Approved by the BoS Steering Committee – February 28, 2018

Prepared by the Virginia Department of Housing and Community Development (DHCD) serving as the Lead Agency for the Virginia Balance of State CoC (VA-521)

The coordinated assessment system is a multi-step process implemented at the local planning group level to first, triage the housing crisis and assist with the immediate housing need (prevention, emergency shelter, other referral). Second, determine the best permanent housing intervention (case management/housing counseling, rapid re-housing, permanent supportive housing, other referral) based on severity of need and prioritize resources based on vulnerability. Third, make referrals to the most appropriate services available in each community. This system does not guarantee that an individual will meet the final eligibility requirements or receive a particular housing option.

Purpose and Background

As required by the CoC Program interim rule at 24 CFR 578.7(a)(8), CoCs are required to establish a Centralized or Coordinated Assessment System. The Virginia BoS CoC coordinated entry process is localized to the 12 local planning groups that make up the CoC and follows the requirements, policies and procedures, and standardizations approved by the BoS Steering Committee. The BoS CoC Coordinated Entry's standardized procedures are designed to:

- Allow anyone who needs housing assistance to know where to get assistance, to be assessed in a standard and consistent way, and to connect with services that best meet their needs;
- Ensure clarity, transparency, consistency, and accountability for those who are having a housing crisis and well as referral sources and homeless services providers throughout the assessment, referral, and service provision process;
- Ensure clients gain access to the most appropriate type of service intervention available to meet their immediate and long-term housing needs;
- Standardize data collection methods using HMIS (where applicable) to ensure client data is secure, authorized, protected, and shared according to all applicable laws and standards.
- Ensure those who are the most vulnerable and have the highest barriers are prioritized for resources.

Coordinated Entry is not a stand-alone solution to end homelessness or a solution to the shortage of affordable housing. Ending homelessness and increasing affordable housing takes community, state, federal, and private sector buy-in to make the decisions to prioritize, develop the capacity, and fund these efforts. CE is designed to streamline the homeless service system to meet the following objectives:

- Uniform and standardized assessments to be used for all those seeking assistance and procedures for determining the appropriate level of assistance to resolve their housing crisis;
- Establishment of uniform guidelines to include prevention, outreach, emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing;
- Agreed upon prioritization for prevention and housing assistance; and
- Referral procedures to facilitate coordination to system providers and mainstream resources.

Access

- Coordinated Entry Access Points

Each LPG has either a centralized or multiple, physical, coordinated access points that ensure persons from across the entire geography of the LPG are able to access the homeless crisis response system. In addition to access points, each LPG has one phone number where persons can access services. This number is published on the DHCD website (http://www.dhcd.virginia.gov/images/Housing/Crisis-Assistance-Directory.pdf)and throughout each LPG.

Local Planning Groups	Access Point	Counties/Cities covered
LENOWISCO	Family Crisis Support Services **1-800-572-2278**	Lee, Scott, Wise, and Norton
Cumberland Plateau	People Incorporated **276-619-2240**	Buchanan, Dickenson, Russell, Tazewell, Washington, and City of Bristol
HOPE Inter-Agency Council on Homelessness	HOPE, Inc. Housing Solution Coordinator **276-228-6280 ext. 253**	Bland, Carroll, Grayson, Smyth, Wythe, and City of Galax
Housing Partnership of the New River Valley	Coordinated Entry **540-633-5133**	Giles, Floyd, Montgomery (including Blacksburg and Christiansburg), Pulaski, and City of Radford
Foothills Housing Network	FHN Central Entry **540-724-6630**	Culpeper, Fauquier, Madison, Orange, and Rappahannock
Valley Local Planning Groups	Waynesboro Redevelopment and Housing Authority **540-946-9230**	Augusta, Highland, Bath, Rockbridge, cities of Staunton, Waynesboro, Lexington, Buena Vista
West Piedmont Better Housing Coalition	Piedmont Community Services - ListenLine **1-877-934-3576**	City of Danville, Franklin, Henry, City of Martinsville, Patrick, and Pittsylvania
Southside Local Planning Group	Tri-County Community Action **434-575-7916**	Brunswick, Charlotte, Halifax, and Mecklenburg
Heartland Local Planning Groups	STEPS, Inc. **434-696-1117**	Amelia, Buckingham, Cumberland, Lunenburg, Nottoway, and Prince Edward
Norther Neck Middle Peninsula	The Haven	Lancaster, Westmoreland,

Housing Partnership	**1-800-224-2836**	Northumberland, Richmond County, Essex, Gloucester, Mathews, Middlesex, King and Queen, King William
Crater Area Coalition on Homelessness	St. Joseph's Villa Flagler Housing Resource Center **804-722-1181**	City of Colonial Heights, Dinwiddie, City of Emporia, Greensville, City of Hopewell, City of Petersburg, Prince George, Surry, and Sussex
Community Partners of the Eastern Shore	Accomack-Northampton Planning District Commission **757-787-2936**	Accomack and Northampton

During non-business hours, each LPG will have an after-hours phone contact. This line will only be able to connect a person to temporary emergency shelter (hotel voucher, or shelter bed) if the resource is available, and to provide information on how to contact coordinated entry during regular business hours. If shelter is available, this will be treated the same as outreach and the client will be connected to coordinated entry the nest business day. This will be done virtually by HMIS, by phone, or via a physical location.

- Marketing Coordinated Entry

Each LPG will have marketing materials for coordinated entry to address FAQs. At a minimum, the questions listed below will be answered. The answers to these questions may vary depending on the local planning group; but in general, the answers provided below give a general template for how the questions are answered. This documented will be distributed across the LPG to stakeholders including but not limited to: Dept. of Social Services, Food Banks, Community Service Boards, Police Dept., Public Schools, Community Colleges, Community Action Agencies, Homeless Service Providers, Housing Authorities, etc.

1. Who is the point of contact for Coordinated Entry?

   If you have questions, comments, or other feedback regarding coordinated entry for the VA Balance of State, contact Andriea Ukrop, CoC Program Coordinator, VA Department of Housing and Community Development.
   804-371-7128, Andriea.ukrop@dhcd.virginia.gov

2. What happens when a client shows up at a program for housing assistance?

   Clients presenting at any community provider are referred to the nearest coordinated entry access point for triage via phone or physical location.

3. What does the coordinated entry process look like for clients at an access point?
   a. Client identifies current housing crisis and is triaged to address current need (prevention or homeless services).
   b. Based on need, immediate crisis is addressed (mediation, housing search, resource referral, emergency shelter referral, etc.).
   c. All households who are not unsheltered or in shelter are screened for diversion. This occurs by having a strengths-based conversation with the household to help them identify alternatives to shelter.
   d. Once immediate crisis is obverted, an assessment is conducted to prioritize further services to obtain and/or stabilize housing.
   e. Referrals to prevention, rapid re-housing and permanent supportive housing (where available) are made based on prioritization.
   f. This process is conducted over the course of three to five days.

4. How are clients prioritized for services?

   Clients are assessed using either the BoS Prevention Screening Tool or the VI-SPDAT depending on the housing crisis. These tools help determine a household's vulnerability and barriers to housing. The score is used as the basis for prioritizing those who are in need of services. Although, there may be extenuating circumstances that lead to an increased prioritization [target population (vets, DV, youth), funding availability, eligibility, pilot projects, etc.] for a specific household.

5. Will clients be automatically deemed eligible for housing services?

   The access points do not determine eligibility or conduct a program intake; however, the access points do make referrals based on the information provided and coordinate with prevention, emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing programs.

Each LPG reviews/updates CE advertising and marketing materials at least annually to ensure that all individuals and families in need know how to access the CE system. CE system partners must post these materials in locations at their agency that are accessible to the public. The CoC also makes these materials available to other community-based organizations and at events. In addition, each LPG provides access updates to 211 annually.

- Cultural and Linguistic Competence

Cultural and linguistic competence involves understanding and appropriately responding to unique cultural variables, including age, ability, beliefs, ethnicity, experiences, gender identity, gender, linguistic background, national origin, religion, sexual orientation and socioeconomic status. CE staff are expected to be culturally and linguistically competent and are strongly encouraged to engage in training opportunities to build these skills. They are also expected to draw upon their experiences and growing knowledge of cultural and linguistic competence to assess the cultural and linguistic competency of tools, assessments, and strategies, and to develop referral partnerships with culturally and linguistically competent partners.

- Coordinated Entry and Outreach

Comprehensive and coordinated outreach, including to encampments, other unsheltered locations, and to community-based organizations, ensures that individuals and families in need have access, through the CE system, to safe, stable, and affordable housing, regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status.

When outreach workers identify households who are unsheltered and not engaged with a homeless services provider, the outreach worker connects the household to coordinated entry. This may occur virtually via HMIS data entry, by phone, or via a physical location depending on the wishes of the households. If a household chooses not to accept services at the time of outreach, the outreach worker will continue to engage with the household and keep updated data to ensure services are prioritized appropriately once the persons agrees to accept housing assistance.

- Coordinated Entry Access and Services

Access points collect minimal client information to triage the current housing crisis and assess safety. If safety is a concern due to fleeing, or attempting to flee domestic violence, or a victim of trafficking the coordinated entry staff will assist the person in developing a temporary safety plan and provide immediate referral to the local domestic violence agency. The household will then be prioritized and served via shelter and permanent housing services to meet their safety needs.

All households are engaged in a problem-solving conversation to address the household's current housing crisis. This should include a discussion of alternative resources available to the household, linkages to mainstream and natural supports, and light-touch assistance. If diversion is not an appropriate option, then a shelter referral is made.

All LPGs will have a coordinated entry project in HMIS (HCIS) and will have local planning group procedures regarding the data entry. HMIS is used for data collection, and tracking (except when DV is the reason for homelessness). At a minimum, collect the following for the head of household: name, gender, race, ethnicity, BoB, SSN, and other "red" questions as able. To exit the household the assessment disposition must be completed.

See HCIS Policies and Procedures for additional information (including security and confidentiality protocols)- http://endhomelessnessrva.org/working-groups/hcis-committee

Access points have knowledge of all possible referrals available, eligibility requirements, and utilization/capacity information. However, access points do not determine eligibility or conduct a program intake; however, the access points do make referrals based on the information provided and coordinate with prevention, shelter, transitional housing, rapid re-housing, and permanent supportive housing programs.

BoS CoC Service Standards				
Service Type	Target Population	Eligibility Requirement	Services Provided	Expected Outcome
Outreach	All unsheltered Homeless	Unsheltered Homeless	- Visit physical locations - Develop trusting relationships - Coordinate services - Provide provisions (food, clothing, blankets, transportation, etc) - Provide crisis intervention and linkages to mainstream resources	50% of persons served in outreach will receive housing services
Targeted Prevention	Unstably Housed Prior homeless episode Under 15% AMI	Income less than 30% AMI Imminent homelessness (14 days or less)	- Mediation - Provide crisis intervention and linkages to mainstream resources - Housing location - Case Mgmt/Stabilization Planning - Financial Assistance (short-term)	80% of persons served will not become homeless
Emergency Shelter	Homeless	Homeless or Imminently homeless	- Short term (goal 30 days) shelter - Low/no barrier entry - Housing Planning - Service coordination - Linkages to mainstream resources - Housing Focused Case Management	The average length of stay in shelter and exiting to permanent housing is 30 days or less.
Transitional Housing	Homeless (very high barriers to PH)	Homeless	- Supportive shelter (goal 30 days) - Housing Planning - Service coordination - Linkages to mainstream resources - Housing Focused Case Management	The average length of stay in shelter and exiting to permanent housing is 60 days or less.
Rapid Re-housing	Homeless	Homeless	- Scattered site permanent housing – tenant holds lease - Provide crisis intervention and linkages to mainstream resources - Housing location - Case Management/Stabilization	80% of persons served do not return to homelessness

			Planning - Financial Assistance (short-term) - Housing First Model	for 6 months.
Permanent Supportive Housing	Chronically Homeless	Homeless with documented disabling condition	- Permanent housing – site based or scattered site - Tenant holds lease - Case Management - Linkages to services - Housing First model	95% who exit are permanently housed.

Assessment

Prior to conducting an assessment, the assessor must obtain and document consent, notify the client that they have the right to refuse to answer one or more assessment questions and that their refusal will not result in the denial of services. However, assessors are to also explain the purpose of the survey and to ensure the client understand that complete and honest answers will result in an increased ability to meet their needs.

The BoS CoC uses two assessment tools to help determine prioritization of services.

The BoS CoC created a prevention prioritization tool that includes both homeless vulnerability and housing barriers to prioritize the limited prevention resources. The prevention assessment tool is to be used to help determine prioritization for all household compositions.

Once a household's housing crisis is triaged at an access point and it is determined that the household is at imminent risk of homeless (14 days or less), then the coordinated entry staff will conduct the prevention prioritization assessment. Based on eligibility and assessment score prevention providers are guided on service needs of households.

21+: Prioritize for prevention services. Household may need medium-length case management and financial support to maintain housing stability.

11 -20: Prevention services may be needed. Household may need short-term case management and financial support to maintain housing stability.

Ineligible or 0-10: Prevention services are not recommended. Although, household may need referrals/connections to mainstream resources or flexible financial assistance. If eligible, case management may also be appropriate.

This assessment will be sent with a referral to the prevention service provider. *See prevention system procedures for further operating procedures.*

The BoS CoC uses the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) as the common standardized assessment tool for those who are literally homeless. This assessment is conducted no more than 3 to 5 days after the household has been referred to shelter or once an outreach worker is able to establish rapport with an unsheltered or un-engaged household.

Family Score: Recommendation:
0-3 no housing intervention
4-8 an assessment for rapid re-housing
9+ an assessment for permanent supportive housing

Individual Score: Recommendation:
0-3: no housing intervention
4-7: an assessment for rapid re-housing
8+: an assessment for permanent supportive housing

Prioritization

The CoC follows the guidance for PSH priority provided by HUD (CPD-14-012):

1. Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs

2. Chronically homeless individuals and families with the longest history of homelessness

3. Chronically homeless individuals and families with the most severe service needs

4. All other chronically homeless individuals and families

5. Homeless individuals and families with disability coming from places not meant for human habitation, safe havens, or emergency shelters

6. Homeless individuals and families with a disability coming from transitional housing

Outside of PSH, the BoS CoC prioritizes persons based on the vulnerability score determined using the VI-SPDAT along with other known information that may result in a household having increased vulnerabilities or higher barriers.

By-Name/Prioritization List

Each LPG manages their own local By-Name List that is designed to provide a count of all homeless persons or specific sub-population experiencing homelessness, serve as a prioritization list, and is used to match households with the most appropriate housing intervention available.

The list contains the following data elements for each household:

- Name and/or Unique Identifier
- Demographics (DoB, gender, CH status, Veteran status, household configuration)
- VI-SPDAT score
- Current/last known location
- Best housing resource (RR-H, PSH, Case Management only, other resources, etc.)
- Housing offers
- Lease date
- Other notes (including review dates and updates)

The list is generated by HMIS and manually by those agencies not participating in HMIS. One list is maintained and each LPG identifies the agency/staff to maintain the list. In order to be included on the By-Name List (as this is a shared document) the client must sign a release of that includes the following:

Client Name

Date of Birth

Agencies that will be sharing the information

List of information that may be shared

Purpose of sharing information

Client's rights

Client's Signature

Witness' Signature

Clients who refuse to sign a release of information cannot be precluded from receiving services.

Referral

Based first on triaged need, the available resources in each LPG, and the requests of the household, the most appropriate referral is made including to a domestic violence provider if applicable. After assessments are administered, additional services (case management, rapid re-housing, or permanent supportive housing) are made available based on priority level. All projects in the BoS obtain referrals from the coordinated entry process. The access points and the service programs coordinate referrals and ensure the access points have knowledge of program eligibility, availability, and intake processes in order to make appropriate referrals.

The eligibility of each program aligns with the established BoS Service Standards (page 6) and are published and made available to stakeholders in the BoS CoC. If persons seeking services are deemed ineligible for the referred service, the service program documents the reason for ineligibility and works in coordination with the access points to make further referrals. If the access points do not have an appropriate referral, the reason must be documented.

If a person's needs fall outside of the homeless crisis response system, referrals are made to the most appropriate mainstream resource or when the access points do not have knowledge of the appropriate service; the access points make a referral to 211 Virginia- http://www.211virginia.org/consite/index.php

Case Conferencing

The LPGs establish local level case conferencing processes that ensure holistic, coordinated, and integrated assistance across local providers; review progress and barriers of clients, identify and track systemic barriers, and strategize solutions across providers; and clarify roles and responsibilities to reduce duplication of series. During client review, case conferencing participants evaluate length of time homeless, safety, assessment results, household composition, client preferences, barriers and other challenges to integrate service approaches to rapidly house and stabilize those who are the most vulnerable.

Fair Housing, and other statutory regulatory requirements

All necessary steps are taken to ensure coordinated entry access is administered in accordance with the Fair Housing Act by promoting housing that is accessible to and usable by all persons including those with disabilities. The CE system complies with the non-discrimination requirements of the Fair Housing Act, which prohibits discrimination in all housing transactions based on race, national origin, sex, color, religion, disability status, familiar status, and elderliness.

Additionally, all activities must be made available without regard to actual or perceived sexual orientation, gender identity, or marital status. Coordinated Entry staff are prohibited from inquiring about an applicant's or participant's sexual orientation or gender identity for the purpose of determining eligibility or otherwise making housing available. This does not prohibit an individual from voluntarily self-identifying sexual orientation or gender identity.

Service providers that make decisions about eligibility for or placement into single-sex emergency shelters or other facilities will place a potential program participant (or current program participant seeking a new assignment) in a shelter or facility that corresponds to the gender with which the person identifies, taking health and safety concerns into consideration. A program participant's or potential program participant's own views with respect to personal health and safety should be given serious consideration in making the placement. For instance, if the potential client requests to be placed based on his or her sex assigned at birth, the provider should place the individual in accordance with that request, consistent with health, safety, and privacy concerns. Providers must not make an assignment or reassignment based on complaints of another person when the sole stated basis of the complaint is a program participant or potential program participant's non-conformance with gender stereotypes.

Required Trainings

Annually, each LPG's coordinated entry committee must provide training to all members of the LPG on the CE process and procedures. Additionally, all persons who conduct VI-SPDAT assessments must complete the training offered for free by Orgcode. The training is located at http://www.orgcode.com/vi_spdat. The LPG governing board must keep documentation of completion for this annual training. The CA notifies LPGs when new information or updated versions are posted, but it is the LPGs responsibility to stay informed about changes and updates to the assessment and training tools.

A LPG domestic violence service provider must provide safety planning training all coordinated entry staff. This training must be documented and maintained by the board of each LPG.

The BoS CoC lead will conduct an annual assessment via input sessions or surveys to determine the training needs of the LPGs. Bi-Annually, training will take place with the entire BoS CoC members. In addition, LPG will receive individualized TA to assist in meeting the local system needs.

Grievance Policy

Each LPG must have a CE grievance policy. All Individuals and families must have the option to file their grievances orally or in writing. All individuals' or families' concerns and grievances must be resolved promptly and fairly, in the most informed and appropriate manner.

CE system partners shall inform individuals and families of the following processes for filing a fair housing grievance:

http://www.dpor.virginia.gov/FairHousing/

- ## How to File a Fair Housing Complaint

  If you believe you are the victim of housing discrimination, you may file a complaint by downloading the Housing Discrimination Complaint Form.

  Please complete the form with as much detail as possible, then, send it to:
  Virginia Fair Housing Office
  Department of Professional and Occupational Regulation
  9960 Mayland Drive, Suite 400
  Richmond, VA 23233

  ### For more information:

Phone: (804) 367-8530 or toll-free (888) 551-3247
FAX: (866) 480-8333
Email: FairHousing@dpor.virginia.gov
TDD: Virginia Relay 7-1-1