

# **Tennessee Valley Continuum of Care TN-512 Coordinated Entry Written Standards**

## **TN-512 CoC and HMIS Lead Agency:**

Tennessee Valley Coalition for the Homeless (TVCH)

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**Prepared by the TVCoC Coordinated Entry Committee for the TN-512 Continuum of Care**

Coordinated Entry (Coordinated Entry) is the primary coordinating mechanism for social service integration in our rural counties. Coordinated Entry is a federally mandated system for all Continuums of Care designated by the U.S. Department of Housing and Urban Development to serve the homeless.

Using a standardized referral process, Coordinated Entry provides clear points of access for homeless persons and real-time knowledge of the housing needs and availability for providers. Furthermore, Coordinated Entry targets resources for more cost-effective allocation of limited resources while remaining nimble and adaptive to change and increases confidence, accountability, and transparency.

The TN-512 Continuum of Care (CoC) uses a hybrid model for Coordinated Entry with features of both centralized and decentralized systems. Federally-funded CoC partners provide Coordinated Entry Anderson County (TORCH), Blount County (Helen Ross McNabb), and Hamblen County (MATS). TVCH, the CoC/HMIS Lead Agency, administers the homeless assistance hotline (877.488.8234) for homeless applicants at its main office in Clinton, TN for the remaining 9 counties (Campbell, Claiborne, Cocke, Grainger, Jefferson, Loudon, Monroe, Sevier & Union).

Volunteers of America is the primary entry point for homeless veterans in all 12 counties, but all Coordinated Entry providers screen and refer homeless veterans.

The Community Health of East Tennessee (CHET) Family Services Center is a major Coordinated Entry point for individuals and families fleeing domestic violence (DV) in all 12 counties. Coordinated Entry Domestic Violence and Sexual Assault (which administers CoC-funded shelter and housing programs), Haven House, Safe Space, and YWCA also serve victims and survivors of domestic violence within the TN-512 CoC.

All the above Coordinated Entry providers are equipped to conduct coordinated entry assessments and referrals for homeless applicants originating from anywhere in the 12-county CoC.

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## Purpose and Background

Under the requirements of the Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program (HEARTH Act), The Tennessee Valley Coalition for the Homeless Continuum of Care has implemented a coordinated entry process. Coordinated entry is intended to ensure people experiencing and people at risk of experiencing homelessness are matched, as quickly as possible, with the intervention that will most efficiently and effectively end their homelessness. The Coordinated Entry 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 participants;
- ❖ A specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from 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 rapid rehousing assistance; emergency shelter and permanent supportive housing assistance.

The Tennessee Valley Coalition for the Homeless Continuum of Care has designed Coordinated Entry described in this manual to coordinate and strengthen access to housing for families and individuals who are experiencing homelessness or at risk of experiencing homelessness throughout the 12-county region. The Coordinated Entry 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.

Coordinated Entry 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 the assessment process does not require disclosure of specific disabilities and diagnosis. Specific diagnosis or disability information will only be obtained for purposes of determining program eligibility to make appropriate referrals;
- ❖ Ensure households autonomy of choice to refuse to answer assessment questions and to refuse housing and services is respected and their place on the prioritization lists will be held if they reject options initially;
- ❖ Ensure everyone that seeks assistance maintain their place on the coordinated entry prioritization lists when the participant rejects referral options;
- ❖ Ensure clarity, transparency, consistency and accountability for homeless applicants, referral sources and homeless service providers throughout the assessment and referral process;
- ❖ Ensure the coordinated entry is made 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;

- ❖ Ensure coordination of assisting 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 occurs efficiently and effectively to minimize further harm occurring;
- ❖ Facilitate exits from homelessness to stable housing in the most rapid manner possible given available resources;
- ❖ Ensure that homeless applicants 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;
- ❖ Ensure that people are not screened 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;
- ❖ The VI-SPDAT will be used to ensure before enrollment to Rapid Re-housing and Permanent Supportive Housing the most vulnerable and/or longest history of homelessness are prioritized for housing services;
- ❖ Policy of prioritization of sub-populations of households experiencing homelessness will continually be reviewed and determined by TN-512 CoC and adhered to by Coordinated Entry policies; Coordinated Entry policy will be updated and dated accordingly.
- ❖ Ensure there is documentation of steps taken to ensure effective communication with participants with disabilities and that all federally funded services providers offer appropriate auxiliary aids and services necessary to ensure effective communication;
- ❖ Ensure there are documented processes in compliance with funding sources for participants to file a nondiscrimination complaint.

Coordinated Entry includes for achieving the above objectives:

- ❖ 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 (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;
- ❖ The **policies and procedure manual** contained herein and detailing the operations of the Coordinated Access System.

The implementation of Coordinated Entry necessitates coordination across the Tennessee Valley Coalition for the Homeless 12-counties. To help ensure that Coordinated Entry will be effective and manageable for homeless persons and persons at-risk of homelessness and for the housing and service providers tasked with meeting their needs, a comprehensive group of stakeholders was involved in its design. In addition, particularly during the early stages of implementation, Tennessee Valley Coalition

for the Homeless Continuum of Care anticipates adjustments to the processes described in this manual. A periodic evaluation of Coordinated Entry will provide ongoing opportunities for stakeholder's feedback. The Coordinating Entry Committee will be responsible for monitoring the implementation of Coordinated Entry.

### ***Street Outreach***

One goal of street outreach is to ensure that Coordinated Entry is available to those unsheltered households who do not actively seek, or may not have access to shelter or services, yet have a high need for assistance. Homeless outreach teams will serve as mobile access points into Coordinated Entry.

When an outreach worker encounters a person during street outreach, the person shall be prioritized for assistance in the same manner as any other person who accesses and is assessed through coordinated entry. Outreach workers can use their judgement to determine the fastest way to ensure the assessment is conducted. Examples of ways that an outreach worker might use to ensure timely entry include the following: conducting an assessment in the field, calling an access point with the client, or transporting the client to an access point. Case managers who conduct an assessment in the field will ensure that clients who need to be referred to an outside agency are entered into HMIS within 48 hours and that the referral is conducted in a timely manner.

### ***Emergency Shelter***

Shelters that operate 365 days of the year, and 24 hours a day will provide access to intake procedures via either "in person" or telephone. Shelters that operate during limited hours of the week utilize the Tennessee Valley Continuum of Care Coordinated Entry System. Potential homeless applicants may call MATS if in Hamblen County, HRMC if in Blount County, Torch if in Anderson County, CHET for domestic violence. If the homeless applicant, he or she may call VoA. If the homeless applicant is fleeing domestic violence they may call. For Campbell, Claiborne, Cocke, Grainger, Jefferson, Loudon, Monroe, Sevier, or Union Counties they may call TVCH. All these numbers are listed on the internet and in printed material distributed publicly.

## **Access Points and Standardized Assessment**

The Continuum will embody the "no wrong-door" approach and will be easily accessible throughout the county, with multiple entry points, including in-person, phone, or by contact with an outreach worker.

All providers participating in Coordinated Entry process will comply with the equal access and non-discrimination provisions of federal civil rights laws. The referral process will be informed by Fair Housing laws and regulations, and ensure that participants are not guided towards any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability,

Most assessments will be either by phone to an access point, in person at an access point, or conducted by an outreach worker in the field.

All assessments are standardized across the CoC. Workers at each access point will use the approved Coordinated Entry Assessment Form. Our continuum has chosen to not differentiate access points for any sub-populations.

### ***Access Points***

Access points are locations where people experiencing homelessness tend to seek out assistance, and could include: resource centers, homeless drop-in centers, non-profit social service provider locations, mainstream service system offices, health system locations, and libraries. (An appendix of current access points will included.)

Access points will maximize accessibility for all populations and particularly for people who have difficulty accessing service systems.

All Access points will conduct their assessments utilizing Coordinated Entry Assessment Form. All Access points are responsible for ensuring that clients can receive accurate and timely information about mainstream resources for which they may be eligible, including, but not limited to: public benefits, employment and training services, healthcare, behavioral health, affordable housing and other services. Some Access Points may have staff who are trained to assist clients in accessing these services directly.

The COC is looking to expand our current partnerships to include more Access Points. Any service location may become an Access Point provided they have the capacity to implement Community-Based Screening.

### ***Standardized Assessment***

The purpose of the assessment process is to identify the housing and service needs of each household using a standardized tool and process. Information gathered during the assessment is also used to determine what programs a household may be eligible to enter. The assessment is used to determine what assistance the household and can be used to facilitate referrals to other resources.

The initial screening is brief and designed to identify whether there is a housing crisis and how much time the household has before becoming homeless (i.e. already unsheltered, will be unsheltered tonight, has a few more days, has more than 3 days, etc.). Coordinated Entry Specialists will use the information obtained to direct people experiencing a housing crisis to the right next step or resource. Coordinators will help identify an individual or family's level and urgency of need and direct them as follows:

- ❖ Housing problem that requires a response, but household not expected to experience immediate housing loss – direct to mainstream `benefits, employment, 211 for other referrals.
- ❖ Housing crisis and household is within a few days of losing a place to live – Refer to an agency offering Homeless Prevention/Diversion.

- ❖ Already homeless or will lose housing in the next day – refer to appropriate homeless services or shelter and schedule a time to complete the VI-SPDAT. People will be directed to resources based on location and household type (adult men, adult women, families, youth, DV).
- ❖ Safety issue – direct to DV system or DV shelter if interested.
- ❖ Veteran – connect to Veteran’s system.

All ESG-funded housing programs are required to accept Coordinated Entry referrals. Programs with other funding sources may participate voluntarily. Local funders may elect to require their grantees to participate and will incorporate this requirement into contracts with providers. Ideally, Coordinated Entry specialist will contact the referral agency by email without using any personal protected information –only HMIS IDs may be transmitted by unencrypted emails (If you are unsure whether your email system is unencrypted, please contact the IT staff at your organization or vendor. Referrals will occur no later than 48 hours after the contact. If it is necessary to send a paper copy of the assessment, it must be done via secure fax or encrypted email. Often the assessing agency is also the appropriate agency to work with the contacting person. In this case the agency will be referring to themselves.

### ***Marketing and Non-Discriminatory Access***

Coordination Entity will market/advertise across our CoC to service providers; conduct outreach through developed materials that can be handed out and left with those engaged; and send information and updates regarding Coordinated Entry via email to stakeholders as well as posting the information online at [tvhomeless.org/](http://tvhomeless.org/)

The coordinated entry system is intended to serve all individuals, regardless of race, color, national origin, religion, sexual orientation, gender identity, disability, age, sex, familial status, marital status, political believe, medical condition, or military status. All programs receiving Federal and State funds will comply with applicable civil rights and fair housing laws and requirements, and recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights law.

At any time during the coordinated entry process, homeless applicants have the right to file a complaint, should they feel that this principle has been violated. All applicants, whether individuals or families, will be provided with the process for filing a complaint. All complaints will be addressed and resolved in a timely and fair manner. The following contacts will be provided to address discrimination or grievance related concerns:

For nondiscrimination complaints, contact the Department of Housing and Urban Development Knoxville Field Office:

**US Department of Housing and Urban Development**  
John J. Duncan Federal Building

710 Locust Street, Third Floor  
Knoxville, TN 37902-2526

**Phone:** (865) 545-4370

**Fax:** (865) 545-4569

**TTY:** (865) 545-4559

**Field Office Director:** Bob W. Cook

**Office Hours:** 8:00 a.m. to 4:30 p.m.; Building hours: 6:00 a.m. - 6:00 p.m., Monday through Friday.

For housing program related complaints, grievances must be in writing and will be directed to the appropriate housing provider for resolution.

To file a grievance regarding Coordinated Entry policies or procedures, please send an email to [info@tvhomeless.org](mailto:info@tvhomeless.org).

## **Safety Planning**

People who are currently fleeing domestic violence and human trafficking along with those who have previously experienced domestic violence and/or human trafficking require a path through Coordinated Entry that promotes and protects their confidentiality and safety. Regardless of where survivors of domestic violence present for services, the Coordinated Entry process must ensure safe and equal access to housing and services.

The following policies and procedures are incorporated into the Tennessee Valley Coordinated Entry to protect the safety of every person and household impacted by domestic violence. The first set of protocols relates to DV providers serving survivors of domestic violence and the second set of protocols relates to mainstream, non- DV providers serving survivors of domestic violence.

### ***Domestic Violence (DV) Provider Protocols***

Moreover, any agency that is a victim services or DV provider is prohibited from disclosing identifying information to HMIS as of 2007. Victim service providers are required to enter these data in a comparable database. More information may be found at [epic.org/privacy/dv/](http://epic.org/privacy/dv/)

Nevertheless, the CoC includes DV providers as full and integral partners in the Coordinated Entry process. Therefore, all CoC-funded DV providers are required to participate in Coordinated Entry and to provide the HMIS Lead Agency with anonymous reports for consolidating data across the CoC. DV providers are prohibited by law from entering participant data into HMIS, but they are required to use a separate HMIS-equivalent database for documenting services. When a household working with a DV provider is attempting to flee or experiencing literal homelessness having already fled domestic violence, the DV provider must follow the same Coordinated Entry protocol as non-DV providers.

The DV provider conducting the Coordinated Entry assessment will:

- ❖ Request consent to participate from the applicant
- ❖ Link applicant to a specialist to review all consent options and complete the Coordinated Entry assessment
- ❖ Anticipate and respond to communication from housing providers as part of the process of linking households to housing, when contact information in the assessment includes the DV provider as a contact source.
- ❖ Attempt to notify the applicant of a potential housing opportunity.
- ❖ If/when the applicant is reached, link them with the housing provider identified for their household.

The DV provider receiving the referral will:

- ❖ Accept referrals from Coordinated Entry System and follow up with applicant
- ❖ Follow up with applicant and linked providers if the applicant shared contact information to request support with a linkage to the household within two business days.
- ❖ Follow Coordinated Entry protocols including protecting the confidentiality of the household such as not disclosing to an emergency contact any information shared in the Standardized Housing Assessment.

### ***Non-Domestic Violence Provider Protocol***

Non-DV providers must use an anonymous protocol to enter the records of domestic violence victims/survivors in HMIS so that Coordinated Entry only be seen by the Coordinating Entities for the purpose of matching the household to a housing and/or services intervention. The anonymous ID must be kept in the participant's file for access by the referring agency and referral agency.

### ***Privacy Protection***

Whether the CoC-funded uses HMIS or an equivalent database, it must meet HUD's requirements in 24 CFR 578.7(a)(8) and Section II.A for complying with HUD's HMIS Privacy and Security Notice. Therefore, it is essential that CoC-funded projects explain privacy protection to participants in a manner that is clear and understandable. When other federal or state data privacy or security laws apply to a provider, the provider must comply with the requirements that ensure the greatest protection for the participant's personally identifying information.

The HMIS privacy and security requirements adopted by the Tennessee Valley CoC are explained in the 2004 HUD Data and Technical Standards, the TVCoC HMIS Program Manual, and the HUD Exchange available online at [hudexchange.info/resources/documents/HEARTH\\_HMISRequirementsProposedRule.pdf](http://hudexchange.info/resources/documents/HEARTH_HMISRequirementsProposedRule.pdf)

Written consent (or verbal consent if the Coordinated Entry assessment is administered by telephone) must be obtained by means of the HMIS Release of Information Form before

entering and sharing personal identifying information (PII) in HMIS. If verbal consent is given, the participant's written consent will be obtained at the earliest opportunity, typically at the initial face-to-face meeting with an outreach worker, Coordinated Entry specialist, or housing case manager.

**Please note that any homeless applicant has the right at any time to refuse to provide PII or allow that it be entered in HMIS or shared with other CHOs. The applicant's individual choice regarding participation will not affect his or her rights to services.**

The HMIS Data Privacy Notice clearly stating the CoC's privacy standards for HMIS (or Coordinated Entry data system) must be made available to participants at all HMIS member facilities, Coordinated Entry provider agencies, at the CoC/HMIS Lead (TVCH) office, on the TVCH website. The notice describes participants' rights and options, the provider's responsibilities to protect PII, and how the provider will use and disclose a participant's information in compliance with HUD's privacy standards.

In addition, signs must be placed at data collection points with a statement explaining why information is being collected and how to obtain the Privacy Notice. In instances where PII are collected by phone, operators must read the statement to all callers.

### **Uses and Disclosures**

**Uses** are internal activities for which providers interact with participant PII. **Disclosures** of PII occur when providers share PII with an external entity. Once collected, providers have obligations about how PII information may be used and disclosed. Uses and disclosures either are **required** by HUD (e.g., participants' access to their own information, oversight of compliance with the HMIS data privacy and security standards) or are **permitted** by HUD (e.g., to provide services, reporting to funders). HUD's required and permitted uses and disclosures must be stated in the CoC's Privacy Notice.

Per the 2004 HMIS Data and Technical Standards, HUD **permits** the following uses and disclosures of PII without participant consent, provided that they are listed in the HMIS Data Privacy Notice. If any of these uses and disclosures is not listed in the Privacy Notice, consent is required:

- ❖ To provide or coordinate services to an individual
- ❖ For functions related to payment or reimbursement for services
- ❖ To carry out administrative functions, including but not limited to legal, audit, personnel, oversight, and management functions
- ❖ For creating de-identified records from PII
- ❖ To avert a serious threat to health or safety

Below are some examples of the array of Coordinated Entry activities that can be covered under the permitted use and disclosure principle to provide or coordinate services to an individual.

*Use and disclose information to identify appropriate resources and services*

Disclosing assessment data to multiple providers participating in Coordinated Entry could be part of a formal and coordinated process for determining the right mix of resources needed. The CoC may further list out the names of the providers that would receive the participant's information.

*Use and disclose information to determine prioritization for housing*

Disclosing assessment data can help staff determine the placement of an individual on a prioritization list, and if needed, develop a safe sheltering plan while the individual is waiting for placement into permanent housing.

*Use and disclose information to make referrals*

Disclosing participant information can help match the person to the right resource and potentially create multiple referral options.

*Use and disclose information to determine participant progress*

HMIS can be used to build a single participant record that contains information collected throughout Coordinated Entry process, from access to housing move-in.

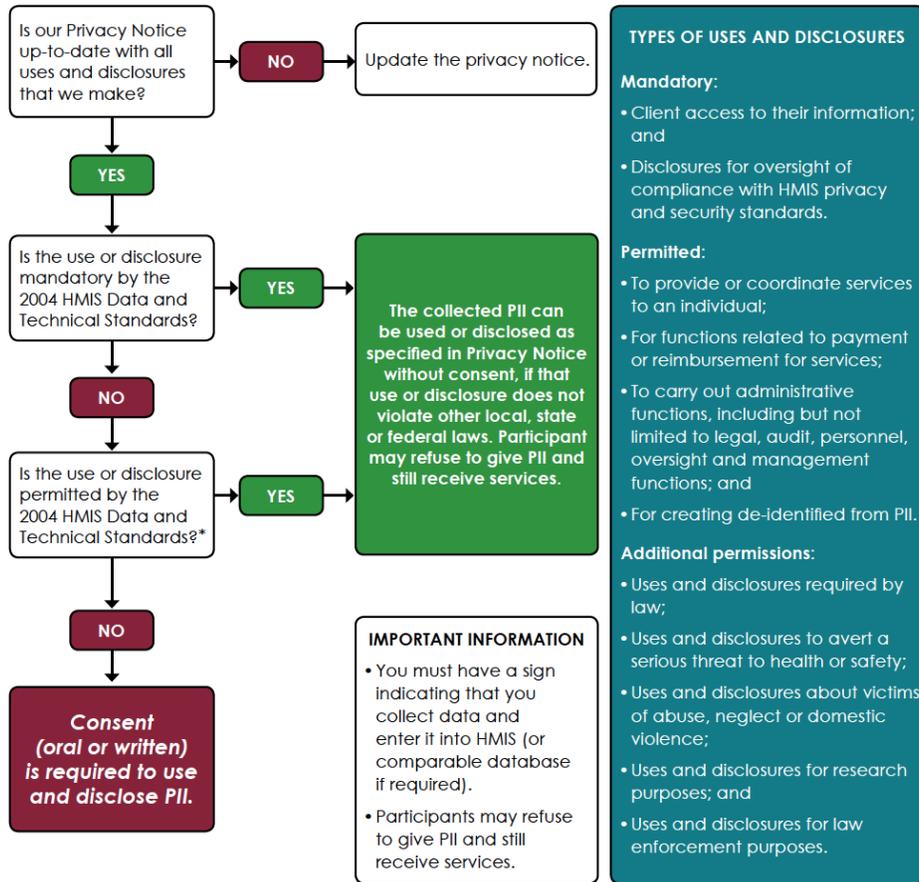
HUD **requires** two mandatory disclosures regardless of their inclusion in the Privacy Notice:

- ❖ Participants' access to their own information
- ❖ Disclosures for oversight of compliance with HMIS data privacy and security standards

When considering what uses and disclosures are appropriate (whether allowed by the 2004 HMIS Data and Technical Standards or authorized by consent), the following questions may help a CoC determine whether to allow and how to restrict uses and disclosures:

- ❖ Will disclosing participant information in this specific way help participants gain access to appropriate housing or services more effectively or efficiently?
- ❖ Can we disclose less of a participant's information and still accomplish the same objective?
- ❖ Can we disclose a participant's information to fewer entities and still accomplish the same objective?
- ❖ Is the use or disclosure prohibited by any federal, state, or local laws?

Do I need the client's consent (written or oral) to use or disclose information?



## Planning Decisions

All agencies serving households experiencing homelessness are encouraged to use Coordinated Entry for referrals. Agencies receiving Housing and Urban Development (HUD), Continuum of Care (CoC), or any other federal funding for homeless assistance must use Coordinated Entry. TVCH representatives will complete quarterly site visits to provide oversight of the planning and implementation of Coordinated Entry access points. Oversight will include reviewing data completeness, and ensuring coordinated entry assessments are utilized, along with completing case file reviews.

Access points ensure that people experiencing homelessness have the ability to meet with a Skilled Assessor to complete the TVCoC Standardized Housing Assessment, the first step towards movement to permanent housing coordinated through Coordinated Entry. TVCoC utilizes existing service providers as access points for the system and plans to expand access points to additional entities that encounter people experiencing homelessness.

These access points cover and are accessible throughout the 12 counties in the COC and will be affirmatively marketed to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability or who are least likely to complete a Coordinated Entry System Housing Assessment in the absence of special outreach. Various access points will accommodate cohorts within the population such as youth, Veterans, families, survivors of domestic violence, and adults experiencing either homelessness or chronic homelessness to ensure fair and equal access for all populations into the coordinated entry process. While marketing will encourage people who are part of a particular cohort to connect with particular access points, any person will be accommodated at any access point.

## HUD Definitions of Homelessness

The categories for defining homelessness and determining eligibility for programs and services are explained below:

### ***Chronic Homelessness***

Chronic homelessness is defined using the following criteria:

(1) 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 1 year or on at least four separate occasions in the last 3 years, where the cumulative total of the four occasions is at least one year; *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, or cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(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.

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

NOTE: Stays in institutions of 90 days or less will not constitute as a break in homelessness, but rather such stays are included in the cumulative total.

**Disability** is defined as 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.

### ***HUD Homeless Definitions (Categories 1-4)***

#### **Literally homeless (Category 1):**

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

#### **At imminent risk of homelessness (Category 2)**

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

### **Homeless under other Federal statutes (Category 3)**

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

### **Fleeing domestic abuse or violence (Category 4)**

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

### ***Vulnerability Index***

Coordinated Assessment (pre-screen questions) will be used to determine most appropriate available services to refer individuals and families to. The Vulnerability Index – Service Prioritization Decision Assistance Tool™ (VI-SPDAT) will be utilized during pre-enrollment to develop a composite score combined with chronicity status and length of time in days from identification to determine prioritization of which homeless applicants should receive assistance first and assist in improving housing stability outcomes.

### ***Rapid Re-Housing Assessments***

The composite score will be used to prioritize non-chronically and chronic homeless households for entry into Rapid Re-Housing and Permanent Supportive Housing. The level of rental assistance and participant contribution to rent is described in an individualized case plan but does not exceed the limits established in the Continuum of Care interim rule.

## **Staffing Roles and Expectations**

Recognizing the need to stimulate community-wide planning and coordination of programs for individuals and families who are homeless, the U.S. Department of Housing and Urban Development (HUD) in 1994 instituted a requirement for communities to come together to submit a single, comprehensive application for HUD funds for housing and support services for people who have experienced homelessness. The organizational concept to embody this effort is the Continuum of Care (CoC), which is governed by a Steering Committee composed of representatives from across the community.

As a result of its strong leadership, access to resources and high visibility in the community, the Tennessee Valley Coalition for the Homeless (TVCH) serves as the Coordinating Entity for the CoC.

### ***Coordinating Entity***

The Coordinating Entity, with guidance and assistance from the Coordinated Entry Committee, is responsible for administering the day-to-day operations of Coordinated Entry, including but not limited to:

- ❖ Creating and widely disseminating materials regarding services available through Coordinated Entry and how to access those services;
- ❖ Designing and delivering training at least annually to all key stakeholder organizations, including but not limited to the required training for Assessment Hubs;
- ❖ Ensuring that pertinent information is entered into HMIS for monitoring and tracking the process of referrals including vacancy reporting and completion of assessments;
- ❖ Managing case conferences of veterans to review and resolve rejection decisions by receiving programs and refusals by homeless applicants to engage in a housing plan in compliance with receiving program guidelines;
- ❖ Managing manual processes as necessary to enable participation in the Coordinated Access System by providers not participating in HMIS;
- ❖ Designing and executing ongoing quality control activities to ensure clarity, transparency, and consistency in order to remain accountable to homeless applicants, referral sources, and homeless service providers throughout the coordinated entry process;
- ❖ Periodically (at least annually) evaluating efforts to ensure that Coordinated Entry is functioning as intended;
- ❖ Making periodic adjustments to Coordinated Entry as determined necessary;
- ❖ Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders;
- ❖ Updating policies and procedures
- ❖ Managing all PR requests related to Coordinated Entry.

### ***Project Manager***

Tennessee Valley Coalition for the Homeless administers the Coordinated Entry Project Management. Project management role includes management of Coordinated Entry, including but not limited to the following:

- ❖ Coordinating Coordinated Entry training to participating agencies
- ❖ Database administering
- ❖ Report generating
- ❖ Communicating to user agencies and outreach coordinators
- ❖ Deactivating/reactivating homeless applicant records
- ❖ Responding to requests for homeless applicant deletion
- ❖ Responding to email generated questions
- ❖ Monitoring system performance

## ***Coordinated Entry Providers***

Agencies that serve as access points will be responsible for ensuring that all households experiencing homelessness and at-risk of homelessness receive a prompt assessment in a safe, non-discriminatory, welcoming environment and are referred to the most appropriate available services:

The **Homeless Assistance Hotline** administered by TVCH 888-556-0791 serves as the access point for nine counties that do not have Coordinated Entry providers. The hotline will be open Monday – Friday 8:30am – 12:00pm and 1:00 – 5:00pm.

Coordinated Entry providers will serve as access points in Anderson, Blount, and Hamblen as shown below:

### **Anderson County**

TORCH, phone 865-318-4788, hours of operation 9:00am – 12:00pm and 1:00 – 4:00pm

### **Blount County**

Helen Ross McNabb, phone, 865-257-6706 hours of operation 8:00am – 5:00pm Monday – Friday

### **Hamblen County**

MATS, phone 423-587-9215, hours of operation 24 hours a day

MATS also serves Claiborne, Cocke, Grainger, Jefferson, Sevier and Union counties

The Community Health of East Tennessee Family Services Center Helpline 423-562-8325 (ext. 1) serves as the Coordinated Entry point for participants in all counties who are fleeing domestic violence.

### **VA Mountain Home**

Add description

## ***Receiving Program***

All Federally funded Emergency Shelter; Rapid Re-housing and Permanent Supportive Housing programs are the Primary Receiving Programs and are responsible for reporting vacancies to the Coordinating Entity in compliance with the protocols described in this manual. All programs that receive a referral from Coordinated Entry are responsible for responding to that referral and reporting the disposition of the referral into HMIS, in compliance with the protocols described in this manual.

## ***Prioritization Requirements***

The TN-512 Coordinated Entry is open to all households who meet at least one of the four HUD definitions of homelessness. The Coordinated Entry assessment and referral protocol is applied equally for all homeless applicants to assess current living situation, vulnerability, barriers, and other criteria related to eligibility for housing programs.

The Coordinated Entry assessment for permanent supportive housing uses vulnerability indices (described below) to rank applicants in order of vulnerability, with the most vulnerable households at the top of the list. More directly, applicants may be offered housing regardless of vulnerability score, but more vulnerable persons will likely be offered housing before less vulnerable persons.

All Permanent Supportive Housing beds and units are dedicated to people facing chronic homelessness.

Rapid Rehousing programs are geared towards households with a lower vulnerability score who may or may not be experiencing chronic homelessness. Transitional Housing programs can accommodate any person who meets funder-driven eligibility criteria with preference for those fleeing domestic violence and prioritizing the most vulnerable.

Programs with a less intensive and ongoing service model can accommodate people with a lower composite score who may or may not be facing chronic homelessness. Those with lower acuity who are facing chronic homelessness will be prioritized above those with lower acuity who are not facing chronic homelessness for rapid rehousing programs.

## **System Overview and Workflow**

To illustrate how Coordinated Entry 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:

### **Step 1: Contact and Engagement**

Street Outreach and Coordinated Entry personnel work with community stakeholders across systems and sectors to ensure that homeless assistance that will be accessible to individuals with disabilities and people least likely to access homeless assistance.

### **Step 2: Coordinated Entry Assessment**

The Coordinated Entry assessment will be completed by the Coordinated Entry provider.

Step 3: Housing Referral and Match – Pre-Screen Assessment will be used to determine which housing intervention is best suited to end the household's homelessness. All documentation, including VI-SPDAT scores, needed for service prioritization will be collected within 2 weeks of the Coordinated Entry Assessment.

**Step 4: Housing Connection**

Veteran and chronically homeless applicants will be added to the By-Name List and will be referred by priority and served when program resources are available.

**Step 5: Housing Follow-up** – The Housing Provider will notify the referral source of disposition of the referral through HMIS, telephone call and/or email (with no PPI).

*The entire process from referral to move-in date should be completed within 30 days.*

**Coordinated Entry Policies and Procedures**

***Eligibility Screening and Determination***

Coordinated Entry is intended to facilitate access to the most appropriate housing intervention for each household’s immediate and long-term housing needs and ensure that scarce permanent housing resources are targeted to those who are most vulnerable and/or have been homeless the longest. Coordinated Entry uses the following criteria to accurately match needs to the appropriate housing intervention:

Housing options by program type are explained below:

<b>Program Description</b>	<b>Essential Program Elements</b>	<b>Time Frame</b>	<b>Population</b>	<b>Desired/Expected Outcomes</b>
<b>Permanent Supportive Housing</b> Scattered site rental assistance with supportive services	<ol style="list-style-type: none"> <li>Housing First and Harm Reduction</li> <li>Case Management</li> </ol>	No time limits	Individual & Families experiencing chronic homelessness	<b>Outcome:</b> Homeless applicants will remain in permanent housing
<b>Rapid Re-Housing</b> Short-term rental assistance and supportive services that rapidly re-houses and stabilizes persons are literally homeless	<ol style="list-style-type: none"> <li>Case Management</li> <li>Temporary Financial Assistance</li> <li>Housing Relocation</li> <li>Harm Reduction and Housing First</li> </ol>	Up to 12 months of rent subsidy and supportive	Literally homeless households or those residing in shelters	<b>Outcome:</b> Households will secure and maintain appropriate, affordable permanent housing
<b>Emergency Shelter</b> Low barrier to accommodate a range of individuals experiencing homelessness	<ol style="list-style-type: none"> <li>Case Management</li> <li>Shelter</li> </ol>	Up to 180 days	Individuals and families experiencing homelessness (all four categories)	Exiting households will secure permanent housing

## **Project Referral Rejection Protocol**

Although referrals to individual projects are made with careful consideration to program-specific eligibility requirements, occasionally it may be necessary for a program to reject a referral from Coordinated Entry. The Coordinated Entry evaluation process is in place to ensure that all rejected households are not rejected from any program due to discrimination based on race, color, religion, national origin, sex, actual or perceived sexual orientation or gender identify, disability, actual or perceived housing barriers, familial status or marital status or any additional classes protected under any federal civil rights laws. Perceived barriers for housing including criminal history, financial status and rental history VI-SPDAT acuity.

Reasons a rejection might occur are:

- ❖ Ineligibility
- ❖ Conflict of interest
- ❖ No contact/Loss of contact
- ❖ Other reasons upon review

Rejections will be reviewed by the Coordinating Entry Committee and approved or denied.

Once the referral rejection is submitted with this evidence, Coordinated Entry Specialist will refer the participant's information to our Outreach Coordination Team who will have 20 working days to contact a referral before the referral is removed from the agency's outstanding referrals and replaced with a new referral.

## **Referral Rejection Denial**

If a request for rejection is not accepted and the project feels that this decision was made unfairly or biasedly, they may request an appeal to the Governing Council to review the decision and make a revised judgement on the original request. If after additional review a rejection is still not approved, the project will be required to admit the participant and the leadership of the project may decide how to fairly provide adequate case management. All program participants are to be treated equally no matter how or where they present, including if they present for a second time after a rejection of the referral is requested.

## **Referral Rejection Approval**

If a refusal is accepted, the household will be removed from the agency's outstanding referrals and the agency will be notified. The Coordinated Entry Specialist will then work to fill the opening with another eligible and prioritized household within 5 business days.

## **No Contact/Loss of Contact Procedure**

Programs will have 3 working days after a referral to notify Coordinated Entry Specialist that the new referral cannot be contacted. During that time, programs are required to make at least one documented attempt to contact the participant per day for 3 days or have evidence that all available contact information is invalid, that the household has not contact with any

Coordinated Entry access point, member of the TVCoC, and/or Street Outreach project over the past 90 days and that they have had no services or shelter stays in HMIS for the past 90 days.

Case managers and street outreach staff should attempt contact by calling a participant's phone number, if applicable, 3-5 times on varying days and at varying times to increase the likelihood of a response.

### **Domestic Violence (DV)**

When a homeless or at-risk individual/household is identified by Coordinated Entry System to be in need of domestic violence services, that individual/household is referred immediately by transferring the call or for walk-ins calling Family Services Center' Helpline immediately. If the individual/household does not wish to seek DV-specific services, the individual/household will have full access to Coordinated Entry System, in accordance with all protocols described in this manual. If the DV helpline determines that the individual/household seeking DV specific services is either not eligible for or cannot be accommodated by the DV specific system, the helpline will refer the homeless applicant to an Assessment Hub for assessment and referral in accordance with all protocols described in this manual.

### ***Case Conferences***

Coordinated Entry uses case conferencing to review and resolve cases for actively homeless veterans and chronically homeless participants. The purpose of the case conference is to overcome barriers and quickly house the homeless applicant through service coordination and creative problem-solving. Such a case conference will be held in all instances in which an individual or family is declined for services and not housed beyond 30 days.

When a homeless applicant is identified by Coordinated Entry as a military veteran or chronically homeless, the applicant will be added to the appropriate By-Name List for case conferencing.

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

The Coordinating Entity takes all necessary steps to ensure that Coordinated Entry is administered in accordance with the Fair Housing Act by promoting housing that is accessible to and usable by persons with disabilities. Coordinated Entry complies with the non-discrimination requirements of the Fair Housing Act, which prohibits discrimination in all housing transactions on the basis of race, national origin, sex, color, religion, disability status and familial status. This also includes protection from housing discrimination based on source of income.

Additional protected classes under state law include sexual orientation (including gender identity), marital status, military discharge status, age (40+). Agencies cannot preference any protected class unless allowed by statute/regulation, or written waiver from their funding or regulatory body (i.e. U.S. Department of Housing and Urban Development).

All Coordinated Entry providers must agree to take full accountability for complying with the Fair Housing Act and all other funding and program requirements. The Coordinated Entry Memorandum of Understanding requires that Coordinated Entry is administered in a manner that is consistent with the statutes and regulations that govern their housing programs.

The Coordinating Entity will request from each Coordinated Entry provider their tenant selection plan and any funding contract that requires or allows a specific subpopulation of persons to be served. For instance, Housing Opportunities for Persons with AIDS (HOPWA) programs will show funding contract, a single-gender program must produce its HUD waiver. It is further recognized that the Fair Housing Act recognizes that a housing provider may seek to fulfill its “business necessity” by narrowing focus on a subpopulation within the homeless population. The Coordinated Access System may allow filtered searches for subpopulations while preventing discrimination against protected classes.

### ***Evaluating the Coordinated Entry System***

The implementation of Coordinated Entry necessitates significant, communitywide change. To help ensure that the system will be effective and manageable for homeless and at-risk households and for the housing and service providers tasked with meeting their needs, particularly during the early stages of implementation, the Tennessee Valley Coalition for the Homeless Continuum of Care anticipates adjustments to the processes described in this manual. To inform those adjustments, Coordinated Entry will be periodically evaluated, and there will be ongoing opportunities for stakeholder feedback, including but not limited to Referral and Receiving Program work groups convened and managed by the Coordinating Entity. Specifically, the Coordinating Entity is responsible for:

- ❖ Leading periodic evaluation efforts to ensure that Coordinated Entry is functioning as intended; such evaluation efforts shall happen at least annually.
- ❖ Leading efforts to make periodic adjustments to Coordinated Entry as determined necessary; such adjustments shall be made at least annually based on findings from evaluation efforts. Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders
- ❖ Ensuring that the Coordinated Entry System is updated as necessary to maintain compliance with all state and federal statutory and regulatory requirements

Evaluation efforts will be informed by metrics established annually by the Coordinating Entity, in conjunction with the CoC Governing and Coordinated Entry Committee. These metrics shall include indicators of the effectiveness of the functioning of Coordinated Entry itself. The CoC and Coordinated Entry System will evaluate the following:

- ❖ Wait time for initial assessment
- ❖ Days to complete VI-SPDAT assessment;
- ❖ HMIS entry date
- ❖ Days to move to permanent housing

- ❖ Number/rate of referrals that are accepted by receiving programs
- ❖ Rate of missed appointments for scheduled assessments
- ❖ Number/rate of persons declined by more than one provider
- ❖ Number/rate of eligibility and referral decision appeals
- ❖ Number/rate of program intakes not conducted through Coordinated Entry
- ❖ Completeness of data on assessment and intake forms

These metrics shall also include indicators of the impact of Coordinated Entry on system-wide CoC outcomes, such as:

- ❖ Persons referred have length of stays consistent with system guidelines
- ❖ Waiting lists are reduced for all services; eliminated for shelter
- ❖ Program components meet outcome targets
- ❖ Reductions in long term chronic homeless
- ❖ Reduction in family homelessness
- ❖ Reductions in returns to homelessness

### ***Termination***

Any Coordinated Entry providing organization may terminate their participation in Coordinated Entry by giving written notice. Housing programs that are required to participate due to HUD guidelines will need HUD approval to terminate participation.