

Section 3

Continuum of Care Coordinated Entry Guide



**Harford County Office of
Community & Economic
Development**

2018

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Introduction

In accordance with 24 CFR 578.7, Responsibilities of the Continuum of Care, mandating the establishment and operation of a centralized or coordinated assessment, the following procedures have been developed to guide the operation of the Coordinated Access/Entry and Assessment system.

To help ensure the system would efficiently and effectively respond to the needs of households experiencing homelessness and those at risk of homelessness and support the work of the service providers, a workgroup of stakeholders were involved in the design. A periodic review by the Coordinated Access Workgroup will be conducted to ensure the system's functionality with the ability to adjust processes as needed. Harford County Community & Economic Development, as the Lead CoC agency, is responsible for oversight of the Coordinated Access System.

All recipients of Continuum of Care (CoC), Homelessness Solutions Program Grant and local Grant-In-Aid funding will be required to adhere to the policies and procedures set forth in this document.

The Coordinated Access System improves service delivery for individuals and families experiencing a housing crisis and increases the efficiency of the homeless response system by simplifying access to housing and services; prioritizing housing assistance based on need; and quickly connecting households to the appropriate housing intervention.

While the Coordinated Access System is designed to ensure households experiencing a housing crisis have fair and equal access to housing programs and services within the Continuum of Care, it is not a guarantee that the household will receive a referral to or meet the final eligibility requirements for a housing program.

Access

The Harford County Continuum has appointed the Harford Community Action Agency (HCAA) as the single point of access for all who may be experiencing homelessness or a housing crisis in the county.

Regardless of race, color, national origin, religion, sex, age, familial status, marital status, disability, actual or perceived sexual orientation, or gender identity, any individual or family presenting as experiencing homelessness or at-risk for

An effective crisis response system is able to identify and quickly connect people who are experiencing or are at risk of experiencing homelessness to housing assistance and other services. It works because it aligns a community, its programs and services around one common goal-to make homelessness rare, brief and nonrecurring.

homelessness to any organization in the county is automatically redirected to HCAA for screening and assessment. Non-discrimination complaints can be filed with Harford Community Action Agency or Harford County Community & Economic Development.

Harford County can provide language translation and sign language services as needed to citizens accessing services at HCAA. See **Appendix X** for instructions. For those in need of sign-language interpretation, a request should be sent to raharbin@harfordcountymd.gov with the date, location and time of the meeting, the individuals name needing the interpreter and the purpose of the meeting. An interpreter will be arranged. Every attempt will be made to provide appropriate auxiliary communication aids.

Supportive Services Address: 1321-B Woodbridge Station Way
Edgewood, MD 21040
Phone: 443.456.3629

- In-person screening hours: M-F 8:30am-4:30pm.
- Other accommodations can be made as needed.
- Individuals and families presenting directly to SARC for emergency placement need not be sent to HCAA for screening. Individuals and families will be referred to HCAA for further assessment, resources and referrals once safety is ensured.
- Other access points include the Harford County Detention Center, the Behavioral Health Unit and Emergency Department at the hospital and Mason-Dixon Community Services in the northern part of the county.

Outreach

Outreach workers from HCAA and the PATH provider conduct outreach to individuals in encampments and living in other places not meant for human habitation. Other locations include soup kitchens, day shelters and peer recovery drop in centers. Individuals experiencing homelessness are

“Coordinated entry is an important process through which people experiencing or at risk of experiencing homelessness can access the crisis response system in a streamlined way, have their strengths and needs quickly assessed, and quickly connect to appropriate, tailored housing and mainstream services within the community or designated region.”

~

Open Doors, page 57

connected directly to coordinated access for screening and placement, based on the needs and input of the individual. Upper Bay specifically provides outreach to those with mental health and/or addiction illnesses through the PATH (Projects for Assistance in Transition From Homelessness) program. The PATH workers also provide in-reach to emergency shelters and both HCAA and Upper Bay offer services at the seasonal rotating shelter.

Outreach workers can connect individuals to other needed services such as entitlements, healthcare, mental health and addiction treatment, disability services, employment, income assistance, etc.

Outreach also takes place in the detention center and the behavioral health unit and emergency department at the hospital prior to release from services for those that have been identified as experiencing homelessness upon entry into the community. Individuals can be screened and potential placement be arranged prior to discharge.

Homeless Prevention

The goal of prevention assistance is to prevent people from losing their housing and needing to enter shelter. A limited amount of resources exists to provide financial assistance to households who are at imminent risk of experiencing homelessness. In order to improve the chances of success for households served, services are offered to assist in maximizing whatever income households have, including linking them with additional benefits they qualify for and referring them to education and employment programs. Households should receive the minimum amount of assistance necessary to stabilize in housing and keep from becoming literally homeless.

Households receiving assistance will meet HUD's criteria for defining [At Risk of Homelessness](#). Funding decisions will be based on the following:

- Urgency of the housing crisis; and
- Housing can be safely preserved with an immediate financial intervention; or
- Household can be immediately relocated and stabilized with an

Principles for Good Homeless Prevention:

- *Crisis Resolution*
- *Client Choice, Respect and Empowerment*
- *Provide the Minimum Amount of Assistance Necessary for the Shortest Time Possible*
- *Maximize Community Resources*
- *The Right Resources to the Right People at the Right Time*

immediate financial intervention.

Prioritization for Homeless Prevention:

1. Household will become literally homeless within 14 days or less, have been in an emergency shelter or transitional shelter within the last 12 months and have minor children in the household.
2. Household will become literally homeless within 14 days or less, have been in an emergency shelter or transitional shelter within the last 12 months and a family member has a chronic medical condition that would result in extreme harm if household would enter a shelter.
3. Household will become literally homeless within 14 days or less and have been in an emergency shelter or transitional shelter within the last 12 months.
4. Household will become literally homeless within 30 days or less and have been in an emergency shelter or transitional shelter within the last 18 months.
5. All other households who will become literally homeless within 30 days or less.

Diversion

Diversion assists households seeking entry into shelter in quickly securing immediate alternate housing arrangements and if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion conversations should take place with every individual or household who is not already experiencing literal homelessness, such as those staying with friends or family, living in a motel with own funds. Interventions may include mediation or dispute resolution with previous landlords and family or friends. Diversion can also provide connections to mainstream assistance to help people develop a longer-term solution to their housing instability, such as connections to employment programs, assistance with securing benefits, legal assistance, etc.

After-Hours Access

For the duration of the 12 week emergency rotating shelter, any individuals(adults only) found after regular business hours by law enforcement can be brought to the shelter location up until 8pm provided that law enforcement has evaluated them and found them to be safe for admittance to the shelter. After 8pm, several of the community police jurisdictions have agreed to allow individuals to stay in their lobby until the opening of services the next day.

Law enforcement also has the ability to place individuals or families into motels during the freezing weather activation after hours. HCAA will be notified when this occurs and arrange for outreach to the household.

Other strategies are being explored for full 24/7 access to shelter outside of the 12 week period when the emergency rotating shelter is in operation and during freezing weather activation.

Assessment

It is the policy of the Harford County Continuum of Care not to screen people out of the coordinated entry process due to perceived barriers to housing or services, including, but not limited to, too little 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. Complaints may be filed with the Harford Community Action Agency or with Harford County Community & Economic Development, if a participant believes they have not been treated equitably.

Assessment Process

Individuals and families will be screened using the **Coordinated Assessment Tool Set** for Harford County. This includes:

- Homeless Services Intake Form (given to the client to complete)
- Pre-screening
- Diversion screening
- Priority Screening/Assessment (VI-SPDAT/VI-FSPDAT)
- Choosing a Referral
- Homelessness Verification
- Universal Release of Information
- Placement Response Form

Diversion and safety planning are key components of this phase. Assessors will discuss additional housing options with households such as connecting with family or locating and securing self-sustained housing when the household has sufficient income. Assessors will also discuss any safety concerns for participants currently or recently experiencing any form of violence and will provide general safety information to all participants. Housing Assessors will explain the importance of providing accurate information and possible delays in receiving services if inaccurate information is provided.

The VI-SPDAT/VI-FSPDAT (Vulnerability Index& Service Prioritization Decision Assistance Tool) for individuals and families will be used as the standardized assessment to establish appropriate interventions and severity of need. This will be administered by the HCAA except for

- The Sexual Assault/Spouse Abuse Resource Center (SARC)
- Harford County Detention Center

- Mason-Dixon Community Center
- University of MD Upper Chesapeake Behavioral Health Unit

Assessments administered by these providers will be forwarded to HCAA. Decisions for choosing the best housing intervention will be guided by the following scoring table:

- Diversion (Score 0-3)
- Refer for Rapid-Rehousing/Transitional Housing (Score 4-8)
- Refer for Permanent Supportive Housing (score 9+)

Client choice will be paramount in selecting a provider within the intervention type. Individuals and families may be offered multiple housing interventions. The preceding scoring table is only a guide for considering what may be the best housing intervention based on the unique circumstances of the household.

Assessor Training

Training for those administering the assessments will be held at least annually by the CoC. Training will review the written coordinated entry policies and procedures, requirements for use of the assessment and criteria for uniform decision-making and referrals.

No Contact and Inactivity

When there is a vacancy, HCAA will outreach to the household for up to seven (7) business days. If the household is unable to be located, HCAA staff will move to the next household on the list. Households that cannot be located within 7 business days and have no record of services in the previous 90 days will be removed from the active status to inactive. Households making contact with the system once moved to the inactive list will be reassessed. Households that reach a 30-day anniversary from initial assessment date and are not currently housed or engaging in services will be reassessed.

Participant Right of Refusal or Failure to Engage

The Harford County Coordinated Access System is person-centered and based on client choice. Individuals and families have the right to refuse any housing resource that is offered to them. Refusing a resource does not

The coordinated entry process must allow participants autonomy to freely refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to assistance.

impact eligibility for future referrals. However, assessors must ensure that participants understand that the Coordinated Access process does not operate as a long term waitlist and that referrals are made to programs based on a household's current eligibility and prioritization relative to other homeless households who need housing assistance. Households should be informed of the delays in obtaining housing assistance if a program is declined. If all interventions are declined by the household, after 30 days, the household will become inactive. While Providers are expected to make every effort to engage referred households, housing units must not stay vacant longer than needed. For this reason, housing programs may discontinue working with a referred household and ask for an additional referral if the household fails to complete an intake appointment and provide eligibility verification after a total of four (4) contact attempts over the course of seven (7) business days since the initial attempt. If this occurs, Providers must notify HCAA. HCAA is responsible for notifying the household that the opening/housing is no longer available to them.

In addition, households are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment without retribution or limiting their access to other forms of assistance. There may be occasions when participants will be required to provide certain pieces of information to determine program eligibility when the program regulations require the information to establish or document eligibility. Failure to provide this information may lead to ineligibility for that intervention or provider. Types of information may include disability type, specific diagnosis or verification of homeless status.

Domestic Violence and Substance Use Populations

All individuals and families presenting at the HCAA will be pre-screened for domestic violence services. Individuals and families identified as needing and wanting domestic violence services will be immediately connected to SARC for shelter using the hotline #410-836-8430. No information will be recorded in HMIS. Once safe, individuals and families may be connected back to HCAA to pursue appropriate housing interventions based on the protocol described above except that no information will be recorded in HMIS.

Individuals coming directly from rehabilitation facilities to substance use housing providers will be connected back to HCAA once placed to pursue appropriate housing interventions.

Youth Population Considerations

Unaccompanied minors and youth ages 18-24 should be screened using the same tools. Unaccompanied minors shall be referred to DSS Family and Youth Services immediately. Unaccompanied minors and youth ages 18-24 may be prioritized for

services based on their unique circumstances and vulnerabilities regardless of the assessment score.

Confidentiality and Release of Information

All information obtained during the assessment process is protected. A universal consent for release of information will be completed at initial intake by HCAA. Only that information needed to screen for initial eligibility will be asked and recorded. All service providers will be responsible for obtaining further written consent for the release of more detailed protected health information to include mental health, substance use, medical data and HIV/AIDS.

Prioritization

Harford County's prioritization policies and procedures are consistent with the Continuum of Care and Emergency Solutions Grant written standards under 24 CFR 578(a) (9) and 24 CFR 576.4. Harford County has adopted HUD's order of priority in [Notice CPD 16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in permanent Supportive Housing](#).

Data collected during the assessment regarding race, color, national origin, religion, sex, age, familial status, marital status, disability, actual or perceived sexual orientation, or gender identity, is not used to discriminate or prioritize households for services.

Harford County maintains a Prioritization List in the HMIS system. This list is protected according to the same standards of privacy prescribed by HUD for HMIS practices in the HMIS Data and Technical Standards.

Individuals and families will be ranked in order of priority within the intervention designation using the scores from the Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT/VI-FSPDAT) for [individuals](#) and [families](#) as a guide. A higher score means greater vulnerability. In consultation with the CoC Lead, discretion will be used in overriding this ranking

*Coordinated entry
changes a CoC from a
project-focused system to
a person-focused system
by asking that
“communities prioritize
people who are most in
need of assistance” and
“strategically allocate
their current resources
and identify the need for
additional resources.”*

*~
[Coordinated Entry Notice, page 2](#)*

when circumstances warrant such action. The score should not be the only determining factor when determining priority for services.

Motel Placement

Motel placements are temporary and decisions regarding placement will be prioritized as follows:

1. Individuals and families experiencing Category 1 homelessness that cannot be placed into existing shelters during a freezing weather event;
2. Individuals or families experiencing Category 1 homelessness with acute medical conditions that cannot be placed into existing shelters;
3. All other individuals or families at the discretion of the CoC Lead and the Director of Supportive Services at HCAA.

Shelter Placement

To the extent possible, veteran families and individuals who cannot be effectively assisted with VA housing and services and have the same level of need as a non-veteran will receive priority. To the extent possible, unaccompanied youth under the age of 18 will receive priority. For emergency shelter, transitional housing and permanent supportive housing, prioritization is as follows:

- For **Dedicated** Chronically Homeless Projects:
 - i. First Priority-Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs.
 - ii. Second Priority-Chronically homeless individuals and families with the longest history of homelessness.
 - iii. Third Priority- Chronically homeless individuals and families with the most severe service needs.
 - iv. Fourth Priority-All other chronically homeless individuals and families.
- For **Non-Dedicated** Chronically Homeless Projects:

Chronically homeless individuals and families will be given priority for permanent supportive housing beds not currently dedicated to this population as vacancies become available through turnover.

 - i. First Priority-Homeless individuals and families with a disability and the most severe service needs.
 - ii. Second Priority-Homeless individuals and families with a disability with a long period of continuous or episodic homelessness.

- iii. Third Priority- Homeless individuals and families with a disability coming from places not meant for human habitation, safe havens, or emergency shelters.
- iv. Fourth Priority- Homeless individuals and families with a disability coming from transitional housing.

Priority List

One central Priority List for all housing services will be kept by HCAA and individuals and families will be ranked within the service prioritization table according to scores on the VI-SPDAT/VI-FSPDAT. No other lists will be kept by the separate service providers.

Only those households who are experiencing category 1 or 4 homelessness will be waitlisted should there be no vacancies in current projects. Households who are at-risk of experiencing homelessness will be screened for prevention and diversion and connected to appropriate resources (i.e. case management, entitlements, employment resources, etc.).

Referral

Project Referrals

All referrals for housing services will come from the HCAA to the respective service providers via HMIS. Referrals will be made using the ranking and prioritization protocol. Receiving service providers will interview and place individuals and families in a timely manner. In keeping with trauma-informed practices, having referred individuals and families fill out additional applications on-site is strongly discouraged. A more in-depth assessment can be administered once the household has obtained housing for the purposes of developing and delivering an appropriate service package.

As households are prioritized, HCAA will notify the household of eligibility and referral decision immediately. Once a referral is made, the Receiving Program has 1 business day to acknowledge the receipt of the referral. The Receiving Program must then accept or deny the referral within 7 days. The project will complete the Referral Outcome in HMIS and upload the Placement Response Form into HMIS. It is the

HMIS is a valuable tool to help gather historical information about services, past shelter stays and can be used to verify history of homelessness.

responsibility of the project to communicate the placement decision to the participant and to notify the participant of their right of appeal. Appeals can be made directly to the provider using the provider's standard grievance procedure or appeals can be directed to or Harford County Community & Economic Development, who oversees the CoC. Providers are required to notify Harford County Community & Economic Development of any formal grievances that are made regarding placement.

Vacancy Communication

Admissions and vacancies will be communicated to HCAA in real-time as they occur. A call or e-mail should be sent to HCAA notifying them of the pending vacancy as soon as possible. It is expected that entries and exits from projects will be recorded in HMIS as they occur. At a maximum, programs must update vacancy information in HMIS within 3 business days of a unit/bed being filled or vacated.

Unit Inventory Changes

Because referrals are based on vacancies, any changes in unit availability should be reported to HCAA and the CoC Lead as soon as it is known that there is going to be an increase or decrease in capacity. Units that have active referrals and/or households interviewed and approved for the unit should not be taken off line in the middle of the referral process.

Eligibility and Housing First Approach

The Harford County Continuum of Care supports a community-wide Housing First approach that incorporates the following characteristics-

- Removing Barriers to Entry that may include:
 - having too little or no income;
 - active or history of substance abuse;
 - history of domestic violence and
 - having a criminal record with exceptions for state-mandated restrictions
- Does not require a person to sign a supportive service agreement at initial occupancy stating that he/she will participate in substance abuse treatment services as a condition of occupancy (unless a substance abuse provider.
- Ensures participants are not terminated from the program for failure to participate in supportive services, make progress on service plans, loss of income or failure to improve income or any other activity not covered in a typical leasing agreement.

Referral Rejection

No participant may be turned away from homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to participants with a specific set of attributes or characteristics. Housing Providers restricting access to projects based on specific participant attributes or characteristics will need to provide documentation to the CoC providing a justification for their enrollment policy.

Both providers and program participants may deny or reject referrals. All service denials should be infrequent and must be documented in HMIS with specific justification as prescribed by the CoC. Allowable criteria for denying a referral include:

- There is no actual vacancy;
- Participant refused placement or moved out of CoC area;
- The participant household presents with more people than can be accommodated in the vacancy;
- Participant does not meet required criteria for program eligibility (i.e. lack of disability for PSH, does not meet Category 1 or 4 homeless criteria for PSH or RRH);
- Participant is unresponsive to multiple communication attempts;
- Participant resolved crisis without assistance and no longer needs placement;
- Property management denial (include specific reason documented by property manager and validated under fair housing laws)
- If housing has in residence at least one family with a child under the age of 18, the housing may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the project so long as the child resides in housing. CFR 578.93 (b) (3)";
- Participant has health issues that would in-danger the health and/or safety of the participant or others in the project because needs cannot be met.

Any provider denying a referral 3 or more times in a year for reasons other than listed above, will be asked to meet with the CoC Board to review and resolve rejection issues by the provider. If ongoing issues are not resolved to the CoC Board's satisfaction, further penalties may be enforced upon provider up to and including termination of the funding contract.

Should a participant appeal the placement decision, a case conference may be held for the purpose of resolving barriers to obtaining placement and or determining next steps.

Harford County Community & Economic Development, HCAA or the receiving provider may request a case conference at any time during the referral process. This gives relevant staff from multiple projects and agencies opportunities to

discuss cases; resolve barriers to housing; and make decisions about priority, eligibility, enrollment, termination and appeals.

Documentation Roles

HCAA will complete basic demographics, the HUD Universal Data Elements (UDE), and HUD CoC Entry in HMIS. Data regarding income, non-cash benefits, insurance and disability type will be collected but it will be the responsibility of the receiving service provider to verify and gather supporting documents upon acceptance into the program, including homeless status and disability certification. Receiving service providers will be responsible for conducting any further eligibility screening, keeping in mind the principles of housing first, trauma informed care and timeliness.

If accepted, receiving service provider will place individual or family in ShelterPoint and complete the HUD CoC Entry and Assessment in HMIS. It will be the responsibility of the individual service providers to complete interim Annual Assessments, service transactions, check outs and the HUD CoC Exit in HMIS.

Evaluation

Stakeholder Surveys

The Coordinated Access Workgroup will meet at least quarterly to review and evaluate the coordinated access system. Annually, feedback from the providers and participants served will be solicited. This feedback will address the quality and effectiveness of the entire coordinated access experience. The method of evaluation may include surveys by phone, internet, e-mail, paper or focus groups. HMIS will be used to generate a list of persons served and a cross section of those will be surveyed. This cross section will be sure to include participants from each provider giving services. The results from both providers and participants will be reviewed annually and used by the Coordinated Access Workgroup to implement updates to the existing policies and procedures. All information gathered during the survey will be kept private and no names or other identifying information will be associated with the results.

Performance Measures

The current System Performance Measures as required by HUD will be used to assist in evaluating the effectiveness of the coordinated access system, specifically:

- A decrease in the number of those becoming homeless for the first time, and
- Decreases in the average length of time persons are homeless.

The results of this annual evaluation will be coupled with the survey results to assist in monitoring all aspects of the system and used to measure overall effectiveness.

Provider Performance

Provider cooperation and adherence to the coordinated access process is paramount in the successful implementation of the coordinated access system. Providers will be monitored in areas of procedural compliance such as, referral response timeliness, housing first practices and project acceptance rates. Areas of non-compliance and poor performance will be discussed with the provider and the provider will be given the opportunity to develop a corrective action plan. Further non-compliance or poor performance may result in the termination of funding contracts.