



Coordinated Entry Policies & Procedures

In partnership with:

SideWalk

Community Youth Services

Thurston County Public Health & Social Services

Approved 2/26/2018

A: Planning

History:

Thurston County housing providers have long recognized the benefits of strong collaborative relationship and coordination of efforts to assist clients in accessing housing and shelter services. In 1992, the Family Support Center of South Sound (FSCSS) established the Emergency Shelter Network program (ESN). ESN's purpose was to coordinate access to Thurston County's shelter beds, track and report the total bed nights for the community, and operate a 24 hour shelter hotline to facilitate providing information and shelter placement for all populations of homeless individuals. The primary users of the ESN system were initially single men and women and an occasional homeless family seeking service. As the overall population of homelessness grew and the number of homeless families grew exponentially, a need to provide specialized services to meet the individual needs of each subpopulation rose to the surface of community conversations.

In 2009, Homeless Prevention and Rapid Re-housing Program, HPRP, was created as part of a national economic stimulus package. Both the FSCSS and Community Youth Services (CYS) were awarded these funds. The HPRP funding with its requirement to focus on system coordination prompted the first official effort to develop a purposeful coordinated entry (CE) system in Thurston County.

CYS emerged as the natural point of entry for homeless youth age 18-24. Established in 1970 to address youth homelessness, CYS was well poised to understand the individual needs of youth participants, had a well designed system of care within its agency to provide comprehensive support services to address the barriers specific to this population and the expertise to understand, utilize and inform best practice approaches for this population.

Likewise, the FSCSS with its experience operating the ESN program and wide array of onsite services for families with children who were homeless, was the natural point of entry for families with children.

SideWalk was created in 2011 by a grant from the City of Olympia to be the CE provider to serve single men, women and couples without children who were experiencing homelessness.

Since that time, the three CE agencies have worked collaboratively to continue enhancing and improving the overall system and to ensure compliance with the evolving HUD and Consolidated Homeless Grant (CHG) requirements for coordinated entry.

In July 2017, Thurston County Public Health and Social Services contracted with FSCSS to serve as the lead CE provider for Thurston County. A CE committee consisting of leadership members of the three CE providers, Thurston County staff, and members of the Homeless Housing Hub (HHH) was established to facilitate additional planning and implementation of the new HUD guidelines. Currently, the CE committee serves as a subcommittee of the HHH,

which is the local Continuum of Care body. The HHH elects the CE committee chair from within the CE committee, and the chair holds the position for one year at time. The chair is responsible for facilitating monthly meetings serving as the point of contact, and leading any grievance investigations. The lead agency will seek to identify and recruit members to the CE committee who have relevant background, education, and commitment to the community. They will identify a committee chair prioritizing a chair person who is not a representative of one of the CE agencies. In the event that a non CE representative isn't identified to serve as the chair, a representative of the lead agency will serve in that role until an alternate chair person can be identified.

B: Access

Access Models:

Thurston County utilizes multiple access points for CE intake and assessment which is overseen by the lead contracted CE agency, FSCSS. The system provides multiple access points by subpopulation and utilizes specially designed assessment tools at each site, while maintaining a standardized process and approach. CE intake, assessment, and referrals are available at three core access points. While assessment sites are designated by population, the system utilizes a no wrong door approach and will not turn anyone away from CE. All sites are trained to complete a CE intake, enter HMIS data and provide a warm hand off to the appropriate agency for additional assessment and service. Given the proximity of the three CE sites when possible, CE staff will walk with the client to the appropriate CE location and introduce them to the CE staff at that agency. Participants who are included in more than one subpopulation can be served at the location of their choice and may receive services at both access points.

Access Points

Families with Children & Survivors of Domestic Violence— Family Support Center of South Sound

FSCSS is the designated CE access point for families with children who are experiencing homelessness or who are at imminent risk of becoming homeless. They also serve as the CE access point for individuals who are fleeing a domestic violence situation and are seeking housing assistance.

Youth and Young Adults – Community Youth Services

CYS is the designated CE access point for youth under 18 years of age and young adults ages 18- 24 who are experiencing homelessness or who are at imminent risk of becoming homeless.

Single Adults & Veterans – SideWalk

SideWalk is the CE access point for single men, women and couples without children who are

experiencing homelessness. SideWalk primarily operates out of the Community Care Center and offers an additional access point at the Lacey Veterans Services Hub.

A **centralized, toll-free *Thurston County Coordinated Entry Hotline*** connects households with access to information regarding shelter availability and the CE system 24 hours a day (844-628-7343). The hotline provides 24 hour access to a live person to provide up to date information regarding emergency shelter bed availability and information regarding how to access the CE system. Rural callers or callers without adequate transportation or mobility to go in person to one of the CE sites can complete the appropriate vulnerability assessment over the phone and/or a CE staff person will travel to them and complete the intake and assessment at an accessible, mutually agreed upon location.

The three access points indicated above are the primary partners who are responsible for coordination of services for their subpopulation. Additional providers may be utilized for completion of the CE intake and/or assessment upon approval of the CE committee. In such cases, a memorandum of understanding will be completed detailing the roles and responsibilities of each party. The Memorandum of Understanding will be signed by the additional housing partner and the Family Support Center of South Sound serving as the Lead CE agency.

The youth and young adult CE system takes into account the developmental, legal, cultural, safety and engagement driven needs of youth. Often times adult CE systems are focusing on rental history, length of time of homeless and other assessment and vulnerability requirements that can present as a barrier to youth accessing services. Youth services providers are often times the first point of contact for youth and have established engagement, trust and case management which is a natural location for CE to occur. CE for youth is now recognized by HUD to allow a tailored process different than the adult CE system if that is appropriate for the local CoC based upon available resources. The CE youth focused system is also supported by the WA State Dept of Commerce Office of Homeless Youth.¹

Families with children have needs that are distinct from chronically homeless adults, including challenges and opportunities related to parenting, the education of their children, childcare, etc. Chronically homeless adults are more likely to need more intensive health care and behavioral health services.

The interdisciplinary teams that are forming around CE sites in Thurston County each have a different combination of providers based on the most common needs of each subpopulation. Each CE provider is located in a multi-service center tailored to the needs of its respective subpopulation.

¹ WA Dept of Commerce OHY [Five Recommendations for Making Coordinated Entry Work for Homeless Youth and Young Adults](#) pg 3-4

CYS brings integrated care for youth and young adults, including youth-specific behavioral health services, youth-specific education and employment programs, the Independent Living Skills program, juvenile justice diversion services, and shelter and housing services.

The FSCSS integrates care between housing and shelter programs, parent education services, services for survivors of domestic violence, medical care, mental health services, legal aid, and partnerships with DSHS, child welfare services, and the education system. The FSCSS provides access to the Washington Connections Kiosk allowing clients to assess eligibility for and apply onsite for mainstream benefits such as TANF, healthcare, SNAP etc.

SideWalk's partnership with the Community Care Center integrates housing and shelter services with health care, mental health services, drug use treatment and harm reduction services, and street outreach. The positioning of CE in distinct multi-service centers forms the basis for fulfillment of HUD recommendations to connect CE with "mainstream services".²

Lastly, most homeless and affordable housing programs in Thurston County serve a single subpopulation, creating distinct housing systems for each population with little cross-over. A three-part coordinated entry system creates the closest and strongest networks for each subpopulation.

Landlord Liaison/Interested Landlord Pool

The FSCSS will continue to seek out additional funding to obtain a community Landlord Liaison position to serve all three subpopulations. The Landlord Liaison will develop landlord incentives, provide community education and assist landlords in mitigating challenges with their tenants as challenges arise. In the absence of such a position, each CE site will complete independent landlord engagement and outreach activities to increase the available landlord pool for their clients. A master list of interested landlords will be maintained and distributed by the CE Committee and updated on a quarterly basis. The interested landlord list will include specific eligibility criteria for each housing option to better match clients to appropriate units.

Specialized Service Pathways for Subpopulations

Homeless veterans and persons fleeing domestic violence have specialized pathways for CE navigation and customized services. CE sites tasked with serving a pathway population were selected for their experience and expertise in serving the specific population. SideWalk serves veterans experiencing homelessness and the FSCSS serves households (single individuals and families) who are fleeing domestic violence.

Staff at the FSCSS assess the safety needs of individuals and families who are fleeing or attempting to flee domestic violence, or are at imminent risk of harm. A specialized assessment

² <https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>

(Jackie Campbell danger assessment) is used in conjunction with the standardized CE process to identify and provide for immediate safety needs and connect households with appropriate housing and service options.

SideWalk's partnership with the Lacey Veterans Services Hub helps homeless veterans connect with a wide array of VA funded services, including healthcare, employment programs, and VA funded housing programs. Veterans may also access CE services through SideWalk's core location at the Community Care Center and veteran families may access services through the FSCSS.³

Accessibility:

If an individual or household presents at any of the designated CE providers, and is eligible for services at multiple providers, that individual or household is offered the option of where to receive services. If they are eligible for multiple providers resources and services, then the client has the option to access all that are applicable.

Each population has its own applicable assessment (discussed more in the Assessment section), and any of the identified CE providers can access the various assessment tools. An assessment may be completed by FSCSS for a single individual, for example, and that information will be provided to SideWalk staff to enter the client information on the applicable Master lists.

Emergency Services:

The Thurston County CE process allows emergency services, including the SafePlace domestic violence hotline, drop-in service at all three CE sites, programs, access to all of the County's emergency shelter programs to operate with as few barriers to entry as possible.

Individuals and families seeking emergency services such as shelter can receive up to date information regarding shelter bed availability by visiting any CE site during their open hours or by calling the hotline 24 hours a day. All those answering the hotline are trained and knowledgeable about the three designated sites hours, assessments, resources, and shelter options (if applicable). Emergency shelter can be accessed for all populations after hours without a CE placement. Callers are provided information regarding the next available/open CE access point. If transportation or mobility issues pose a challenge to physically accessing the site, assessments may be completed over the phone.

Prevention Services:

³ HUD allows for special access sites for homeless veterans, provided that veterans are not excluded from other CE access sites. See <https://www.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf> pg 16

Homelessness prevention, and/or diversion, is accessible at each designated CE site. Diversion is the first step in assisting households experiencing homelessness. The household is supported in identifying family and other natural supports that might be available to assist. Resolving homelessness through family reunification or through other mainstream services is the lowest-cost intervention and is explored first. If necessary, a small amount of financial assistance may be offered to the friend or family member to cover the cost of hosting the participant.

If the participant cannot stay with friends or family but can identify a permanent housing opportunity, diversion programs may offer assistance with a deposit or other move-in costs. All populations will utilize the *CHG Targeted Prevention Screening Tool*⁴ to prioritize referrals for any homeless prevention funding that is available outside the regular coordinated entry system.

Full Coverage:

The **Thurston County Coordinated Entry Hotline**(844-628-7343) is accessible to any caller across the entire Thurston County geographic area, including rural Thurston County. The line offers a live person to answer 24/7 and callers are able to receive information about the designated CE sites, CE process, and emergency shelter options. The FSCSS, as the lead CE entity, is responsible for ensuring the hotline is updated as information changes, including routing of calls to the correct providers. In the event clients cannot access a physical CE site, CE Intake and Assessment will be done over the phone or CE staff will travel to the clients location.

ADA accessibility:

CE Intake and Assessment is offered at 3 sites: FSCSS, SideWalk (located at the Community Care Center), and CYS. All buildings are located in the heart of downtown Olympia on a bus line. Each of the three locations are fully ADA accessible. All three CE sites are low barrier and work to screen household in rather than out. No household will be screened out based on: too little or no income, poor credit or financial history, involvement with the criminal justice system, active or history of alcohol or substance abuse, history of victimization, type or extent of disability-related services or supports that are needed, lacking ID or proof of US residency, or other behaviors that are perceived as indicating a lack of “housing readiness” including resistance to receiving services.

CE services are designed to be welcoming and accessible to everyone including those with limited English proficiency, disability, military veterans, domestic violence survivors, LGBTQ individuals, immigrants, and others. Staff at all CE sites are trained in cultural competency and

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<http://www.commerce.wa.gov/wp-content/uploads/2015/11/hau-chg-targeted-prevention-2017-2019.docx>

utilizing a trauma informed approach. Multilingual staff and/or language line interpretation services are available at each agency, and appropriate auxiliary needs (large print documents, Braille, sign language interpreters, etc.) are provided as needed. The FSCSS has access to the Language Line, and if a language need cannot be met by CYS or SideWalk staff, the FSCSS will provide access to their Language Line account. Each of the organizations will maintain an inventory of spoken languages available by their staff, which will be shared with each of the CE providers on a quarterly basis.

All CE sites operate in accordance with HUD Fair Housing Laws and do not discriminate in housing or services.

It is a strategic priority of the CE agencies to meet the needs of underserved populations in Thurston County. For clients who have barriers to accessing one of the three physical locations, assessment and referrals can be completed by phone, and staff/volunteers can go to the client's location. CE staff may meet the client at any safe, conveniently located place identified by the client such as library, coffee shop, motel, community service agency etc. The FSCSS, Community Care Center where SideWalk co-locates, and CYS are all designed and set up to target their respective populations in an effort to ensure the client's are comfortable in the space.

Safety Planning:

The FSCSS is a federally funded domestic violence organization, and is the designated CE provider for all survivors of domestic violence who are seeking housing services. If a survivor is fleeing domestic violence and presents at one of the other CE sites, they will be offered the opportunity to meet with a confidential advocate who can provide more intensive support and safety planning. The survivor will then be accompanied to the FSCSS, or a FSCSS advocate will go to the client. In the event a client does not want to speak with a confidential advocate they may choose to receive services from the CE provider where they presented.

For all survivors served by the FSCSS, they will meet with a confidential advocate who can provide intensive safety planning in a safe, comfortable, and confidential space. The advocate can identify confidential shelter options, provide transportation to shelter if needed, and complete all CE assessments.

In lieu of the VI-SPDAT, the Jackie Campbell Danger Assessment is utilized to assess the risk of lethality of the survivor. This tool is evidence based to determine the likelihood the survivor will be killed by their perpetrator, thereby prioritizing their need for shelter and housing resources. The FSCSS will review the assessment tool annually with its partnering domestic violence agencies to determine appropriateness and maintain alignment with current best practices.

For single survivors, the FSCSS will complete the danger assessment and contact SideWalk in order to place the individual on their master list so they are prioritized within their household population type. The client's name will not be shared without a written release of information; for those who choose not to share their name, the FSCSS will provide a unique identifier to SideWalk in order to keep the client's confidentiality.

Marketing

The FSCSS, as the lead agency, will affirmatively market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the absence of special outreach. FSCSS will provide access to interpretation and translation services and tools to provide information to individuals with disabilities or limited English proficiency. FSCSS will notify all existing street outreach providers, both CoC and non CoC funded, to provide accurate information regarding the CE system. This includes access to the CE Hotline number, information regarding intake and assessment processes, and hours of operation at each of the CE locations. FSCSS will be responsible for inviting key street outreach programs and housing providers to participate in the CE committee meetings in order to receive feedback and suggestions on how to best operate CE, identify gaps in access, and increase the overall knowledge and understanding of the CE process in Thurston County. The FSCSS will provide annual training and updated marketing materials to all outreach organizations throughout the County to ensure persons encountered by street outreach workers or at non CE intake sites have access to the same standardized process as those who engage at a CE location.

Outreach and housing organizations that will be targeted include: PiPE, Catholic Community Services, Crisis Clinic of Mason & Thurston Counties, Community Action Council, Timberland Regional Library, Behavioral Health Resources, Salvation Army, Capital Recovery Center, Interfaith Works, Olympia Downtown Ambassadors, Intercity Transit, Law Enforcement agencies, Hospitals, Jails, Safe Place, First responders (EMT & Fire), school district homeless liaisons, hospitals, etc.

Communications Marketing Plan

The FSCSS, as the lead agency, will be responsible for maintaining up-to-date marketing materials and strategies to widely advertise the CE hotline and the access points for each subpopulation within the community. The Lead Agency and each CE site will participate in annual presentation to other service providers, law enforcement, first responders and government agencies. Each CE site will participate in local coalitions, workgroups, and meetings with other housing providers to continually discuss and market the CE system. Marketing tools will include but are not limited to flyers posted throughout the County, social media posts generated from the lead agency and each of the CE sites, and community presentations.

C: ASSESSMENT

Assessment Process:

If diversion isn't possible or has failed, an assessment interview is conducted to determine vulnerability or risk. The assessment is population-specific and is used to prioritize clients who have the greatest need. Waitlists for housing and shelter programs are ordered by vulnerability/risk rather than by time of application.

All placement decisions are made based on the vulnerability score as outlined in the section titled Accessibility. No persons will be screened out of the CE process due to perceived barriers to housing or services, including, but not limited to: too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

In rare circumstances, the vulnerability tool may not adequately prioritize someone who is at high risk. If in the opinion of the intake specialist a vulnerability score does not adequately account for special circumstances which create a higher risk of the participant or a household member dying on the streets; the intake specialist may upon consultation and approval of the CE site manager move the participant to the top of the list. Such factors may include a newborn or frail elderly person in the household or a household member who is terminally ill or experiencing a significant illness which cannot be treated outdoors. Any deviation from utilization of the vulnerability score must be justified with clearly documented evidence of the need and must be reported to the CE committee for review.

In the event that a participant is non-verbal or is unable to understand and respond appropriately to any or all assessment questions; the intake specialist may upon consultation and approval of the CE site manager answer the questions on the participants behalf based on their observations. Observations may include the participants physical appearance, behavior, and/or documented history of an assessment factor. Intake specialist must document in the participants file that the assessment was completed through the Intake Specialists observations and provide factual behaviorally based notations of the observations leading to those decisions.

VI-SPDAT - Singles

The VI-SPDAT (for singles) is a research-tested tool that predicts risk of death on the streets. The VI-SPDAT scores vulnerability using a range of criteria, including length of time homeless, utilization of emergency services, chronic health conditions, substance use, mental illness, and social factors. Clients with higher vulnerability scores are placed higher on housing and shelter waitlists.

VI-F-SPDAT - Families

The VI-F-SPDAT is similar to the assessment used for homeless adults, but covers the entire household and includes additional questions assessing CPS involvement, court involvement, school attendance, and general family stability. Families with higher vulnerabilities are placed at the top of the list and resources such as rapid re-housing and shelter placement are distributed based on vulnerability.

Jackie Campbell Danger Assessment Tool- Survivors of domestic violence

The Danger Assessment Tool uses research based indicators to predict risk of death from homicide. Participants with the highest risk are prioritized for rapid re-housing funds, shelter beds, and other assistance.

Youth Vulnerability Assessment

Youth service providers and the local CoC developed a different set of vulnerability criteria for CE to be developmentally appropriate for the target population. It is recognized nationally that youth specific prioritization should account for the unique needs and challenges presented by youth which will include different factors than the adult CE system design.

Questions developed to address vulnerability for youth include:

(^ = Youth Specific FAQs for Coordinated Entry by HUD and HHS , * = Taken or adapted from the Transition Age Youth Triage Tool)

Have you been homeless more than once? *

Has your current lack of housing been impacted by your perceived sexual orientation or gender identity? ^

Have you recently returned from inpatient treatment? ^

Have you recently been released from incarceration? *

Do you have a physical or mental disability? ^

Are you pregnant or parenting? *

Have you ever received anything in exchange for sex? ^

Are you fleeing domestic violence? ^

Individuals or families who currently are, or have been, victims of domestic violence, sexual assault, dating violence, stalking, or human trafficking will not be denied access to the CE on that basis. The Family Support Center is a multiservice agency and has trained domestic violence advocates who are able to respond to any of the CE sites to work with a survivor. Or, survivors may access the FSCSS directly for CE services. All information about survivors is kept confidential and the FSCSS maintains confidentiality policies and practices that are compliant with VAWA regulations.

Assessor Training:

Each CE agency will provide an initial training for new intake and assessment staff utilizing the approved CE training curriculum. Annually, a joint training for all CE staff will be provided by the FSCSS.

The training curriculum will include topics such as: written CE policies and procedures, including any adopted variations for specific subpopulation, criteria for uniform decision making and referrals, VI-F-SPDAT training, VI-SPDAT training, Jackie Campbell Danger Assessment training, and more.

All CE Intake and Assessment staff will attend the first available Department of Commerce HMIS training upon hire.

Client Centered:

Participant Choice - Participants have the right to choose what, when, and how services are provided. If the participant declines one service but accepts another we do not refuse that service - they have the right to choose between services. Participant choice (as an operational philosophy) has demonstrated stronger outcomes in both housing and behavioral health.

Housing First / Low Barrier Services - Participants do not have to meet behavioral requirements (like sobriety, compliance with mental health services, or participation in any particular programs) to access the housing or shelter system through CE. We understand that housing and shelter can be a support for - and should not be a reward of - recovery. Research shows that the best recovery outcomes are achieved through Housing First services (as compared to transitional systems and street homelessness).

Harm Reduction - Abstinence from alcohol or drugs is not appropriate or possible for everyone. We support a wide range of interventions that improve health and that may not require a full commitment to abstinence. These interventions often provide stronger results than abstinence-only programs. Housing and shelter are among these interventions and we view the homeless service system through a harm reduction lens.

“Meeting the client where they are at” - This is meant both literally and figuratively. Many participants have difficulty navigating challenging bureaucracies and systems - so we aim to bring the services to them, on their terms and with no or minimal requirements. It is our responsibility to reduce barriers and make our service system accessible to those who need it the most.

Evidence Based Practices - We use data and research to inform our efforts. Anecdote and “personal experience” of providers and community members are useful but can too easily be swayed by bias. Whenever possible we use methods that are supported by evidence. See *appendices for more information*.

Nondiscrimination Complaint- All clients will be informed of their ability to file a nondiscrimination complaint.

Participant Autonomy:

CE in Thurston County is a low barrier system. We aspire to make CE services as accessible as possible, to put the least possible requirements on program participants, to reduce and eliminate unnecessary bureaucratic hurdles, and to prioritize the needs of participants over programmatic needs.

No person will be turned away from CE services due to race, nationality, gender identity, disability, sexual orientation, veteran status, family status, age, or any other status or class that is protected by State or Federal nondiscrimination laws.

Additionally, no person will be turned away from CE due to unemployment, criminal background, untreated mental illness, drug or alcohol use, or termination (or denial) of services by other programs or organizations.

CE will not require participation in any particular service in order to provide a referral to any other service for which the participant qualifies. Participants are free to decline any or multiple housing or shelter programs without being barred from other shelter or housing programs.

D: Prioritization

Emergency Services:

Nightly shelter beds are an emergency service and households can access these emergency services independently of the CE system either by going directly to the emergency shelter site or by contacting the 24 hour Coordinated Entry and Emergency Shelter hotline for up-to-date shelter information. A referral to CE must be made by the shelter upon accepting a guest who hasn't been assessed. Guests who are assigned a bed for any period of time beyond one night must be referred by CE; participants are prioritized for assigned beds based on vulnerability score.

Diversion is also considered an emergency service and does not prioritize for vulnerability. Diversion is accessed through an early step in the CE process, prior to vulnerability assessment. Diversion includes any interviewing process, case management services, or financial assistance that is limited to one month or less and is intended to divert people from the homeless service system to housing (including temporary stays with friends or family).

Nondiscrimination:

All CE sites are equal opportunity employer and service providers. Services shall not discriminate against any person on the basis of any legally protected status including, but not limited to: age, citizenship, color, disability, health condition, ethnicity, marital status, national origin, religion, sex, or sexual orientation. All service providers will comply with applicable civil rights and fair housing laws and requirements.

Referrals Utilizing the Masterlist

Clients are referred to all non emergency housing/shelter programs based on their placement on the masterlist. Clients are referred to the programs of their choice, within the eligibility criteria of the program(s). The housing navigator describes the options, program locations, amenities, program rules, and eligibility criteria for each program and works with the household to identify the best match(es).

Each program has a separate waiting list ordered by vulnerability or risk score. The waiting lists are managed through a population-specific spreadsheet matrix or “master list”. Each program draws applicants from the master list as openings become available.

A client may refuse any or all referrals that are offered to them without penalty; the client will remain on the waiting list for the remaining services and will be offered an option to remain on the waiting list for the service that was refused.

When a resource becomes available, it is the responsibility of the CE provider to attempt to make contact with the first client on the list who meets the identified criteria for the referral. The CE provider will utilize due diligence in attempting to make contact with the client including reaching out by phone, email, outreach and/or additional communication sources identified as appropriate by the client during intake. CE staff will wait a minimum of two business days to gain contact with the client before going to the next person on the list. The attempts to reach the client will be documented in the client’s file. If the client cannot be reached in the timeframe required for the referral, they will retain their place on the list and will be offered the next available referral.

Client Complaints/Grievances

CE location staff or managers should address any and all complaints by consumers as best they can in the moment. Complaints that should be addressed directly by the CE assessment staff member or manager include complaints about how they were treated by assessment staff, assessment center conditions, violation of data agreements, concerns with specific agency related services. When appropriate, CE staff or managers will notify the individual of their right to file a grievance with the CE site and will be provided a copy of the agencies Grievance policy.

Complaints/Grievances related to nondiscrimination, the CE process, CE policies and procedures or CE forms or tools that cannot be resolved by the CE agency will be referred to the Chair of the CE Committee. The CE staff or manager will notify the individual their right to

file a grievance and will be provided with a copy of the FSCSS's CE Grievance policy including the process for filing a grievance. All grievances should include the name, contact information, a brief synopsis of the issue, and any supporting documents. The CE committee chair will review the complaint and initiate an investigation. Investigation may include interviewing of all parties, review of documentation, committee review and/or the action as deemed appropriate by the CE Chair.

Process for Resolution of Grievances

At a participant's written request, the CE Committee Chair will complete an independent review of the complaint. As part of the review, the Chair will present its finding to the CE committee for discussion, consideration and feedback. A written response will be provided to the participant and the provider within 10 business days of the close of the review.

In the event a client's grievance includes a desire to access housing outside of the CE system, the CE provider will provide the client with an up to date list of housing providers who do not utilize CE for placement into their programs.

Prioritization List:

The CE system utilizes a master list of participants, sorted by vulnerability score (high to low) for prioritization of referrals. Fields in the master list track the program preferences of each participant. All referrals to designated or "permanent" shelter beds and all referrals to housing programs are made from the top of the master list column for that specific program, ensuring that the most vulnerable participant *who has chosen that program* is referred first.

Each CE providers manages and maintains the master list for their subpopulation. The lead agency, FSCSS, can gain access to SideWalk and Community Youth Services master lists within one business day of their request. The lead agency is continuing to seek out technical assistance support from Thurston County and the Department of Commerce to identify an appropriate means of maintaining the master lists in a manner that protects client confidentiality and allows each agency immediate access to all three master lists in real time.

Participants on the master list are designated as "inactive" after 60 days without contact and may be skipped over for openings in services. To reactivate a participant's place on the list, the participant need only call or stop in to visit the CE provider. It is not necessary to conduct a new intake or new assessment.

There is one master list for each subpopulation (adults, families, youth). When a participant is part of more than one population (i.e. veterans or families headed by young adults), that participant will be placed on all relevant master lists for each subpopulations.

CE Intake and Assessment services operate on a first come, first served basis. Individuals seeking coordinated entry services can receive CE assessment, prioritization, and referral by presenting at any of the designated CE sites and will be served as they come in. For those who are unable to access one of the CE sites, a telephone meeting may be set up, or if available, a staff person will go to a convenient location for the client.

E: REFERRAL

Referrals to Participating Projects:

The FSCSS, SideWalk, and CYS will maintain up to date information regarding the availability of resources within the County for each of their respective subpopulations. This includes availability, eligibility requirements, and other applicable information of all permanent supportive housing, shelter, rapid re-housing, diversion, and other housing resources and programs funded through the Consolidated Homeless Grant and/or HUD McKinney. Memorandums of Understanding for each referral project identifying the roles and responsibilities of each party will be signed by the referral project, the appropriate sub population representative, and the Lead CE agency, Family Support Center of South Sound.

The HEN (Housing and Essential Needs) program, while funded through the Consolidated Homeless Grant will not be disbursed through the Coordinated Entry system. HEN eligibility is determined by DSHS. Participants interested in HEN will be provided information about the eligibility requirements, but will be referred to DSHS for assessment.

While the intent and purpose of CE is to identify and directly refer to ALL housing resources in the community, the CE team understands that some housing programs which are not required to do so, choose to not participate in CE. The CE committee will maintain an up to date list of all such housing services and will continue working to develop a referral relationship with each agency. The CE providers will develop written MOU's with each agency and will include a provision in the MOU indicating that all parties will comply with the equal access and nondiscrimination provisions of Federal civil rights laws.

The CE providers will not screen out any potential project participants based on perceived barriers related to housing or services.

F: DATA MANAGEMENT

Core Requirements:

When using HMIS or any other data system to manage CE data or master list information, all CE providers will ensure adequate privacy protections of all participant information. Thurston County CE providers will comply with the Washington State HMIS Agency Partner Agreement⁵.

When possible, all CE sites will enter information into the HMIS system in real time. If this is not possible due to technology constraints or other mitigating factors data will be entered within 48 hours. The FSCSS as the lead CE agency will monitor data timeliness reports to ensure compliance.

Privacy Protection:

HMIS is utilized by each of the CE providers to collect, share, and report participant data associated with the CE process.

The FSCSS, SideWalk, and CYS have a shared user agreement with HMIS. All CE participants are provided a HMIS consent form. As the FSCSS becomes aware of an updated HMIS consent release form, they will send it to the subcontracted CE providers for their use. No client will be denied assessment or services for refusing to provide certain pieces of information, unless the information is necessary to establish or document program eligibility per the applicable program regulation. Services will not be denied to households if the household refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a household's personally identifiable information condition of program participation.

Records containing personally identifying information will be kept secure and confidential and the address of any family violence project not be made public.

The assessment and prioritization process will not require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

Reporting/Data Quality:

The FSCSS as the lead CE agency will regularly review the CE process metrics and assess and correct data quality issues within the CE program in HMIS. The FSCSS will provide a quarterly report to the community through the HHH reviewing metrics and outcomes of the system such as: number of households served, percentage placed to permanent housing, percentage of rejected referrals, etc.

G: EVALUATION

⁵ <http://www.commerce.wa.gov/wp-content/uploads/2016/07/HAU-HMIS-AP-Agreement-2-24-2016.pdf>

Core Requirements & Evaluation Methods:

As the lead organization for CE, The FSCSS will work with the HHH annually to solicit feedback on the existing CE system including the intake, assessment, referral process and overall quality and effectiveness of the entire CE experience for both participating projects and households. The FSCSS will utilize surveys, focus groups, and/or individual interviews within each subpopulation to gather feedback and suggestions of how to improve the system. All participants will be invited to complete a written survey at intake. An additional survey will be distributed to all participants with active email or home addresses at least once annually. The opportunity for households to participate in Focus group and/or individuals interviews will be marketed at each CE site and all interested parties will be allowed to participate. Surveys will be distributed to all MOU partners annually and feedback will be solicited at each CE Committee meeting. Results from the evaluation will be brought before the CE Committee and documented in the form of an evaluation report indicating common themes, suggested improvements, and recommended changes. All updates to the CE system policies, procedures and/or overall system once reviewed by the CE Committee will be taken to the HHH for approval prior to implementation by the lead agency as appropriate. The FSCSS and it's CE partners will ensure adequate privacy protections of all participant information collected in the course of the annual coordinated entry evaluation is in place.

Appendices

Appendices

Harm Reduction Principles:

https://docs.google.com/document/d/1nW46y8KEoKFDjkdAFxJG5Dje3sEABTyWjA3_oM9pSsc/edit

Trauma Informed Care vs. Trauma Specific Treatment:

<https://alamedacountytraumainformedcare.org/trauma-informed-care/trauma-informed-care-vs-trauma-specific-treatment-2/>

VI-F-SPDAT v. 2.0:

<https://ppunitedway.org/documents/CIS%20Documents/CAHPDocs/VI-SPDAT-v2.0-Family.pdf>

VI-SPDAT v. 2.0:

<http://everyonehome.org/wp-content/uploads/2017/07/VI-SPDAT-2.0-Single-Adults.pdf>

Housing First:

<http://endhomelessness.org/wp-content/uploads/2016/04/housing-first-fact-sheet.pdf>

Progressive Engagement Model:

https://safehousingpartnerships.org/sites/default/files/2017-01/2015_WhatIsProgressiveEngagement.pdf

https://www.va.gov/HOMELESS/ssvf/docs/Progressive_Engagement_Overview.pdf

Chronic Homeless Definition. HUD, 2017.

<https://www.hudexchange.info/homelessness-assistance/resources-for-chronic-homelessness/>

Coordinated Entry Core Elements. HUD.

<https://www.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf>

Coordinated Entry Notice, CPD-17-01. HUD, January 2017.

<https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>

Coordinated Entry Process Self-Assessment. HUD.

<https://www.hudexchange.info/resources/documents/coordinated-entry-self-assessment.pdf>

Coordinated Entry and Victim Service Providers. HUD, November 2015.

<https://www.hudexchange.info/resource/4831/coordinated-entry-and-victim-service-providers-faqs/>

Equal Access Rule. HUD, 2011.

<https://www.hud.gov/sites/documents/5359-F-02EQACCESSFINALRULE.PDF>

Fair Housing Act. Department of Justice, August 2015.

<https://www.justice.gov/crt/fair-housing-act-2>

Incorporating DV Providers into Coordinated Assessment. NAEH, September 2012.

<https://endhomelessness.org/resource/incorporating-dv-providers-into-coordinated-assessment/>

Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing, Notice CPD-16-11. HUD, July 2016.

<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

Section 504 of the Rehabilitation Act. Government Publishing Office, 1973. <https://www.gpo.gov/fdsys/pkg/STATUTE-87/pdf/STATUTE-87-Pg355.pdf>

Section 504 Frequently Asked Questions. HUD.

https://www.hud.gov/program_offices/fair_housing_equal_opp/disabilities/sect504faq

Title II and III of the Americans with Disabilities Act. Congress.Gov, 1990.

<https://www.congress.gov/bill/101st-congress/senate-bill/933/text?q=%7B%22search%22%3A%5B%22americans+with+disabilities+act%22%5D%7D&r=1>

Title VI of the Civil Rights Act. Department of Justice, January 2016.

<https://www.justice.gov/crt/fcs/TitleVI-Overview>

Youth Specific FAQs for Coordinated Entry. HUD, August 2016.

<https://www.hudexchange.info/resource/5135/coordinated-entry-and-youth-faqs/>