

Coordinated Entry System Policy

River Valleys Continuum of Care (MN-502)

Adopted: November 19, 2020 (replaces previous versions)

Background

The River Valleys Continuum of Care (CoC) has a long history of trying to coordinate services for our region's homeless population including State, Federal, and locally funded programs and partnerships.

The Coordinated Entry System (CES) is an evolution from these efforts intersecting with Federal and state mandates and initiatives to shift from managing homelessness to preventing and ending homelessness. In addition to partners who are mandated to participate in the CES by their funding source, all agencies providing housing assistance are encouraged to participate in our community- and region-wide efforts to streamline coordinated access to housing for those who are in the greatest need and to fill program openings by CES referrals.

In May 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act into law. The HEARTH Act amended and reauthorized the McKinney-Vento Homeless Assistance Act with substantial changes. One of these changes, the Continuum of Care (CoC) Program interim rule, was published on July 31, 2012. This rule established requirements for the administration and implementation of Continuum's of Care, including Coordinated Entry.

The U.S. Department of Housing and Urban Development (HUD) requires all Continuums of Care (CoCs) to adopt "written policies and procedures" to guide the general operations and day-to-day activities of their coordinated entry (CE) systems. HUD detailed these requirements in its 2017 Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System: *"Each CoC must incorporate additional requirements into their written policies and procedures to ensure that its coordinated entry implementation includes each of the requirements described in [Section II.B]."*

A coordinated entry system is defined as a coordinated process designed to coordinate program participant intake, assessment, and provision of referrals, which covers the entire geographic area. It must be easily accessed by individuals and families seeking housing or services, well-advertised, and include a comprehensive and standardized assessment tool. Additionally, Congress mandates CoCs to *"collect an array of data on homelessness in order to prevent duplicate counting of homeless persons and to analyze their patterns of use of assistance, including how they enter and exit the homeless assistance system and the effectiveness of the systems."*

The River Valleys CoC acknowledges the mandates of participating funders, and has taken on the charge of developing a Coordinated Entry system that meets the needs of programs and participants and advances our goals of preventing and ending homelessness in southeast Minnesota.

In August 2015, the combined Continuum of Care regions and state partners in Minnesota approved a shared Strategic Plan for Coordinated Entry. River Valleys CoC continues to work with these partners to support seamless access to housing through Coordinated Entry for people experiencing homelessness across the state.

River Valleys Continuum of Care CES is not a new program, but a new way of providing service. The CES will help our CoC better identify, document, and evaluate system needs, as well as prioritize limited resources, assuring those who are most in need of services are prioritized for services.

Coordinated Entry is

a way to help those seeking housing and services to access programs more efficiently by:

- Making fewer phone calls;
- Undergoing fewer screenings;
- Being realistic with participants about their near-term options, giving them the opportunity to assess their situation honestly and identify alternatives to public assistance;
- Identifying and prioritizing individuals and families based on vulnerability and severity of service needs.

The CES supports the purpose of River Valleys Continuum of Care to prevent, respond to, and help end homelessness in Southeastern Minnesota.

Coordinated Entry is not

a stand-alone solution to end homelessness or a solution to the shortage of affordable housing stock.

Policy

A. Overview and General Requirements

HUD requires each CoC to establish and operate a “centralized or coordinated assessment system,” based on evidence that such systems increase the efficiency of local crisis response systems and improve fairness and ease of access to resources, including mainstream system resources. Participating projects use the coordinated entry process established and operated by the CoC to manage coordinated intake and assessment, standardize the prioritization process, and facilitate referrals to available housing and resources.

Coordinated entry processes are intended to help communities prioritize assistance to ensure that persons who are most in need of assistance receive it in a timely manner. When appropriate data are collected, CES processes can also provide information to CoCs and other stakeholders about service needs and gaps, which helps communities to strategically allocate their current resources and identify the need for additional resources.

1. CES Participation Expectations

All CoC Program- and ESG Program-funded projects are required to participate in the local CES. All state-, locally-, or privately-funded programs with CES requirements must also participate in the local CES. The CoC still aims to have all homeless assistance projects participating in its CES process, and will work with all local projects and funders in its geographic area to facilitate and ensure their participation in the CES.

All agencies and program that participate in CES, including those that host CoC staff or CES Housing Navigators, must enter a CES participation agreement which describes their role(s).

*Regulatory reference:
CoC Program interim
rule: 24 CFR
578.7(a)(9);
ESG interim rule: 24
CFR 576.400(d) and
(e)*

2. **CoC and ESG Coordination**

The CoC is committed to aligning and coordinating CES policies and procedures governing assessment, eligibility determinations, and prioritization with its written standards for administering CoC and ESG Programs funds. A copy of the CoC and ESG written standards will be included as Appendix A of this policy document, and may be updated as needed separate from this policy document.

3. **Guiding Principles**

In alignment with the Minnesota Coordinated Entry System Policies and Procedures, the River Valleys Coordinated Entry System has adopted the following guiding principles for CES:

- Promote client centeredness: treat every person with dignity, offer quality assistance, easy access to the CES, and client participation in their own housing plan.
- Prioritize most vulnerable for available housing and services.
- Provide timely access and appropriate referrals to housing programs and support services. Strive to shorten the number of days between onset or threat of homelessness and access to prevention or re-housing services.
- Eliminate barriers to housing placement. Identify system practices and individual project eligibility criteria which may contribute to excluding participants from services and work to eliminate those barriers.
- Integrate mainstream service providers into the system, including local Public Housing Authorities and VA medical centers.
- Incorporate cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.
- Cooperate with statewide partners, while allowing flexibility for local customization beyond baseline standard.
- Create transparency and accountability within the CES for participants, service providers, and funders.
- Promote collaborative and inclusive planning and decision making practices.
- Use coordinated entry data to analyze local and statewide housing needs and create a diversity of housing options.
- Exercise continuous improvements efforts. Focus on evaluation and adapting to meet the current needs of providers and consumers. Continually strive for effectiveness and efficiency and agree to make changes when those objectives are not achieved.
- Acknowledge and honor tribal sovereignty.
- Commit to our shared goals while respecting cultural, regional, programmatic, and philosophical differences.

4. **Scope of CES**

Geography: The River Valleys Continuum of Care CES covers the CoC's entire geographic area. This area includes the Minnesota counties of Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, LeSueur,

*Regulatory reference:
HUD Coordinated Entry
Notice, Section II.B.1*

Martin, Mower, Nicollet, Olmsted, Rice, Sibley, Steele, Wabasha, Waseca, Watonwan, and Winona; and in the entitlement jurisdictions of Mankato/North Mankato and Rochester; and in coordination with the sovereign nation, Prairie Island Indian Community. The CE covers this full geography by identifying access points, standard assessments, and uniform referral processes that are common across each of those geographic areas.

Housing/Project types: CES incorporates all housing/project types specifically designated for people experiencing homelessness.

Populations: All populations experiencing homelessness as defined by state or federal statutes or program rules may be included in the scope of CES. This includes subpopulations targeted by funding agencies, such as military veterans, youth, families with children, and individuals with disabilities. Populations at risk of experiencing homelessness may be referred to other mainstream and community-based services to prevent episodes of homelessness.

5. Governance

CES policy in the River Valleys CoC region is governed by a Continuum of Care Coordinated Entry System Committee, with oversight by the River Valleys Continuum of Care membership. The role of the Committee is to recommend CES policy and advise staff in developing procedures for a successful CES implementation. The CES Committee will make recommendations based on input from all stakeholders, including persons with lived experience of homelessness and other CoC Committees.

CES-related training for participating agencies and community partners will be governed by the CES Committee, with support from the CoC Data & TA Committee and CoC staff. Evaluation of CES is the responsibility of the CoC Data & Technical Assistance Committee, with technical input from the CES Committee and CoC staff. The River Valleys Continuum of Care (full membership) will have final approval on all CES policies.

6. Versions of Document

The CoC’s full membership is responsible for approval of the CES Policies. The CoC’s CES Committee shall be responsible for the revision and review of the CES Policies and Procedures. The review process will be completed at least once annually, and anyone who is interested in submitting suggestions for revisions to the document should submit them by email to the CoC Coordinator or CES Committee Chair.

Version	Date Released	Key Changes
1.0		N/A
1.2	January 18, 2018	Addendum added for inter-program transfers and VAWA compliance.
2.0	November 19, 2020	Addendums integrated, definitions added, sections reorganized, procedures removed to separate document.

7. Roles

Full CoC membership (The CoC)	Responsible for the general oversight of the CE system, including the approval of the CE Policies document.
CES Committee	Primary governing body for coordinated entry. Meets at least quarterly to oversee the implementation of the CE system. Governance responsibilities detailed above and in the CoC Governance Charter.
CE Specialist	Staff position responsible for managing day-to-day functions of CES, which may include any combination of the following: maintaining a prioritization list, assisting with matching participants to available housing resources, communicating referrals, facilitating case conferencing meetings, assisting with grievance and appeal processes, monitoring CES activity, and preparing CES monitoring and evaluation reports.
CoC Coordinator	Staff position that provides oversight of CE Specialist and acts as backup for day-to-day functions of CES. CoC Coordinator also act as primary staff for the CES Committee in developing and revising CES policies.
CE Housing Navigator	Staff position that provides direct support to individuals who have been assessed into Coordinated Entry and have been prioritized for navigation assistance by the CES Committee in order to more quickly resolve housing crises.
Collaborative Applicant	Entity that must (at the request of the CoC Board) apply for HUD funding for coordinated entry, including planning grants.
HMIS Lead Agency	Operates the Homeless Management Information System (HMIS) on the CoC's behalf. Ensures the CES has access to HMIS software and functionality for the collection, management, and analysis of data on persons served by coordinated entry. Entity designated by the CoC in accordance with <u>HUD's CoC Program interim rule</u> to operate the HMIS on the CoC's behalf. The HMIS Lead designated by the CoC may apply for CoC Program funds to establish and operate its HMIS. The CoC's HMIS Lead Agency is the Institute for Community Alliances (ICA).

Participating project	Agency or organization that has agreed to provide homelessness supports/services on behalf of the CoC. A participating project must execute a CES Participation Agreement with the CoC. The Participation Agreement outlines the standards and expectations for the project's participation in and compliance with the policies and procedures governing CES operations. For a project to receive CoC or ESG Program funding from HUD, it is required to participate in coordinated entry.
Referral partner	A type of participating project. Referral partner will receive and consider referrals to its project from the CE system. It will sign a Referral Partner Agreement with the CES management entity affirming it is aware of and will adhere to all expectations for coordinated entry.
Mainstream system provider	Agency or entity that can provide necessary services or assistance to persons served by coordinated entry. Examples of mainstream system providers include hospitals, mental health agencies, employment assistance programs, and schools.
U.S. Department of Housing and Urban Development (HUD)	Federal agency responsible for administering housing and homelessness programs including the CoC and ESG Programs.
U.S. Department of Veteran Affairs (VA)	Federal agency responsible for providing health care and other services, including assistance to end homelessness, to veterans and their families.

8. Terms & Definitions

Board and Lodge	<p>Board and Lodge is a type of housing for individuals that provides a room or place to stay. Some Board and Lodge facilities are considered Lodging Establishments with Special Services. Each Board and Lodge facility can look very different. Board and Lodge facilities vary in size, with five or more people living together. Some Board and Lodge facilities look like houses, while others are like apartment buildings, depending on the number of people living there. Bedrooms may be individual or shared, depending on the facility. Other spaces, such as living rooms, dining rooms, or cafeterias, are shared.</p> <p>In CES, Board and Lodge is considered a “Residential project or halfway house with no homeless criteria.”</p>
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Chronically Homeless *

HUD's definition: Chronically homeless means: (1) A "homeless individual with a disability," as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who:

- i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND
- ii. Has been homeless continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (i) above.

Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual.

Case Conferencing

Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication.

Category 1 Literally Homeless*

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, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- (iii) Is exiting an institution where (the individual 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

**Category 2
Imminent Risk
of
Homelessness***

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

**Category 4
Fleeing/
Attempting to
Flee DV***

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

**Continuum of
Care (CoC)**

Group responsible for the implementation of the requirements of HUD’s CoC Program interim rule. The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.

**Continuum of
Care (CoC)
Program**

HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.

**Coordinated
Entry (CE)**

Coordinated Entry in the River Valleys CoC Region is a collaborative initiative designed to create a more effective and efficient homeless response system. A coordinated entry system is defined as a coordinated process designed to coordinate program participant intake, assessment, and provision of referrals, which covers the entire geographic area. It must be easily accessed by individuals and families seeking housing or services, well-advertised, and include a comprehensive and standardized assessment tool.

Coordinated Entry (CE) Assessment	<p>The River Valleys CE Assessment includes the Greater MN Step 1: Coordinated Entry Diversion/Triage, Greater MN Step 2: Eligibility Supplement, and needs assessment.</p> <p>Providers should avoid referring to the VI- SPDAT or any other needs assessment as the entire CE process.</p>
Dedicated PSH Beds*	<p>Dedicated PSH beds are those which are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria. If there are no persons within the CoC’s geographic area that meet the definition of chronically homeless at a point in which a dedicated PSH bed is vacant, the recipient may then follow the order of priority for non-dedicated PSH established in this Notice, if it has been adopted into the CoC’s written standards. The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the CoC’s geographic area at that time. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC).</p>
Disability/Disabling Condition (HUD)*	<p>HUD defines a disability as: an impairment of long-continued and indefinite duration, and substantially impedes the ability to live independently.</p> <p>A “disabling condition” is a diagnosable</p> <ul style="list-style-type: none"> • substance abuse disorder, • serious mental illness, • developmental disability, • PTSD, • cognitive impairments resulting from a brain injury, or • chronic physical illness or disability, including co-occurrence of two or more of these conditions.
Emergency Shelter	<p>Short-term emergency housing available to persons experiencing homelessness.</p>
GPD TIP Subsidy	<p>Grant and Per Diem Program Transition in Place. Program for Veterans that provides temporary rental subsidy to tenants whose amount decreases over time as greater levels of financial independence are achieved. This program ensures the Veteran is connected to the broad cross section of health services within the VA and other community based providers.</p>

Homeless Management Information System (HMIS)	<p>Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD’s data collection, management, and reporting standards.</p> <p>Institute for Community Alliances (ICA) is the State System Administrator for HMIS. ICA provides technical assistance and training support for providers using HMIS in MN.</p>
Host Homes (emergency and non-crisis)	<p>A Host Home is a private residence where the unrelated caregiver provides persons with housing, meals, assistance and supervision.</p>
Housing First	<p>Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable.</p>
Housing Choice Voucher	<p>The housing choice voucher program (Section 8) is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Housing choice vouchers are administered locally by public housing agencies (PHAs).</p>
High Priority Homeless (HPH)	<p>Households prioritized for permanent supportive housing by the Coordinated Entry system.</p>
HUD	<p>United States Department of Housing and Urban Development (HUD)</p>

MN Long Term Homelessness

Persons including individuals, unaccompanied youth, or families with children who lack a permanent place to live continuously for a year or more or at least four times in the past three years. Time spent in an institutional care or correctional facility shall be excluded when determining the length of time a household has been homeless except in the case where an individual was in a facility for fewer than 90 days and was homeless at entry to the facility.

Doubled Up/Couch Hopping: Doubled up or couch hopping is considered an episode of homelessness if a household is doubled up with another household (and duration is less than one year) and couch hops as a temporary way to avoid living on the streets or in an emergency shelter.

Transitional Housing (TH): Time spent in transitional housing is a neutral event. It is not considered time housed or time homeless when determining LTH eligibility.

Institutions: Time spent in an institutional care (treatment, hospital, foster care, etc.) or correctional facility (jail or prison) is a neutral event. It is not considered time housed or time homeless except in the case where an individual was in a facility for fewer than 90 days and was homeless at entry to the facility. That time can be considered time homeless.

Evaluate the housing history prior to and after TH or an institutional stay to determine if it meets the state's LTH definition.

NOTE: Minnesota's definition does not require that the person have a disabling condition

Projects for Assistance in Transition from Homelessness (PATH)

Substance Abuse and Mental Health Services Administration (SAMHSA)-funded program to provide outreach and services to people with serious mental illness (SMI) who are homeless, in shelter or on the street, or at imminent risk of homelessness.

<p>Person with Severe Service Needs*</p>	<p>An individual for whom at least one of the following is true:</p> <ul style="list-style-type: none"> (i) History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or (ii) Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing <p>Severe service needs as defined in paragraphs i. and ii. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool that can identify the severity of needs such as the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual.</p>
<p>Prioritized PSH Beds</p>	<p>Prioritized PSH beds are those for which an admissions preference for chronically homeless persons is instituted for CoC Program-funded PSH beds. All recipients of non-dedicated CoC Program-funded PSH are encouraged to change the designation of their PSH to dedicated, however, at a minimum are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable, until there are no persons within the CoC's geographic area who meet that criteria.</p>
<p>Public housing authority (PHA) or Housing and Redevelopment Authority (HRA)</p>	<p>Local entity that administers public housing and Housing Choice Vouchers (HCV) (aka Section 8 vouchers).</p>
<p>Permanent supportive housing (PSH)</p>	<p>Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.</p>
<p>Rapid re-housing (RRH)</p>	<p>Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.</p>
<p>Release of Information (ROI)</p>	<p>Written documentation signed by a participant to release his/her personal information to authorized partners.</p>

Safe Haven (HUD)	<p>Safe Havens serve as refuge for people who are homeless and have a serious mental illness. A safe haven is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in supportive services. We do not have any Safe Havens in our CoC. It is very unlikely you would select Safe Haven as someone’s location in the CE Assessment</p>
Severe Mental Illness (SMI)	<p>Defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI.</p>
Transitional Housing (TH)	<p>Program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.</p>
VASH	<p>HUD- Veterans Affairs Supportive Housing (VASH) program combines Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). VA provides these services for participating Veterans at VA medical centers (VAMCs) and community-based outreach clinics.</p>
Victim Service Provider	<p>Government-based program or a nonprofit program offering safety planning, counseling, support or advocacy related to domestic violence, harassment, sexual assault, or stalking.</p>
VI-SPDAT	<p>Vulnerability Index- Service Prioritization Decision Assistance Tool. The VI-SPDAT is one tool to help 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. When used, it is part of the Coordinated Entry Assessment.</p> <p>As of this document’s approval, the CoC is engaged with other partners to discontinue use of the VI-SPDAT within the Coordinated Entry assessment. All references to the VI-SPDAT have been removed from CoC policy.</p>

*These definitions are incorporated from the HEARTH Act and HUD Notice 14-012. Any future revisions made by HUD to these definitions shall be incorporated by reference into this document.

*Regulatory reference:
HUD Coordinated Entry
Notice: Section I.D*

9. Non-discrimination

The CES must adhere to all jurisdictionally relevant civil rights and fair housing laws and regulations. In addition, projects participating in the CES that receive funding from federal, state, or local sources that have declared local civil rights and fair housing laws and requirements applicable must also comply with all additional civil rights and fair housing laws and requirements.

The River Valleys CES will not use data collected from the assessment process to discriminate or prioritize households for housing and services based on actual or perceived membership in a protected class.

The CoC will monitor the CE process and applicable individual projects for compliance with these laws and requirements.

10. Affirmative Marketing & Outreach

All persons participating in any aspect of CES such as diversion, access, assessment, prioritization, or referral shall be afforded equal access to CES services and resources without regard to a person's actual or perceived membership in a federally or state protected class. Additionally, all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, shall have fair and equal access to the coordinated entry process.

All participating agencies in CES shall affirmatively market housing and supportive services available through CES to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, marital status, immigration status, limited English proficiency, or who are least likely to apply in the absence of specialized outreach in order to promote every individual's full participation in CES.

11. Housing First

The CES and its participating agencies shall not screen people out of the coordinated entry process due to actual or 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.

12. Safety Planning and Risk Assessment

All persons who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking shall have rapid and confidential access to available crisis services within the defined CES geographic area.

All CES participating agencies shall incorporate a safety risk assessment as part of initial CES triage and intake procedures, evaluating, to the greatest extent possible, the physical safety and well-being of participants and prospective participants.

*Policy reference: USICH
Housing First Checklist
(September 2016)*

*Regulatory reference:
HUD Coordinated Entry
Notice: Section II.B.10*

*Regulatory reference:
HUD Coordinated Entry
Notice: Section I.C.3*

*Regulatory reference:
HUD Coordinated Entry
Notice: Section II.B.2.a*

*Regulatory reference:
HUD Coordinated Entry
Notice: Section II.B.1*

*Regulatory reference:
HUD Coordinated Entry
Notice: Section II.B.5.c
& d*

*Regulatory reference:
HUD Coordinated Entry
Notice: Section II.B.8*

B. CES Model & Components

1. Access

Access Model: The CoC adopts a “no wrong door” approach to CES, which ensures that no matter which homeless assistance provider a person goes to for assistance, the participant will have access to the same resources, referrals, and assessment and prioritization processes.

Designated Access Points: The CoC has implemented a “no-wrong door” approach to CE. In doing so, participants are able to access CES by appearing at any homeless assistance agency within the community. Access and assessment sites will be reviewed and updated at least biennially. Please see Appendix B of this policy for a list of all access points in the CoC region.

Specialized Access Points for Subpopulations: The “no wrong door” approach includes access points that may be more appealing or familiar for families, single adults, victims of domestic violence, and youth, although any participant can be assisted at any access site. Other specialized access points may be identified and developed to respond to unmet needs.

Access Coverage: The CoC’s entire geographic area is accessible to CES processes either through defined location-specific access points or through a community information and referral hotline that is accessible throughout the entire CoC geography. Access sites must strive for immediate access for clients.

Accessibility of Access Sites: The CoC will ensure that CES services are physically accessible to persons with mobility barriers. Access sites, if physical locations, are sited in proximity to public transportation and other services to facilitate participant access.

Access sites are required to offer some variation to the process, e.g., a different access point, as a reasonable accommodation for a person with disabilities. All CES communications and documentation will be accessible to persons with limited ability to read and understand English.

Prevention Services: Prevention and diversion/problem solving are critical components of CES. The CES will ensure that all potentially eligible prevention participants will be screened for homelessness prevention assistance, regardless of the access point at which they initially seek assistance, before assessing for entry to CES.

Access sites must also provide connections to mainstream and community-based emergency assistance services such as supplemental food assistance programs and applications for income assistance.

*Regulatory reference:
HUD Coordinated Entry
Notice: Section II.B.7.b*

Emergency Services: CES initial screening and assessment services may only be available during regular business hours (e.g. 8:00 am to 5:00 pm each day). When prospective participants present for services during non-business hours, participants will still be able to access emergency services, including emergency shelter, when those emergency services are available.

Emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short-term crisis residential programs, are strongly encouraged to operate with as few barriers to entry as possible.

Emergency interventions, such as entry to emergency shelter, will not be prioritized based on severity of service need or vulnerability except in special circumstances, such as public health crises. Any prioritization must be publicly communicated to CES partners and the participants.

Street Outreach: Street outreach teams will function as access points to the CES process, and will seek to engage persons who may be served through CES but who are not seeking assistance or are unable to seek assistance via projects that offer crisis housing or emergency shelter.

*Regulatory reference:
HUD Coordinated Entry
Notice: Section II.B.6*

2. **Assessment**

Standardized Assessment Approach: The CoC's CES process will provide a standardized assessment process to all CES participants, ensuring uniform decision-making and coordination of care for persons experiencing a housing crisis. As possible, the CES assessment process will be aligned with CES assessments in other CoC regions to limit delays in assistance. The assessment tool will be reviewed and approved by the CES Committee.

All assessments must be recorded in HMIS unless the agency is otherwise excluded from using HMIS by law, or a participant selects a non-HMIS assessment process.

Phases of Assessment: All projects participating in CE will follow the assessment and triage protocols of the CES system. The assessment process will progressively collect only enough participant information to prioritize and refer participants to available CoC housing and support services.

Assessment Screening: The CES process may collect and document participants' membership in Civil Rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to particular referral options.

Assessor Training: See Section D. Training.

Participant Autonomy: It is crucial that persons served by the CoC's CES system have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process, choose a non-HMIS shared data collection process for assessment, or to refuse a referral that has been made to them. In these instances, the refusal of the participant to respond to assessment questions, enter assessment in HMIS,

*Regulatory reference:
HUD Coordinated Entry
Notice: Section II.B.2.g(1) and II.B.3*

*Regulatory reference:
HUD Coordinated Entry
Notice: Section III.C.2*

*Regulatory reference:
HUD Coordinated Entry
Notice: Section II.B.4*

*Regulatory reference:
HUD Coordinated Entry
Notice: Section II.B.11*

or to accept a referral shall not adversely affect his or her position on the CE's prioritization list.

Because some funders require collection and documentation of a participant's disability or other characteristics or attributes as a condition for determining eligibility, participants who choose not to provide information in these instances could be limiting potential referral options.

*Regulatory reference:
HUD Coordinated Entry
Notice: Section II.B.12.f*

Nondiscrimination Complaint and Appeal Process: The CoC is committed to ensuring that no information is used 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 identify, or marital status. CES participants have a right to submit a nondiscrimination complaint using the CoC's Grievance process.

*Regulatory reference:
HUD Coordinated Entry
Notice: Section
II.B.12.g*

Disclosure of Disability or Diagnostic Information: Throughout the assessment process, participants must not be pressured or forced to provide CE staff with information that they do not wish to disclose, including specific disability or medical diagnosis information.

Safety Planning: In cases where a participant discloses domestic violence (DV) or sexual assault (SA) at any point during the assessment, CES will coordinate with victim service provider or crisis services upon the express request of the participant. If the participant declines, resources and safety planning should be offered.

Updating the Assessment: Participant assessment information should be updated regularly to ensure services and referrals are current. Additionally, to prevent delays in assistance, staff should update participant records with new critical information as new or updated information becomes known by staff.

3. **Prioritization**

*Regulatory reference:
HUD Coordinated Entry
Notice: Section II.B.3*

Standardized Prioritization: The CoC will use data collected through the CES process to prioritize homeless persons within the CoC's geography.

Prioritization may be adjusted by the CES Committee as needs change within the CoC region, and will also align with funding requirements and Data System requirements as necessary, e.g. HUD's Prioritization/PSH Notice. Please see Appendix C of this document for the CoC's Orders of Priority for included housing types.

*Regulatory reference:
HUD Coordinated Entry
Notice: Section II.B.7.a*

Emergency Services: Emergency services are a critical crisis response resource, and access to such services will not be prioritized through CES.

Prioritization List: The CoC has established a community-wide list of all known homeless persons who are seeking or may need CoC housing and services to resolve their housing crisis. The prioritization list will be organized according to participant need, vulnerability, and risk. The prioritization list provides an effective way to manage an accountable and transparent prioritization process.

Simplicity in Prioritization: The CES will seek the most direct and simple prioritization processes to ensure focus on participant needs and enable rapid referral. CES participating agencies must commit to eliminating eligibility requirements that exceed funder requirements and consult with CoC staff on needs of CES participants to target new projects.

4. **Navigation**

Navigation Services: To the extent possible, the CES will offer additional services to assessed participants awaiting referral based on the individual's needs and the availability of housing options through CES.

Targeting Navigation: Navigation assistance must be coordinated with CES referrals, CoC target populations, and CES prioritization approved by the CES Committee.

Receiving Navigator Referrals: All CES Navigators will enroll new participants only from the CoC's CES referral process. A CES participation agreement is required for agencies with CES Navigators.

5. **Referral**

Notification of Program Eligibility: All CES participating providers must provide program eligibility information to the CES prior to program opening.

Notification of Vacancies: All CES participating providers will enroll new participants only from the CoC's CES referral process. To facilitate prompt referrals and to reduce vacancy rates, participating providers must notify the CES coordinating entity of any known and anticipated upcoming vacancies.

Receiving Referrals: Housing providers must receive and document referrals via the CoC's HMIS unless otherwise not allowed to participate in HMIS by law.

Case Conferencing: The CES will allow for case conferencing with participating CES participating agencies to facilitate housing referrals within geographic areas or subpopulations as needed.

Participant-Declined Referrals: The CES will respect participant choice. Participants in CES are allowed to reject service strategies and housing options offered to them, without repercussion. Participants may also request less-intensive programs or services. CES participants may use the CoC's Grievance process to submit complaints or concerns regarding referrals received.

Provider-Declined Referrals: The CoC expects that CES participants referred to housing providers will be accepted. The CES may allow for certain circumstances when agencies may decide not to accept a referral from the CES. When a provider agency declines to accept a referred prioritized household into its project, the agency must notify the CE Specialist of the denial and the reason for the denial. Provider-declined referrals may not be considered by other providers receiving a referral for a housing vacancy.

Inactive Participants: The CES may remove participants from consideration for referrals in limited circumstances. Such circumstances may include times when all methods of contact have been exhausted with no response, the participant is known to no longer reside in the CoC region, or the participant is no longer eligible for housing available through CES. Participants removed from consideration for referrals may be re-entered into CES at any time.

Waivers: CES is responsive to documented changing needs in the CoC region and will coordinate on proposed housing projects to ensure CES capability to facilitate participant access to all housing available through CES. In very limited circumstances, CES may not be able to accommodate a project and the provider may be able to seek a waiver or exemption from CES referral requirements.

Providers that seek funder exemptions or waivers of CES referral requirements must first consult with the CES Committee regarding the proposed exemption. Results of this consultation will be shared with the applicable funding agency.

6. **Move-in and Occupancy**

Eligibility documentation: Housing providers are responsible for documenting participant eligibility as required by their funding sources. As allowed, the CES will support housing providers with documentation collected during assessment, navigation, or referral.

Transfers: The CES will allow for transfers between housing providers that are in the best interest of the participant.

Transfers may be voluntary (participant-requested), involuntary (when a CES participating housing program closes), or emergency transfers.

Voluntary and involuntary participant transfers will be considered within the CES's assessment, prioritization, and referrals processes to ensure that participants are connected with appropriate housing and services through CES or other mainstream housing resources.

Emergency transfers will be facilitated to ensure protections available to all victims of domestic violence, dating violence, sexual assault and stalking, regardless of sex, gender identity or sexual orientation under the Violence Against Women Act.

Moving on: Housing providers in CES, including permanent housing providers, will support participant self-sufficiency and access to less-restrictive or service-intensive housing options. The CES processes will incorporate considerations for participants who move on from housing providers within CES and who need to re-enter CES.

*Regulatory reference:
HUD Final Rule
"Violence Against
Women
Reauthorization Action
of 2013:
Implementation in HUD
Housing Programs
(November 16, 2016)*

C. Data Systems

1. Approved Data Systems

The CES's primary data system will be Minnesota's HMIS (Homeless Management Information System). As such, the CES and its participating agencies will abide by all HMIS policies enacted by the HMIS Governing Board and procedures developed by the CoC's HMIS Administrator.

The CES will provide a comparable alternative non-HMIS-based system to access CES for participants who refuse data collection in HMIS or who cannot have data entered in HMIS due to restricted participation for victim service providers. (HMIS may still be required for individual programs.)

2. Data Collection

CES participating agencies are required to notify and obtain participant consent for the collection, use, and disclosure of participants' personally identifiable information (PII).

CES process partners and all participating agencies contributing data to CES must ensure participants' data are secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically. Additionally, participants must be informed how their data are being collected, stored, managed, and potentially shared, with whom, and for what purpose.

3. Privacy Protections & Participant Consent

Data must not be collected without the consent of participants, according to the defined privacy policies adopted by the CoC, including those developed by the statewide HMIS Governing Board.

The CES and its participating providers shall not deny access to CES 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.

4. Data Quality

The CES prioritizes data quality to ensure effective participant referrals and accurate information for planning and reporting. CES participating providers are required to contribute to regular system- and agency-level data quality efforts and support staff access to data-related trainings.

D. Training

1. Participating Agency Staff Training

The CoC is committed to ensuring that all staff who assist with CES operations receive sufficient training to implement the CES system in a manner consistent with the vision and framework of CES, as well as in accordance with the policies and procedures of its CES system.

*Regulatory reference:
HUD Coordinated Entry
Notice: Section
II.B.12.a*

Regular training will be made available for new and current staff on topics relevant to CES. Training requirements for CES participating agencies are detailed in the CoC's Training and Development Policy. Access/assessment sites and Navigators are strongly encouraged to attend available cultural and linguistic competency trainings.

2. Data System Training

Data system training will be provided on a regular basis through the CoC's HMIS Administrator, ICA (for HMIS) and CoC staff (for non-HMIS).

E. Evaluation

1. Evaluation of CES

Regular and ongoing evaluation of the CES will be conducted to ensure that improvement opportunities are identified, that results are shared and understood, and that the CES and its participating agencies are held accountable.

Evaluation of CES will include both system and provider assessments. The evaluation will be conducted with feedback from participants, service providers, and collaborative partners, including funding agencies.

2. Role of Participating Agencies in CES Evaluation

Participating agencies play a crucial role in the evaluation of CES. Participating agencies will collect accurate and meaningful data on persons served by CES. In addition, participating agencies will review evaluation results and offer insights about potential improvements to agency processes as well as CES processes and operations during regular CES Evaluations.

Appendix A: Written Standards for Assistance

Under development

Appendix B: Access Sites

Updated 10/31/2019

County	CES Point of Access for Homeless Prevention and Assistance
Blue Earth	Partners for Affordable Housing: 507-387-8189 Minnesota Valley Action Council: 800-767-7139 or 507-345-6822 Salvation Army: 507-345-7840 Committee Against Domestic Abuse: 800-477-0466 or 507-625-8688 Lutheran Social Service Homeless Youth Programs: 507-381-6670 Minnesota Assistance Council for Veterans: 507-345-8258
Brown	Partners for Affordable Housing: 507-387-8189 Minnesota Valley Action Council: 800-767-7139 or 507-508-4041 or 507-354-3138 Committee Against Domestic Abuse: 800-477-0466 or 507-233-6663 Lutheran Social Service Homeless Youth Programs: 507-381-6670 Minnesota Assistance Council for Veterans: 507-345-8258
Dodge	Semcac: 507-634-4350 Women’s Shelter Inc.: 507-634-6070, ext. 160 Lutheran Social Service Homeless Youth Programs: 507-316-8273 Minnesota Assistance Council for Veterans: 507-345-8258
Faribault	Partners for Affordable Housing: 507-387-8189 Minnesota Valley Action Council: 800-767-7139 or 507-526-5291 Committee Against Domestic Abuse: 800-477-0466 or 507-526-5275 Lutheran Social Service Homeless Youth Programs: 507-381-6670 Minnesota Assistance Council for Veterans: 507-345-8258
Fillmore	Semcac: 507-765-2761 Women’s Shelter Inc.: 507-765-2550 Lutheran Social Service Homeless Youth Programs: 507-316-8273 Minnesota Assistance Council for Veterans: 507-345-8258
Freeborn	Semcac: 507-373-1329 Freeborn County Crime Victims Crisis Center: 507-377-5460 or 507-373-2223 (not an assessment site) Lutheran Social Service Homeless Youth Programs: 507-381-6670 Minnesota Assistance Council for Veterans: 507-345-8258
Goodhue	Three Rivers Community Action, Inc.: 507-732-7391 or 1-800-277-8418 HOPE Coalition: 800-369-5214 or 651-388-9360, ext. 4 Red Wing Youth Outreach: 651-388-3371 (not an assessment site) Minnesota Assistance Council for Veterans: 507-345-8258
Houston	Semcac: 507-725-3677 Bluff Country Family Resources: 866-367-4297 or 507-894-2676 Lutheran Social Service Homeless Youth Programs: 507-316-8273 Minnesota Assistance Council for Veterans: 507-345-8258

LeSueur	Partners for Affordable Housing: 507-387-8189 Minnesota Valley Action Council: 800-767-7139 or 507-357-4246 Committee Against Domestic Abuse: 507-477-0466 or 507-237-5977 Lutheran Social Service Homeless Youth Programs: 507-381-6670 Minnesota Assistance Council for Veterans: 507-345-8258
Martin	Partners for Affordable Housing: 507-387-8189 Minnesota Valley Action Council: 800-767-7139 or 507-238-1663 Martin County Victims Services: 507-238-3209 (not an assessment site) Lutheran Social Service Homeless Youth Programs: 507-381-6670 Minnesota Assistance Council for Veterans: 507-345-8258
Mower	Semcac: 507-433-5889 Crime Victims Resource Center: 800-349-6680 or 507-437-6680 Lutheran Social Service Homeless Youth Programs: 507-316-8273 Minnesota Assistance Council for Veterans: 507-345-8258
Nicollet	Partners for Affordable Housing: 507-387-8189 Minnesota Valley Action Council: 800-767-7139 or 507-934-5224 Committee Against Domestic Abuse: 800-477-0466 or 507-625-8688 Lutheran Social Service Homeless Youth Programs: 507-381-6670 Minnesota Assistance Council for Veterans: 507-345-8258
Olmsted	Three Rivers Community Action Inc: 507-732-7391 or 1-800-277-8418 Salvation Army: 507-288-3663 Olmsted County Community Services: 507-328-6325 Family Promise Rochester: 281-3122 Zumbro Valley Health Center: 507-535-5642 Women’s Shelter, Inc.: 507-285-1010 or 507-285-1938 Lutheran Social Service Homeless Youth Programs: 507-316-8273 Minnesota Assistance Council for Veterans: 507-345-8258
Rice	Three Rivers Community Action, Inc.: 507-732-7391 or 1-800-277-8418 Community Action Center of Northfield: 507-664-3550 Ruth’s House of Hope: 507-332-2236 Hope Center: Business line: 800-607-2330 or 507-332-0882 (not an assessment site) Lutheran Social Service Homeless Youth Programs: 507-316-8273 Minnesota Assistance Council for Veterans: 507-345-8258
Sibley	Partners for Affordable Housing: 507-387-8189 Minnesota Valley Action Council: 800-767-7139 or 507-237-2981 Committee Against Domestic Abuse: 800-477-0466 or 507-237-5977 Lutheran Social Service Homeless Youth Programs: 507-381-6670 Minnesota Assistance Council for Veterans: 507-345-8258
Steele	Semcac: 507-451-7134 Crisis Resource Center of Steele Co: 800-451-1202 or 507-451-1202 (not an assessment site) Lutheran Social Service Homeless Youth Programs: 507-316-8273 Minnesota Assistance Council for Veterans: 507-345-8258
Wabasha	Three Rivers Community Action Inc.: 507-732-7391 or 1-800-277-8418 HOPE Coalition: 651-565-4112

	<p>Red Wing Youth Outreach: 651-388-3371 (not an assessment site) Minnesota Assistance Council for Veterans: 507-345-8258</p>
Waseca	<p>Partners for Affordable Housing: 507-387-8189 Minnesota Valley Action Council: 800-767-7139 or 507-835-8240 Committee Against Domestic Abuse: 800-477-0466 or 507-835-7828 Lutheran Social Service Homeless Youth Programs: 507-381-6670 Minnesota Assistance Council for Veterans: 507-345-8258</p>
Watsonwan	<p>Partners for Affordable Housing: 507-387-8189 Minnesota Valley Action Council: 800-767-7139 or 507-375-5748 Committee Against Domestic Abuse: 800-477-0466 or 507-375-3040 Lutheran Social Service Homeless Youth Programs: 507-316-8273 Minnesota Assistance Council for Veterans: 507-345-8258</p>
Winona	<p>Semcac: 507-452-8396 Women’s Resource Center of Winona: 507-452-4453 or 507-452-4440 (not an assessment site) Lutheran Social Service Homeless Youth Programs: 507-316-8273 Minnesota Assistance Council for Veterans: 507-345-8258</p>

Appendix C: Orders of Priority

Permanent Supportive Housing

Implementation start date 9/21/2016

(In compliance with HUD Notice: CPD-14-12 & CPD-16-11)

Recipients of CoC Program-funded PSH are required to follow the order of priority when selecting participants for housing in accordance with the River Valleys Continuum of Care's (RV CoC's) written standards while also considering the goals and any identified target populations served by the project, and in a manner consistent with their current grant agreement.

Due diligence should be exercised when conducting outreach and assessment to ensure that persons are served in the order of priority as adopted by the RV CoC. HUD and the RV CoC recognize that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts with those persons using a Housing First approach to place as few conditions on a person's housing as possible.

Overall prioritization strategy: Prioritize individuals and families for PSH who most need long-term intensive support services and housing affordability assistance to remain housed.

A. CoC Program-funded PSH Beds Dedicated or Prioritized for Occupancy to Persons Experiencing Chronic Homelessness

CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness must follow this Order of Priority based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or family's service needs.

1st Priority: A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months;
and
2. The CoC Program has identified the chronically homeless individual or head of household as having severe service needs.

2nd Priority: A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months;
and

2. The CoC or CoC program recipient has not identified the chronically homeless individual (or the head of household of the family) who meets all of the criteria in paragraph (1) of the definition for chronically homeless, as having severe service needs.

3rd Priority: A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; **and**
2. The CoC or CoC program recipient has identified the chronically homeless individual (or the head of household of the family) who meets all of the criteria in paragraph (1) of the definition for chronically homeless, as having severe service needs.

4th Priority: A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is less than 12 months; **and**
2. The CoC or CoC program recipient has not identified the chronically homeless individual (or the head of household of the family), who meets all of the criteria in paragraph (1) of the definition for chronically homeless, as having severe service needs.

Where there are no chronically homeless individuals and families within the CoC's geographic area defined in the final rule on "Defining Chronically Homeless" (published December 4, 2015), the order of priority in the next section will be followed.

Recipients of CoC Program-funded PSH must follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority to the extent in which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within the CoC's geographic area, the recipient should follow the order of priority below for persons with a serious mental illness.

Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are prioritized for assistance based on their length of time homeless and the severity of their needs following this Order of Priority as adopted by the CoC.

B. PSH Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

Non-dedicated and non-prioritized PSH should offer housing to chronically homeless individuals and families first, but minimally are required to place otherwise eligible households in an order that prioritizes, in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those most at risk of becoming chronically homeless.

1st Priority: An individual or family that is eligible for PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe

haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

2nd Priority: An individual or family that is eligible for PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

3rd Priority: An individual or family that is eligible for PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

4th Priority: An individual or family that is eligible for PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

PSH projects must follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority to the extent in which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within the CoC's geographic area, the recipient should follow the order of priority below for persons with a serious mental illness.

Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are prioritized for assistance based on their length of time homeless and the severity of their needs following this Order of Priority as adopted by the CoC.

Permanent Housing with Light Support Services

Implementation start date: October 1, 2019

Permanent Housing (PH) programs with light support services, which are dedicated to serving individual and families experiencing homelessness are required to follow the River Valleys CoC Order of Priority when selecting participants for housing in accordance with the River Valleys Continuum of Care (RV CoC)'s written standards. Examples of PH with light support services include Housing Trust Fund vouchers, dedicated HUD Mainstream vouchers, or HUD dedicated Housing Choice Vouchers with a tenant services program.

Due diligence should be exercised when conducting outreach and assessment to ensure that persons are served in the order of priority as adopted by the RV CoC. RV CoC recognizes that some persons—particularly those living on the streets or in places not meant for human habitation— might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC. Street outreach providers should continue to make attempts with those persons using a Housing First approach to place as few conditions on a person's housing as possible.

Overall prioritization strategy: Prioritize individuals and families for Permanent Housing with light services who do not qualify for PSH but who need on-going services and housing affordability assistance to remain housed.

1st Priority: An individual or family that is eligible for any PH program with light services who meets Category 1 or 4 HUD homeless definitions and has been identified as having severe service needs, is in a place not meant for habitation and has the greatest length of Category 1 homelessness.

2nd Priority: An individual or family that is eligible for any PH program with light services who meets Category 1 or 4 HUD homeless definitions and has been identified as having severe service needs.

3rd Priority: An individual or family that is eligible for any PH program with light services who is doubled- up or couch hopping and has been identified as having severe service needs and has the greatest length of Category 1 homelessness.

4th Priority: An individual or family that is eligible for any PH program with light services who is doubled- up or couch hopping, has been identified as having severe service needs, and has the greatest length of Category 1 homelessness.

5th Priority: An individual or family that is eligible for any PH program with light services who meets Category 2 HUD homeless and has been identified as having severe service needs (see definitions on next page).

6th Priority: An individual or family that is eligible for any PH program with light services who has the greatest length of time of homelessness.

PH projects must follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a PH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority to the extent in which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within the CoC's geographic area, the recipient should follow the order of priority below for persons with a serious mental illness.

Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are prioritized for assistance based on their length of time homeless and the severity of their needs following this Order of Priority as adopted by the CoC.

Rapid Rehousing, Transitional Housing, and Joint RRH/TH

Implementation start date: October 1, 2019

Rapid Rehousing (RRH), Transitional Housing (TH), and Joint Rapid Rehousing/Transitional Housing (RRH/TH) providers are required to follow the River Valleys CoC Order of Priority when selecting participants for housing in accordance with the River Valleys Continuum of Care's (RV CoC's) written standards. Due to variation in provider grant start dates that may not align with this policy implementation start date the following exception to implementation start date is allowed: Providers unable to comply with this Order of Priority as of October 1, 2019 due to current funding restrictions must 1) communicate with the Coordinated Entry list manager regarding current funding restrictions, including priority requirements and length of current restriction, and 2) revise program prioritization with funder to comply with this order of priority at the earliest opportunity, i.e. at grant amendment request or, if a grant amendment is not possible, next grant application.

Due diligence should be exercised when conducting outreach and assessment to ensure that persons are served in the order of priority as adopted by the RV CoC. RV CoC recognizes that some persons—particularly

those living on the streets or in places not meant for human habitation– might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC. Street outreach providers should continue to make attempts with those persons using a Housing First approach to place as few conditions on a person’s housing as possible.

Overall prioritization strategy: Prioritize individuals and families for RRH, TH, and Joint RRH/RH with services who do not qualify for PSH but who need limited-term services and housing affordability assistance to remain housed.

1st Priority: An individual or family that is eligible for any RRH, TH, or RRH/TH who meets Category 1 or 4 HUD homeless definitions and has been identified as having severe service needs, is in a place not meant for habitation and has the greatest length of Category 1 homelessness.

2nd Priority: An individual or family that is eligible for any RRH, TH, or RRH/TH who meets Category 1 or 4 HUD homeless definitions and has been identified as having severe service needs.

3rd Priority: An individual or family that is eligible for any RRH, TH, or RRH/TH who is doubled- up or couch hopping and has been identified as having severe service needs and has the greatest length of Category 1 homelessness.

4th Priority: An individual or family that is eligible for any RRH, TH, or RRH/TH who is doubled- up or couch hopping, has been identified as having severe service needs, and has the greatest length of Category 1 homelessness.

5th Priority: An individual or family that is eligible for any RRH, TH, or RRH/TH who meets Category 2 HUD homeless and has been identified as having severe service needs (see definitions on next page).

6th Priority: An individual or family that is eligible for any RRH, TH, or RRH/TH who has the greatest length of time of homelessness.

Navigation Services

Implementation date: March 6, 2020

Navigation service providers are required to follow the River Valleys CoC Order of Priority when selecting participants for housing in accordance with the River Valleys Continuum of Care’s (RV CoC’s) written standards.

Due diligence should be exercised when conducting outreach and assessment to ensure that persons are served in the order of priority as adopted by the RV CoC. RV CoC recognizes that some persons–particularly those living on the streets or in places not meant for human habitation– might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC. Street outreach providers should continue to make attempts with those persons using a Housing First approach to place as few conditions on a person’s housing as possible.

Overall prioritization strategy: Prioritize individuals and families for navigation services who may need assistance to secure housing when referred or who are unlikely to be referred within 90 days based on household needs and CES rate of openings.

Case Conferencing

Implementation date: October 1, 2020

Case conferencing is meant to aid prioritization and referral processes within the River Valleys CoC, ensuring that individuals and families are able to move more quickly from assessment to referral to housing move-in. Case conferencing participating agencies are required to follow the RV CoC Order of Priority for the applicable project types in accordance with the CoC's written standards.

Due diligence should be exercised when conducting outreach and assessment to ensure that persons are served in the order of priority as adopted by the RV CoC. RV CoC recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC. Street outreach providers should continue to make attempts with those persons using a Housing First approach to place as few conditions on a person's housing as possible

Overall prioritization strategy: Prioritize individuals and families for consideration in case conferencing based on CoC population goals (e.g. ending chronic homelessness) or regional or subregional needs (e.g. lack of shelter space, public health crises).

Record Keeping Requirements for all project types

HUD and other project funders outline documentation requirements for all project types associated with determining whether or not an individual or family is chronically homeless for the purposes of eligibility. The CoC, as well as individual projects/programs, will maintain evidence of implementing these priorities. Evidence of following these orders of priority may be demonstrated by:

Evidence of Severe Service Needs. Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in the Definitions section of this Order of Priority, using data-driven methods such as an administrative data match or through the use of a standardized assessment. The documentation must include any information pertinent to how the determination was made, such as notes associated with case-conferencing decisions.

Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance. Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC's adoption of written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

Evidence that there are no Households Meeting Higher Order of Priority within CoC's Geographic Area. (a) When dedicated and prioritized PSH is used to serve non-chronically homeless households, the recipient of CoC Program-funded PSH must document how it was determined that there were no chronically homeless households identified for assistance within the CoC's geographic area at the point in which a vacancy became available. This documentation should include evidence of the outreach efforts that had been undertaken to locate eligible chronically homeless households within the defined geographic area and, where chronically homeless households have been identified but have not yet accepted assistance, the documentation should specify the number of persons that are chronically homeless that meet this condition

and the attempts that have been made to engage the individual or family. The recipient of PSH may also refer to the CoC's priority list as evidence.

(b) When non-dedicated and non-prioritized PSH is used to serve an eligible individual or family that meets a lower order of priority, the recipient of CoC Program-funded PSH should document how the determination was made that there were no eligible individuals or families within the CoC's geographic area that met a higher priority. The recipient of PSH may also refer to the CoC's priority list as evidence.

Definitions

Please refer to section 8 of the CoC's Coordinated Entry Policies for explanations of terms used in this document.