means that people can easily access the Coordinated Entry Process and that the process for accessing help is known.

Emergency Services: The CEP does not delay access to emergency services such as emergency shelter or food services. However, ESG-funded programs must receive referrals through Coordinated Entry.

Standardized Access and Assessment: All Coordinated Entry methods offer the same assessment approach and referrals using uniform decision-making processes. A person is not steered towards any particular program or provider based on how they present to services.

Inclusive: The CEP includes all subpopulations, including Chronic Homeless, Veterans, families, unaccompanied youth, and survivors of domestic violence. HRCS has adopted a parallel access point for victims of domestic violence, sexual assault, stalking, and human trafficking. The CEP is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. HRCS will continuously evaluate and improve the process ensuring that all subpopulations are served.

Referral to Projects: The CEP makes referrals receiving Emergency Solutions Grants (ESG) and CoC Program funds, including Emergency Shelter, Rapid Rehousing (RRH), and Permanent Supportive Housing (PSH), as well as other housing and homelessness projects. Projects in the community that are dedicated to serving people experiencing homelessness fill all vacancies through referrals. Non ESG- or CoC-funded programs determine the extent to which they rely on referrals from the Coordinated Entry Process.

Referral Protocols: Programs that participate in the CEP accept all eligible referrals until the Homeless Resource Council of the Sierras has a documented protocol for rejecting referrals, ensuring that such rejections are justified and rare and that participants are able to identify and access another suitable project.

Outreach: The Coordinated Entry Process is linked to street outreach efforts so that people sleeping on the streets or encampments are prioritized for assistance in the same manner as any other person assessed through the CEP.

Ongoing Planning and Stakeholder Consultation: The Homeless Resource Council of the Sierras will engage in ongoing planning with all stakeholders participating in the Coordinated Entry Process. This planning will include evaluation and updating the CEP at least annually. Feedback from individuals and families experiencing homelessness or recently connected to housing through the CEP will be regularly gathered through surveys, focus groups, and other means and will be 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.

Leverage Local Attributes and Capacity: The physical and political geography, including the capacity of partners in a community and the opportunities unique to the community's context, inform local Coordinated Entry implementation.

Safety Planning: The CEP has protocols in place to ensure the safety of the individuals seeking assistance. These protocols ensure that people fleeing domestic violence are provided

safe and confidential access to CEP and domestic violence services, and that any data collection adheres to the Violence Against Women Act (VAWA).

Accurate Data: Using HMIS and other systems for Coordinated Entry, the Homeless Resource Council of the Sierra collects and manages data associated with assessments and referrals.

Written Standards: The CoC, in consultation with recipients of ESG program funds within the geographic area, has established written standards for providing Continuum of Care assistance which will guide the development of formalized policies and procedures for the Coordinated Entry Process. The CoC and ESG-funded programs will work together to ensure the CEP allows for coordinated screening, assessment and referrals for ESG projects consistent with the written standards for administering ESG assistance.

The policies and procedures in this manual have been established to ensure that persons experiencing homelessness who enter into programs throughout the Placer Nevada CoC geographic region 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 these policies and procedures. Agency program procedures should reflect the policy and procedures described in this document. The Homeless Resource Council of the Sierras strongly encourages programs that do not receive either of these sources of funds to adopt and utilize these policies and procedures.

The Homeless Resource Council of the Sierras Governing Board shall review and update these policies and procedures annually or as needed.

Definitions and Key Terms

Terms used throughout this manual are defined below:

By Name Only List (BNL):

The BNL is the CoC-wide waitlist for housing programs. Because housing resources within our CoC are scarce and because most programs will not have immediate openings, it is assumed that each assessed household will spend some amount of time on the BNL before being referred to a program. The BNL is maintained by the HMIS lead agency (HMIS Administrator) and is organized according to vulnerability assessment score and length of time homeless.

Chronically Homeless (24 CFR 578.3):

- (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:
 - a. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - b. Has been homeless and living as described in paragraph (1) (a) 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 separation the occasions included at least 7 consecutive nights of not living as described in paragraph (1) (a).
 - c. 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 have, 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 the facility; or
- (3) A family with an adult head of household (or if there is not adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Disability (24 CFR §583.5):

- (1) A condition that:
 - a. Is expected to be long-continuing or of indefinite duration;
 - b. Substantially impedes the individual’s ability to live independently;
 - c. Could be improved by the provision of more suitable housing conditions; and

- d. Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;
- (2) A developmental disability, as defined in this section; or
- (3) 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).

Developmental Disability (24 CFR §578.3.):

Developmental disability means, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002):

- (1) A severe, chronic disability of an individual that –
 - a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. Is manifested before the individual attains age 22;
 - c. Is likely to continue indefinitely;
 - d. Results in substantial limitations in 3 or more of the following areas of major life activity:
 - i. Self-care;
 - ii. Receptive and expressive language;
 - iii. Learning;
 - iv. Mobility;
 - v. Self-direction;
 - vi. Capacity for independent living;
 - vii. Economic self-sufficiency
 - e. Reflects the individual’s 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.
- (2) An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting 3 or more of the criteria described in paragraphs (1)(a) through € of the definition of “developmental disability: in this section if the individual, without services and supports, has a high probability of meeting these criteria later in life.

Homeless (24 CFR 578.3)

Literally Homeless (Category 1):

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

- (1) Has a primary nighttime residence that is a public or private place not meant for human habitation;
- (2) 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
- (3) 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; or

At imminent risk of homelessness (Category 2)

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

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

Homeless under other Federal statutes (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:

- (1) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
- (2) 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;
- (3) Have experienced persistent instability as measured by 2 moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
- (4) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction, histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or 2 or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

Fleeing domestic abuse or violence (Category 4)

Any individual or family who:

- (1) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
- (2) Has no other residence; and
- (3) Lacks the resources or support networks, e.g. family, friends, and faith-based or other social networks, to obtain other permanent housing.

Assessment

A process that reveals the past and current details of a household's strength, and needs, in order to match the client to appropriate services and housing. For the purpose of this document, assessment will refer to a process (whether at primary screening and intake or at entry to a housing program) that reveals a client's eligibility, needs, barriers and strengths.

Assessor

An intake worker, whose responsibility is to provide coordinated intake and assessment for individuals or families seeking housing services.

Diversion

A strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. The main difference between diversion and other permanent housing-focused intervention center on the point at which intervention occurs. Prevention targets people at imminent risk of homelessness, diversion targets people as they are applying for entry into shelter, and rapid re-housing targets people who are already homeless.

HEARTH Act

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 that includes Emergency Solutions Grant (ESG) and Continuum of Care (CoC) grants.

Coordinated Assessment

Relates to the utilization of the same assessment tool to connect clients to services as a means for a coordinated entry system. For the purpose of this document, that tool is the vulnerability assessment tool created by the Outcomes and Measurements Committee. This tool helps identify who should be recommended for each housing and support intervention, moving the discussion from simply who is eligible for a service intervention to who is eligible and in greatest need of that intervention.

Homeless Management Information System

A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. The U.S. Department of Housing and Urban Development (HUD) and other planners and policymakers at the federal, state, and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time. Specifically, HMIS can be used to produce an unduplicated count of homeless persons, understand patterns of service use, and measure the effectiveness of homeless programs.

Placer & Nevada Counties' HMIS is staffed by the County of Placer. The software provider is Mediware. HMIS staff is responsible for the administration of the HMIS software and providing technical assistance to participating agencies and end-users. Agencies that participate in HMIS are referred to as "participating agencies." Each participating agency needs to follow certain guidelines to help maintain data privacy and accuracy.

Authorized User Agencies

Housing providers who wish to, or are required to, participate in HMIS are Authorized User Agencies. Authorized User Agencies must sign and agree to the HMIS Privacy and Security Policies for HMIS database use.

Receiving Program

All Transitional Housing, Rapid Rehousing, and Permanent Supportive Housing programs are Receiving Programs, and are responsible for reporting and pulling referrals from the BNL in compliance with the protocols described in this manual. All programs that receive a referral from the Coordinated Entry Process are responsible for responding to that referral.

Process Overview

To illustrate how the Coordinated Entry Process functions, the following overview provides a brief description of the path a household would follow from an initial request for housing through permanent housing placement. The overview also describes roles and expectations of the key partner organizations that play a critical role in the system. Additional details can be found in the subsequent sections of this manual.

Step One: Accessing the Coordinated Entry Process

To ensure accessibility to households in need, the Coordinate Entry Process provides access to services via 211 and a homeless hotline number. The CEP also includes parallel access for victims of domestic violence, assault, stalking, or human trafficking. Households in need may initiate a request for services via the phone system or in person at the appropriate domestic violence service provider(s).

Step Two: Coordinated Entry Assessment:

Assessors will complete a Coordinated Entry Assessment with the household requesting assistance. The assessment includes the collection of HMIS universal data elements as well as administering the standardized vulnerability assessment tool. Assessors have the option of completing the assessment directly into HMIS (which is strongly encouraged) or administering a paper version to be entered into HMIS at a later time. Data collected on paper should be entered into HMIS within 72 hours of collection.

Step Three: Prioritization

Information gathered from the assessment will be used to prioritize households with the largest needs and vulnerabilities. This prioritization list is called the By Name List (BNL). The BNL will sort all participants based on their assessment score, with the highest score ranking first. This list will be able to show which program(s) the individual or household is eligible for.

Step Four: Referral

Once an individual's name has been placed on the BNL, all authorized partner agencies will have access to the list. These agencies will pull names from the list, beginning from the most vulnerable, when a bed becomes available in their program. Housing referrals will include Rapid Rehousing, Transitional Housing, and Permanent Supportive Housing. The CEP does not delay access to emergency shelter, but any CoC- or ESG-funded shelter program must receive a referral directly from CEP.

Accessibility

The Coordinated Entry Process covers the entire geographic region of CoC CA-515. Placer and Nevada Counties' CEP will be implemented using a dual-county phone system, operated by Connecting Point, located in Nevada County. Individuals and households experiencing homelessness in Nevada County are able to access the CEP by dialing 2-1-1. Those individuals or households in Placer County need to call _____ to access the CEP. The Coordinated Entry Process serves all subpopulations, including chronically homeless, veterans, youth (including parenting youth), and survivors of domestic violence. The Coordinated Entry Process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Individuals fleeing, or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking are able to access the CEP through domestic violence service providers as well as the traditional access point. Further detail can be found under "Safety Planning."

Emergency Services

The Placer/Nevada CEP does not delay access to emergency services. However, emergency shelter programs funded through ESG or CoC funds must receive referrals directly from the Coordinated Entry Process. Individuals entering the CEP will complete a vulnerability assessment to have their name be placed on the By-Name List (BNL). Call agents will inform the individual of emergency shelters in the area, along with their admission cut-off times. ESG- and CoC-funded emergency shelter programs will be contacted with information on the individuals who have been referred to their specific program. Individuals fleeing, or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking can enter the CEP directly at the domestic violence service provider or through the 24-hour CEP phone system.

Prevention Services

Communication

Connecting Point, the lead agency in the Coordinated Entry Process, has the ability to accommodate individuals with specific communication needs. The agency has two (2) Spanish-speaking call agents as well as access to the Universal Language Line (ULL). Agents are trained to take relay calls, and 2-1-1 is accessible by text. In addition, homeless individuals are able to access the Coordinated Entry Process online through the "chat" function on Connecting Point's website. The physical location of Connecting Point is wheelchair accessible and has assistive listening devices onsite.

Safety Planning

It is the primary goal of the CEP to transfer victims of domestic violence in need of safety planning to the appropriate victim service provider (VSP) in the region. The VSP will provide skilled safety planning and comprehensive services that support client safety.

Street Outreach

Assessment

The Homeless Resource Council of the Sierras (HRCS) utilizes a standardized vulnerability assessment tool for the Coordinated Entry Process, ensuring fair, equitable, and equal access to services within the community. A copy of the tool can be found in Appendix _____. The Homeless Resource Council of the Sierras prohibits the CEP from screening people out of the coordinated entry process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

Below is the step-by-step process of the Coordinated Entry Process:

Step One: An individual or household seeking homeless services enter into the CEP via phone. Individuals or households residing in Nevada County can dial 2-1-1, and Placer County households can call _____.

Step Two: Connecting Point call agents will ask the caller for consent to share and store participant information for purposes of assessing and referring participants through the CEP. Individuals who refuse to have their data be shared are still able to enter into CEP, but they should be informed that their referral options may be limited. Verbal consent can be given because Connecting Point records all calls. Sample Releases of Information (ROIs) can be found in Appendix _____.

Step Three: Call agents will inform the caller of his/her ability to file a nondiscrimination complaint (see Appendix _____).

Step Four: Call agents guide the individual through a flow chart to determine their immediate needs (Appendix _____). If an individual reports that they are fleeing or attempting to flee domestic violence, they will immediately be referred to a domestic violence service provider, if the individual chooses to do so. If the individual rejects the referral, they must be informed that any information provided may be shared with other agencies.

Step Five: Call agents conduct the vulnerability assessment and collect basic identifiable data to be entered into the Homeless Management Information System (HMIS). CEP participants are freely allowed to decide what information they provide during the assessment process and refuse to answer assessment questions without retribution. The CEP cannot require individuals to disclose specific disabilities or diagnoses, but they may be only be obtained for purposes of

determining program eligibility to make appropriate referrals. The completed assessment tool must be attached in the client's file in HMIS.

Step Six: The individual's vulnerability assessment score is calculated and their name is placed on the BNL according to their prioritization score.

Victims of domestic violence entering the Coordinated Entry Process through victim service providers will follow a parallel process:

Step One: Accessing the Coordinated Entry Process

Households in need may initiate a request for services via the 2-1-1/Homeless Hotline phone system, by calling a victim service provider's hotline, or in person at the appropriate victim service provider(s). Households experiencing DV receive confidential assistance from victim services providers, but may opt to go through the general CEP. They should be made aware that they waive certain confidentiality rights prior to engaging in the general CEP if they choose that option.

Step Two: Coordinated Entry Assessment:

Advocates will complete a Coordinated Entry Assessment with the household requesting assistance. The assessment includes the collection of HMIS universal data elements as well as administering the standardized Vulnerability Assessment tool. Victims are encouraged but not required to disclose personal information in order to receive assessment under victim service provider mandates. Advocates will enter the data into the agency's HMIS comparable database daily.

Step Three: Prioritization

Information gathered from the assessment will be used to prioritize households with the largest needs and vulnerabilities as it is in the general CEP. This prioritization list is called the By Name List (BNL). The BNL will sort DV survivors based on their assessment score, with the highest score ranking first. Each victim service provider will maintain their own BNL. In addition, households wishing to be placed on the Continuum of Care BNL may still maintain their confidentiality by entering from a victim service provider. In these cases, the victim service providers will use a limited amount of de-identified HMIS data elements and the vulnerability assessment tool score to enter clients on the Continuum's BNL. Such entries will be listed with the initials of the victim services agency followed by their internal client number.

Step Four: Referral

Once a household experiencing DV has been placed on the BNL either with a victim service provider or via anonymized information on the CoC, all authorized partner agencies will have access to the list. These agencies will pull names from the list, beginning from the most vulnerable, when a bed becomes available in their program. Housing referrals will include Rapid Rehousing, Transitional Housing, and Permanent Supportive Housing. Victim services providers

will reference the general BNL when openings in their housing programs occur, but the only eligible households are those experiencing DV. They will pull the highest ranking households from their internal lists and eligible households on the CoC BNL. If the CoC BNL has an opening for an eligible DV household, the partner will contact the victim services provider to advise them CoC and ESG funded emergency shelters that are victim service providers will accept households experiencing DV according to the parallel process.

Assessor Training

The Homeless Resource Council of the Sierras will provide training opportunities annually to organizations and/or staff persons that administer assessments. Training will be provided by Connecting Point, Placer County, Nevada County, and/or the CoC Coordinator. Training will include:

1. Review of CoC's written CE policies and procedures, including any adopted variations for specific subpopulations;
2. Requirements for the use of assessment information to determine prioritization;
3. Criteria for uniform decision making and referrals; and
4. HMIS data quality and management training.

Additionally, victim service providers will provide annual training on safety planning for CoC and Coordinated Entry staff.

Privacy Protections

As the lead agency, Connecting Point will protect all data collected through the Coordinated Entry assessment process. Data collected on paper will be securely stored in locked cabinets. Client information will be stored in a HUD-compliant Homeless Management Information System. Clients must be informed of HMIS and consent to have information stored in the system. Sample ROIs can be found in Attachment _____. Victim service providers will store information in compliance with Federal and State standards.

CEP participants must be informed that they are not required to disclose specific disabilities or diagnoses. This information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

Prioritization

The Homeless Resource Council of the Sierras, CoC CA-515, uses the CEP to prioritize homeless persons within Placer and Nevada Counties. The CEP will prioritize chronically homeless and victims of domestic violence/sexual assault/stalking/human trafficking for housing services. The prioritization score that determines one's place on the By-Name List is calculated from the standardized vulnerability assessment tool used during the assessment process. The policies

and procedures of prioritization are consistent with CoC and ESG written standards under 24 CFR 578(a)(9) and 24 CFR 576.4.

Emergency Services

The Coordinated Entry Process does not prioritize individuals for access to emergency shelter. ESG- and CoC- projects must accept referrals from the CEP, but it is not based on the individual's prioritization score. Participants within the CEP will only be prioritized for access to permanent supportive housing (PSH) and rapid rehousing (RRH).

Nondiscrimination

The Coordinated Entry Process does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status. The CEP may require individuals to disclose certain information in order to determine eligibility. This is different than prioritization because a number of projects serve specific populations (i.e. chronically homeless, mental illness, youth, etc.) and individuals must meet the project's eligibility criteria.

Process for filing a nondiscrimination complaint:

CONDITIONS UNDER WHICH PARTICIPANTS MAINTAIN THEIR PLACE IN BNL WHEN THE PARTICIPANT REJECTS REFERRAL OPTIONS

Data Protection

The BNL is managed using the CoC's Homeless Management Information System, Mediware. The information collected is protected using the same HMIS data privacy and security protections prescribed by HUD for HMIS practices in the HMIS Data and Technical Standards at (CoC Program interim rule) 24 CFR 578.7(a)(8).

Prevention Services

How is a person prioritized for referrals to homeless prevention?

Referrals

The Coordinated Entry Process makes referrals through HMIS. All CoC- and ESG-program recipients and subrecipients are required to use the CEP as the only referral source from which to consider filling vacancies in housing and/or services funded by CoC and ESG programs. Programs not funded through the CoC or ESG are not required to accept referrals, but are encouraged to do so. The Coordinated Entry Process and participating agencies are prohibited from screening potential project participants out for assistance based on perceived barriers related to housing or services.

Process for Referrals to ES:

The CEP does not delay access to emergency services, such as shelter. However, if an individual enters the CEP and is needing emergency shelter, a referral is made.

Process for Referral to PSH and RRH

Nondiscrimination

The coordinated entry referral process is informed by Federal, State, and local Fair Housing laws and regulations. It is prohibited that participants be “steered” toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children. The CoC and all agencies participating in the Coordinated Entry Process must comply with the equal access and nondiscrimination provisions of Federal civil rights laws, including the following:

- Fair Housing Act, which prohibits discriminatory housing practices.
- Section 504 of the Rehabilitation Act, which prohibits discrimination based on disability under any program or activity receiving Federal financial assistance.
- Title VI of the Civil Rights Act, which prohibits discrimination based on race, color or national origin under any program or activity receiving Federal financial assistance.
- Title II of the Americans with Disabilities Act, which prohibits public entities, which includes State and local governments and special purpose districts from discriminating against individuals with disabilities in all their services program and activities, which include housing and housing related services such as housing search and referral assistance.
- Title III of the American with Disabilities Act, which prohibits private entities that own, lease and operate places of public accommodations providing housing, from discriminating based on disability.

Please see Appendix ____ for links to all above stated nondiscrimination policies.

Data Management

Data collected through the CEP is securely stored in HMIS. All participant information is securely protected per the HMIS Data and Technical Standards at (CoC Program interim rule) 24 CFR 578.7(a)(8).

Privacy Protections

Upon entering the CEP, prior to the vulnerability assessment, the participant must provide consent to share and store participant information in HMIS for purposes of assessing and referring participants through the CEP. Individuals who refuse to have their data be shared are still able to enter into the CEP, but they should be informed that their referral options may be

limited. Verbal consent can be given because Connecting Point records all calls. Sample Releases of Information (ROIs) can be found in Appendix _____. The CoC prohibits 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.

Agencies participating in the CEP must be authorized users within HMIS. All users must be informed and understand the privacy rules associated with collection, management, and reporting of client data. HMIS trainings are offered on an annual basis, or as needed. The HMIS manual and all corresponding documents can be found in Appendix _____.

Evaluation

The Outcomes and Measurements Committee will evaluate the CEP on a quarterly basis, reviewing prioritization scores, the number of referrals made versus the number of referrals rejects, and HMIS data quality.

A full system evaluation will be conducted on an annual basis, reviewing the data stated above as well as Client Satisfaction Surveys. The Client Satisfaction surveys will be administered to former and current homeless households to provide an ongoing system improvement. The survey will be anonymous to protect participant information. A sample survey can be found in Appendix _____.

Using the data provided, the Coordinated Entry Policies and Procedures will be reviewed and updated at least annually or as needed.