



Chittenden County Homeless Alliance (CCHA) Coordinated Entry System (CES) Policies and Procedures

Approved June 2, 2022

Section 1: Overview

Purpose

Coordinated entry systems are important in ensuring the success of homeless assistance and homeless prevention programs in communities. In particular, such systems help communities systematically assess the needs of program participants and effectively match each individual or family with the most appropriate resources available to address that individual or family's particular needs.

Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This, combined with the lack of well-developed coordinated entry processes, resulted in severe hardships for people experiencing homelessness. They often faced long waiting times to receive assistance or are screened out of needed assistance. A Coordinated Entry System helps communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. The Coordinated Entry System also provides information about service needs and gaps to help communities plan their assistance and identify needed resources.

The Coordinated Entry System is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions.

HUD's primary goals for coordinated entry processes are:

1. Assistance will be allocated as effectively as possible.
2. Assistance is easily accessible no matter where or how people present.

Governing Documents

HUD Continuum of Care (CoC) Interim Rule

- *578.7 (a) (8)* In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. This system must comply with any requirements established by HUD by Notice.
- The Chittenden County Homeless Alliance (also known as CCHA, "the Alliance," Chittenden Continuum of Care, or Chittenden CoC) is the HUD Continuum of Care that serves Chittenden County, VT.
- URL: <https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf>



HUD Emergency Solutions Grant (ESG) Interim Rule

- 576.400 (d) Centralized or coordinated assessment. Once the Continuum of Care has developed a centralized assessment system or a coordinated assessment system in accordance with requirements to be established by HUD, each ESG-funded program or project within the Continuum of Care's area must use that assessment system. The recipient and subrecipient must work with the Continuum of Care to ensure the screening, assessment and referral of program participants are consistent with the written standards required by paragraph (e) of this section. A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system.
- The Vermont Office of Economic Opportunity is the ESG recipient for the state of Vermont. ESG funds are administered as part of the Housing Opportunity Grant Program (HOP).
- URL: https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendments.pdf

HUD Coordinated Entry Policy Brief (2015)

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

HUD Coordinated Entry Notice CPD-17-01 – Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (2017)

- URL: <https://www.hudexchange.info/resource/5208/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system/>

HUD Prioritization Notice CPD-16-11 – Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing (2016)

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

HUD Equal Access rule: 24 CFR 5.105(a)(2) and 5.106(b)

- URL: <https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/>

Chittenden County Homeless Alliance Standing Rules (CoC Governance Charter)

- URL: <http://helpingtohousevt.org/wp-content/uploads/2017/08/CCHA-Quarterly-Meeting-Minutes-2017September27-AppendixA-CCHA-Governance-Charter-2017-September-Signed.pdf>

Geographic Area and Population

CCHA covers the entirety of Chittenden County, VT. (The CoC that serves the other 13 counties in Vermont is called the VT Balance of State CoC. The VT Balance of State has established a separate coordinated entry process that serves the state of VT outside Chittenden County). The Coordinated Entry System (hereafter CES) outlined in this document is intended to serve persons within the geographic territory of Chittenden County.

- URL: https://www.hudexchange.info/resources/documents/HomelessDefinition_Recordkeeping_RequirementsandCriteria.pdf

Coordinated entry is intended to serve all individuals and households experiencing a housing crisis, defined as: Homeless or At-risk of Homelessness, using the definitions adopted by HUD and the Vermont Agency of Human Services.

- URL: <https://www.hudexchange.info/resources/documents/AtRiskofHomelessnessDefinitionCriteria.pdf>

Non-Discrimination

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

The CCHA operates the CES in accordance with all federal statutes including, but not limited to: The Fair Housing Act, Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, and Title II and Title III of the Americans with Disabilities Act. All service providers, where assistance is provided through Community Planning and Development (CPD) programs, including assistance under the: HOME Investment Partnerships program (24 CFR part 92), Housing Trust Fund program (24 CFR part 93), Community Development Block Grant program (24 CFR part 570), Housing Opportunities for Persons With AIDS program (24 CFR part 574), Emergency Solutions Grants program (24 CFR part 576), Continuum of Care program (24 CFR part 578), or Rural Housing Stability Assistance Program (24 CFR part 579), must ensure equal access to the HUD-assisted program in accordance with all General HUD Program requirements as specified in 24 CFR Part 5.

The CCHA requires service providers participating in the CES to practice a person-centered model that incorporates participant choice is inclusive of all homeless subpopulations present in Chittenden County, including homeless veterans, youth, and families with children, individual adults, seniors, victims of domestic violence, sexual violence, dating violence or stalking, and Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTQI) individuals and families. All CoC and ESG funded service providers must ensure that all people have fair and equal access to the coordinated entry process and all forms of assistance regardless of race, ethnicity, national origin, age, sex, familial status, religious preference, disability, type or amount of disability, gender identity, perceived gender identity, marital status, sexual orientation, or perceived sexual orientation.

Grievance Policies

There are three levels of review available for each grievance:

- Level 1
 - The first person to review the grievance is the CES Administrator. The person with the grievance should contact the CES Administrator with a written statement describing the alleged violation of the CES policies and procedures and any actions taken on behalf of the person or agency to resolve the issue. The CES Administrator will contact the agency in question to request a response to the grievance. Once the CES Administrator has gathered relevant information about the situation, she/he/they will decide if the grievance is valid and determine what, if any, action needs to be taken. The CES Administrator will determine whether the grievance is related to the Coordinated Entry process; only grievances related to Coordinated Entry process will be reviewed through the CES Participant Grievance process. All other requests will be directed to the relevant agencies. If both the person and the provider agree, the process ends, and the resolution is implemented. If the person and/or the provider disagree(s), the grievance moves to the next level.
- Level 2
 - The CCHA Coordinated Entry Committee reviews the grievance if there is dissatisfaction with the CES Administrator's resolution. The Coordinated Entry Committee may designate one or



more Committee members or other entity to review the situation. After gathering relevant information, the Coordinated Entry Committee or designated Committee member(s) or other entity will inform the person and provider what will happen to resolve the grievance. If both the person and the provider agree, the process ends, and the resolution is implemented. If the person and/or the provider disagree(s), the grievance moves to the next level.

- Level 3
 - The CCHA Steering Committee reviews the grievance if there is dissatisfaction with the resolution of the Coordinated Entry Committee. This is the final step in the process and the decision of the Steering Committee (determined by vote) is final.

Participant Grievances:

- This policy refers to participant grievances regarding the Coordinated Entry System only. Persons are informed of their right to file a grievance, including a non-discrimination complaint, at all CES Access Points and Assessment Hubs. If a participant has a grievance regarding a particular agency or representative of that agency, they should follow that agency's grievance procedure.
- The provider completing the Initial Referral Form, Housing Assessment, and/or referral should address any complaints by participants as best as they can in the moment. Ideally, the person and the provider will try to work out the problem directly as a first step in the process. If this does not resolve the issue, the person may begin the grievance procedure.
- The person has the right to be assisted by an advocate of his/her/their choice (e.g., agency staff person, co-worker, friend, family member, etc.) at each step of the grievance process. The person has the right to withdraw his/her/their grievance at any time. Any grievance paperwork filed by a participant should note his/her/their name and contact information so the CES Administrator can contact him/her/them to discuss the issues.

Provider Grievances:

- It is the responsibility of all boards, staff, and volunteers of CoC-funded and HOP/ESG-funded projects to comply with the rules and regulations of the CCHA CES. Anyone filing a complaint concerning a violation or suspected violation of the policies and procedures must be acting in good faith and have reasonable grounds for believing an agency is violating the CES policies and procedures.
- To file a grievance regarding the actions of an agency, contact the CCHA CES Administrator with a written statement describing the alleged violation of the CES policies and procedures, and the steps taken to resolve the issue. The CES Administrator will contact the agency in question to request a response to the grievance. Once the CES Administrator has received all documentation she/he/they will decide if the grievance is valid and determine if further action needs to be taken. If the individual or agency filing the grievance, or the agency against whom the grievance is filed, is not satisfied with the determination, the grievance proceeds to Level 2.
- The CCHA Coordinated Entry Committee reviews the grievance if there is dissatisfaction with the CES Administrator's resolution. The Coordinated Entry Committee may designate one or more Committee members or other entity to review the situation. After gathering relevant information, the Coordinated Entry Committee or designated Committee member(s) or other entity will inform the provider(s) what will happen to resolve the grievance.
- If the individual or agency that filed the original grievance is still dissatisfied with the resolution of the Coordinated Entry Committee, they may file an appeal with the CCHA co-chairs. This must be done by providing a written statement regarding the reasons for the appeal. The CCHA co-chairs will bring the matter to the CCHA Steering Committee for discussion and a final decision.

Outreach and Advertisement

All agencies that administer CoC-funded programs, HOP/ESG-funded programs, or Supportive Services for Veteran Families (SSVF) in Chittenden County are required to participate in the CCHA CES. Other organizations and programs are encouraged and welcome to join; they can join by contacting the CES Administrator, establishing what role they will serve within the Coordinated Entry Partnership and signing the Partnership Agreement.

Outreach:

- At least once annually, the Coordinated Entry Committee is required to contact local agencies who come in contact with persons who are homeless or at risk of homelessness to provide them with education on participation in the Coordinated Entry System.
- Participating providers will coordinate with existing street outreach programs for referrals to ensure that people in unsheltered locations are prioritized for assistance in the same manner as other persons accessing the CES.

Advertisement:

- The CCHA will advertise the coordinated entry process in order to inform people how to get connected to housing resources experiencing or at-risk of homelessness. At a minimum, advertisement will include: flyers posted at locations where clients may present (*e.g.*, hospitals, clinics, local Economic Services office, WIC offices, community meal sites, churches, food shelves, check cashing locations, *etc.*) The CCHA will explore other venues of advertising such as during the Point in Time Count, a booth at local events, newspaper ads, participating provider websites, or radio. The CCHA will use plain language to advertise, such as “Looking for help to get or keep housing? Contact <Access Points> to get connected”. The CCHA is responsible for actively working to ensure all persons, regardless of language or disability, know how to access help through the coordinated entry process.
- The CCHA will include information on accessing coordinated entry on its website: <http://helpingtohousevt.org/localcontinuaofcare/chittenden/>

Accessibility

The CCHA Coordinated Entry Committee is required to take the following steps to ensure effective communication with, and coordinated entry system accessibility by, individuals with disabilities:

- Advertising must be accessible by using large font, audio, and Braille;
- Coordinated Entry materials must include auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in appropriate accessible formats as needed, *e.g.*, Braille, audio, large type, assistive listening devices, and sign language interpreters;
- Access points must be made accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CCHA who are least likely to access homeless assistance.

The Coordinated Entry Committee is required to take the following steps to ensure effective communication with, and Coordinated Entry System accessibility by, persons with Limited English Proficiency (LEP):



The Coordinated Entry Committee must evaluate the extent of its obligation to provide LEP services in their community by using the following four-step process:

- 1) The number or proportion of LEP persons served or encountered in the eligible service area
- 2) The frequency with which LEP individuals come in contact with the program.
- 3) The nature and importance of the program, activity, or service provided by the program.
- 4) The resources available to the recipient and costs.

After the four questions above have been answered and evaluated in accordance with the HUD Guidance to Federal Financial Assistance Recipients: Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons, the Coordinated Entry Committee must determine and select which language services are appropriate for the needs of the community and the population served. Typical language services include, but are not limited to, oral language services through interpretive services, bilingual staff, telephone interpreter lines, and written language services through

Evaluation

The CCHA Coordinated Entry Committee is the entity responsible for CES oversight and evaluation. The Coordinated Entry Committee monitors the progress of the CES at its regular monthly scheduled committee meetings. The CES Administrator reports directly to the CE Committee on data regarding the operation of the CES, including but not limited to number of persons newly assessed, prioritization breakdown on the Master List, exit destinations, and time from entry to exit. The Coordinated Entry Committee updates the CCHA Steering Committee on a quarterly basis.

The Coordinated Entry Committee is to consult with participating projects and project participants for an annual evaluation on the quality and effectiveness of the CCHA CES.

Accessing the Coordinated Entry System

Access Points:

- The CES models a no-wrong-door approach to the greatest extent possible with respect to accessing the CES. This means that service-providers and community partners are engaged throughout Chittenden County to become designated Access Points to the CES, allowing individuals and families experiencing a housing crisis to be directly engaged and linked to the CES wherever they may present requesting assistance. Housing Needs Assessments, however, will only be available through trained Assessment Partners and Assessment Hubs.
- Access Points connect persons seeking housing assistance with an Assessment Hub to complete the assessment process by completing the Initial Referral Form with the household and submitting this form to the appropriate Assessment Hub (see section “The Coordinated Entry Process” for details of referral protocol).
- 2-1-1 Functions as a virtual Access Point for persons who call the hotline requesting housing assistance.
 - 2-1-1 provides full geographic coverage throughout Chittenden County and will connect persons who are experiencing a housing crisis outside of Burlington to the CES.

Assessment Hubs:



- Persons who need housing assistance can also contact an Assessment Hub directly to be connected to the CES.

Assessment Partners:

- Persons who are already being served by agencies that are Assessment Partners can access the CES directly through their provider.

Street Outreach

There are currently no CoC or HOP/ESG-funded street outreach projects. If future street outreach projects are funded through these funding streams, they will be required to participate in the CES. Existing street outreach projects, including Howard Center Street Outreach and Safe Harbor PATH outreach, are encouraged to directly participate in the CES.

Street outreach teams who choose to participate in the CES aim to provide all persons experiencing homelessness with access to the CES regardless of whether they present at a designated Access Point or Assessment Hub requesting housing assistance. Street outreach teams are to educate persons engaged during outreach about the CES and provide all relevant information. They are to refer persons needing housing assistance directly to an Assessment Hub to complete the assessment process. Street outreach directly engage those who are hardest to reach so that they have the same opportunities for housing through the CES as individuals and families who actively seek housing assistance by contacting service providers directly.

Safety Planning

All providers, including non-victim service providers, must provide safe and confidential access to the CES for all people, including those who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, trafficking, and/or stalking. This includes providing a private space for data collection and referral to the Non-HMIS Prioritization List if requested. All persons accessing the Coordinated Entry System are asked, via the Initial Referral Form, if they are fleeing or attempting to flee domestic violence. If a person or persons are identified as fleeing or attempting to flee domestic violence, the provider, including non-victim service providers, must provide immediate referral to, and assistance accessing, emergency services such as domestic violence hotlines and shelters. The person(s) has the right to decline any and all referrals to, or assistance with access to, emergency services. Declining referrals or assistance with access will not negatively impact the person's access to the Coordinated Entry System.

Access to Emergency Services

Access to emergency services, such as domestic violence and emergency services hotlines, drop-in service programs, emergency shelters and motel voucher programs, or other short-term crisis residential programs, is not prioritized through the CES. All persons in need of emergency services should be connected to those services as requested.

The CES does not change the current process for individuals or families to seek emergency shelter or services, including domestic violence shelters and other short-term crisis residential programs, outside of the CES operation hours. The CES also allows for a triage of needs to ensure that all individuals and families have access to



emergency services and shelter, regardless of whether they have first completed the Initial Referral Form or Housing Needs Assessment.

Emergency Shelter

Emergency shelter providers will be encouraged to function as Assessment Partners in the CES. Each agency will be responsible for providing access to the CES by conducting assessments with shelter guests and referring directly to the Master List. If a shelter provider is unable to provide housing navigation for shelter guests, they may refer for housing navigation assignment through the Coordinated Entry process (by completing the Housing Needs Assessment and marking the appropriate field on the Master List as needing housing navigation). The assigned Housing Review Committee will follow up in assigning housing navigation.

After Hours Plan

The operating hours of the CES are Monday through Friday, 8:30 to 4:30, excluding holidays. If a household is seeking housing assistance outside of these hours, they can contact 211. 211 will connect the household with emergency services as needed and will connect the household with the appropriate Assessment Hub to complete the Coordinated Entry process during the CES operating hours.

Prevention Services

At this time, there are no federally funded (HUD ESG) homelessness prevention programs in CCHA. The CoC will develop policies and procedures regarding coordinated entry for homelessness prevention in 2018.

Households needing prevention services will be identified through the Initial Referral Form and referred to the Housing Review Team (HRT) for consideration.

Connection to Mainstream Resources

Providers are required to provide referrals and assist with access to mainstream resources, health insurance, and community-based emergency assistance services, such as Food Share, Emergency Assistance, WIC, SNAP, Head Start, TANF, Section 8, and applications for income assistance. The CES will encourage providers of mainstream resources to become access points for the Coordinated Entry System.

Privacy Protections

Maintaining the confidentiality of a person's sensitive information is an important way of gaining the trust of those accessing the Coordinated Entry System and ensuring vulnerable populations are protected from potential harm resulting from the collection and disclosure of sensitive information about their lives. All participating agencies and staff are expected to adhere to the following privacy protocols:

- Participant informed consent will be obtained in order to share information for the purposes of assessing and referring through the coordinated entry process. Informed consent is obtained through the Initial Referral Form Client Consent and Release of Information, CCHA Service Point Release of Information, and prior to administering the Housing Assessment.
- Participants are free to decide what information they provide during the coordinated entry process.



- Providers and projects are prohibited from denying assessment or services to a participant if s/he refuses to provide certain pieces of information, unless that information is necessary to establish or document program eligibility per the applicable program regulation.
- Providers and projects are prohibited from denying services if the person refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of personally identifying information as a condition of program participation.
- A person may not be denied access to the coordinated entry process on the basis of the person's status or history as a victim of domestic violence.
- Records containing personally identifying information must be kept secure and confidential. The address of any family violence project must not be made public.
- The CCHA Coordinated Entry System does not require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility.
- Participants must be informed of the ability to file a nondiscrimination complaint.

Data Security Protections

The CCHA coordinated entry system uses both HMIS and a non-HMIS database to operate its assessment, prioritization, and referral process.

HMIS Data Security Protections

The VT HMIS is a collaborative project of the two Vermont Continua of Care (the CCHA and the Vermont Balance of State), the Institute for Community Alliances (ICA), and participating Partner Agencies. HMIS

is an internet-based database that is used by homeless service organizations across Vermont to record and store client-level information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness. The decision to use VT HMIS as the primary tool for Coordinated Entry in Chittenden County was approved by the CCHA. The Master List is generated and reported from HMIS (excluding the non-HMIS Prioritization List), and in order to access that list, a license is required.

Along with this Coordinated Entry Policy and Procedure Manual, there are several other documents relating specifically to HMIS that also must be adhered to when using HMIS for Coordinated Entry. These include the Governance Charter, Agency Partnership Agreement, CCHA User Agreement and the most recently updated version of the HMIS Policies and Procedures Manual, with particular attention paid to any sections relating to data privacy and security. The Data Security and Privacy extends to those who may not have an HMIS license as well. It is the responsibility of those with an HMIS license to protect the data coming out of the system and may share personally identifying information (PII) with those who do not have an HMIS license only with client consent. This includes information from the Master List. See the Data Security Policy in the HMIS Policies and Procedures Manual for more detailed information regarding the protection of client data and PII.

To see the entire data security and privacy policies for HMIS, please refer to the Institute for Community Alliances HMIS Policies and Procedures Manual. This manual is updated annually and approved by the HMIS Advisory Board. Any individual who consents to have his or her information shared in HMIS must sign the most recently updated version of the HMIS Release of Information.



Non-HMIS Data Security Protections

Any non-HMIS data systems used will meet data security requirements.



Section 2: Key Elements of the Coordinated Entry System

Access and Assessment Providers

Access and assessment constitute the front end of the system in which a person enters the Coordinated Entry System and their needs are assessed. There will be three main provider roles regarding access and assessment: Access points, Assessment partners, and Assessment hubs.

Access Points are providers and community partners that can directly refer persons experiencing a housing crisis to an Assessment Hub utilizing an Initial Referral Form.

Assessment Partners are responsible for completing assessments for their clients and referring to the Master List.

Assessment Hubs will be responsible for providing assessments for individuals and families newly presenting as experiencing a housing crisis. They will be responsible for referring clients who are assessed to the Master List. Assessment Hubs will provide assessments for referrals from two sources: self-referrals (by walk-in, email, or phone) and referrals from access points via the Initial Referral Form.

Listed below are some of the key roles and responsibilities of the various partners:

- I. Access Points will:
 - a. Utilize the Initial Referral Form when households present.
 - b. Partner with a specific assessment hub for referral.
 - c. Refer to assessment hub to complete assessment process.
 - d. Submit initial Referral form on behalf of household to assessment hub.
 - e. Inform client of next steps in the CES process.
- II. Assessment partners will:
 - a. Complete CES assessments for interested clients with whom they are already working.
 - b. Enter assessments into Service Point and place on CE Master List.
 - c. Serve as primary contact for client.
 - d. Provide housing navigation services for client.
 - e. Request a referral be made for services to the relevant housing committee if unable to provide housing navigation services.
 - f. Make referrals to assessment hubs utilizing the initial Referral form as needed if there is a reason the partner cannot complete an assessment with the client (including client choice and preference).
- III. Assessment hubs will:
 - a. Be responsible for completing assessments for newly presenting households who are not yet connected to a provider who is an assessment partner.
 - b. Be responsible for providing assessments for clients who walk in or contact their agency directly if they are not yet connected with a provider who is an assessment partner.
 - c. Accept referrals from partner access points and provide assessment for clients referred.
 - d. Provide assessments for households who are currently their clients.
 - e. Refer clients as needed for housing navigation services.
 - f. Note: Providers that function as assessment hubs may also provide housing navigation services but the provision of housing navigation is not a function of assessment hubs per se.

Sub-population specific Assessment Hubs (e.g. youth or DV) will accept referrals from Access Points for households within their designated subpopulation (determined at the Access Point via the Initial Referral Form) and will be responsible for completing the assessment process for these households.

Standardized Assessments

To ensure fair and equal access to needed resources, the CCHA CES utilizes a standardized assessment process for all persons experiencing a housing crisis in Chittenden County. The CES uses a progressive assessment process utilizing two assessment forms: 1) the Initial Referral Form and 2) the Housing Needs Assessment Form. The Housing Needs Assessment Form is not required to be completed at the same time as the Initial Referral Form. The Initial Referral Form will be offered at all Access Points to provide referrals to Assessment Hubs; the Housing Needs Assessment Form is only offered through trained Assessment Partners and Assessment Hubs.

The CES assessment process utilizes four separate Housing Needs Assessment Forms for four of the five subpopulations that HUD allows variability for. The following four subpopulations are assessed with varying assessment tools:

- 1) Adults without children
- 2) Adults accompanied by children
- 3) Unaccompanied youth
- 4) Households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking)

The four standardized Housing Needs Assessment Forms all include the following components:

- 1) Vulnerability Assessment
- 2) Sustainability Assessment

In addition to the 1) and 2), all CES assessors complete the HUD HMIS Universal Data Elements (UDE) with households, excluding the households fleeing DV and being assessed by a victim service provider that does not use the HMIS. Agencies can use their own agency-specific forms for the UDE as long as they include all the data elements. See Appendix 8 for an example of the UDE. The purpose of the Initial Referral Form is to engage a client at the point of access and ensure a referral is made to an appropriate provider who can complete the rest of the assessment process with the client. The purpose of the UDE is to gather HUD required data elements to create or update an existing client record in HMIS (or comparable database). The purpose of the Vulnerability Assessment is to gather data relevant to determining a household's severity of service need. The purpose of the Sustainability Assessment is to gather data relevant to understanding a household's barriers to accessing and maintaining housing. The HMIS UDE will not be used to determine prioritization for any resources. Data from the Vulnerability Assessment is used to determine prioritization for all prioritized resources (RRH, PSH, and Transitional Housing); data from the Sustainability Assessment is used to determine prioritization only for Rapid Rehousing (RRH) resources. Not all information gathered from the Sustainability Assessment is scored or used for prioritization of RRH or homelessness prevention assistance.

The standardized assessments will differ from one another for the four outlined subpopulations *only* with respect to the vulnerability assessment (i.e. only the vulnerability assessment will change with the respect to the four outlined subpopulations). The Initial Referral Form, the HMIS UDE, and the Sustainability Assessment will remain the same across all the subpopulations.

All assessment forms are included in the appendices.



Housing Committees

There are two Housing Review Committees: Housing Review Team (HRT) and Community Housing Review Committee (CHRC).

The HRT is required to meet every week to manage and evaluate referrals to financial RRH and homelessness prevention assistance resources. The CHRC is required to meet every week to explore housing options: including mainstream resources, PSH, and RRH, for households enrolled in Coordinated Entry.

Regarding the CHRC:

The following descriptions in this next section apply only to the CHRC. The HRT functions as a decision-making body for the administration of RRH and homelessness prevention financial assistance. This role may be reevaluated through the formal evaluation process by the CCHA Coordinated Entry Committee.

The Community Housing Review Committee (CHRC)

The CHRC meets every week with case managers and housing navigation providers for case conferencing and reporting on updates. The CHRC will be composed of various service providers and housing providers. The CES Administrator attends all CHRC meetings and manages the Master List.

CHRC is responsible for:

1. Making referrals to particular housing programs.
2. Assigning new households in need of housing navigation services to housing navigation providers.
3. Reviewing and tracking progress household progress towards housing.
 - a. Including tracking household progress in completing all necessary applications and documentation for navigation providers on completing next steps to move client to document ready status.
4. Case conferencing with housing navigation providers to identify and address client barriers to accessing housing and services for which they may be eligible.
5. Reporting to the CCHA Coordinated Entry Committee and Steering Committee as needed.

The CHRC is responsible for reviewing status and tracking progress for households. The agenda for committee meetings is structured to incorporate the following tasks:

1. Checking in on and updating status for assigned households who have contacted housing navigation providers.
2. Checking in on and updating status for assigned households who are actively engaged but have not yet attained document ready status.
3. Checking in on and updating status for assigned households who are actively engaged but have not yet attained document ready status.
4. Checking in on and updating status for assigned households who have attained document ready status and are awaiting available housing.
5. Making referrals from the document ready list to available housing programs and providers following the established Order of Priority.

At each meeting, the committee works through the above tasks in order of Vulnerability Assessment Priority, ensuring that if time is limited, the committee is prioritizing according to vulnerability. In other words, if time or capacity is limited, the committee will work through the list in order of Vulnerability Assessment score for each of

the items listed above (1 through 5) to ensure the committee attends to each of the above items (1 through 5) during each committee meeting.

In order to ensure that the CCHA is adequately prioritizing based on vulnerability/severity of service need, the CHRC will utilize case conferencing among providers as needed, including housing navigators, case managers, and outreach workers to review cases in which the Vulnerability Assessment score is not an adequate measure of a given household's vulnerability/severity of service need. In specific cases, if the CHRC determines a household to be more vulnerable and higher priority for PSH referral than households with higher VI- SPDAT scores, the CHRC must document the reasons that justify the prioritization decision when making the referral.

Mainstream Resource Referrals at the CHRC:

The CHRC makes referrals to mainstream housing providers according to the established Order of Priority,¹ but mainstream housing providers are not mandated to take referrals through the CE Process – only CoC and HOP/ESG-funded programs are required to take referrals exclusively through the CE Process according to the relevant Order of Priority.

PSH Referrals at the CHRC:

The CHRC is in charge of making referrals to PSH programs for all individuals and families who have been assessed and placed on the Master List and who score at least 8 for individuals or 9 for families on the Vulnerability Assessment. The CHRC includes all PSH Housing Providers to monitor upcoming vacancies in PSH programs. The CHRC makes referrals directly to specific PSH programs either at the committee meetings or via email with HMIS client ID. All PSH Housing Providers are expected to report upcoming program vacancies as soon as they become aware of them. All PSH Programs must take referrals exclusively from the CHRC.

The CHRC works with housing navigators and case managers to move households to “document ready” status. For PSH, document ready status includes: 1) BHA preliminary application; 2) Disability status verification; and 3) third party verification/documentation of chronic homelessness. Regarding 3), it is the responsibility of the Housing Navigation provider to begin gathering the chronic homelessness documentation. Once 1), 2), and 3) are completed, the household will be added to the “document ready” list.

The CHRC maintains a document ready list of persons who are ready to be housed and are just awaiting a vacant unit, ranked by PSH Order of Priority. When a unit comes available, the CHRC first looks at the broader Review List according to the established PSH order of priority. If there are households on the Review List who are higher priority than the first person on the Document Ready list, the CHRC refers that household to the next available opening if they have both 1) and 2) already completed and they can complete 3) within one week. If there is no household on the Review list that can complete the move to document ready status within one week, the CHRC refers the first person on the Document Ready list to the next program vacancy regardless of whether there are households on the broader Review List who are higher priority.

The Housing Review Team (HRT)

The HRT meets weekly to allocate RRH and prevention resources according to the established Order of Priority. The HRT takes referrals exclusively from the CE process. The HRT takes referrals from the Master List according to

the RRH Order of Priority. The HRT removes households from the Master List once they are assisted in an RRH program; the HRT updates the other two Review Committees on all persons assisted through the HRT.

Coordinated Entry System Administrator

Key responsibilities of the Coordinated Entry Administrator include:

- Manage the Master List in collaboration with the HMIS Lead and Non-HMIS List Holder.
- Attend all Housing Committee meetings.
- Monitor and support referral process from Access Points to Assessment Hubs.
- Work with Housing Committees in facilitating Housing Navigation assignment.
- Be the point of contact for information and general questions regarding the CCHA CES.
- Report to the CCHA Steering Committee.

Order of Priority

There is an established order of priority for PSH, TH and RRH resources.² Programs and housing providers outside of CoC-funded, ESG-funded and HOP-funded PSH, RRH, and prevention will be encouraged but not required to follow any order of priority for referrals.

PSH Order of Priority (revised February 1, 2018):

The PSH order of priority is established to incorporate the recommendations of HUD's Prioritization Notice (CPD-16-11): *Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing* (<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>).

¹ Needs to be determined

² Prevention assistance will also be included.

In Section III.A.1, HUD strongly encourages CoCs to determine an order of priority for all CoC Program- funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness that is “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.” The CCHA has prioritized all PSH for persons experiencing chronic homelessness.

The CCHA’s order of priority for all PSH is:

- a. First priority - chronic homelessness
- b. Second priority - the individual’s or family’s severity of service needs as measured by the Vulnerability Assessment score or determined through another method of case worker input when necessary
- c. Third Priority - length of time the individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter.



Vulnerability Assessment score is prioritized in scoring blocks rather than by descending acuity. The first priority scoring block is 14 to 17; the second priority scoring block is 11 to 13; the third priority scoring block is 8 to 10; the fourth priority scoring block is 4 to 8.

Among each of these priority scoring blocks, households will be prioritized according to length of time the individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter in descending order.

Case worker input is consulted by the PSH Review Committee for prioritization decisions only in rare cases where the Vulnerability Assessment is unable to be completed or the PSH Review Committee is unable to determine a household’s severity of service needs on the basis of the score alone. Regarding case worker input see HUD Coordinated Entry Notice (CPD-17-01) Section II.B.3 (<https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>) In these cases, the PSH Review Committee must document the criteria it is using in determining the prioritization for a specific household and the reasons for overriding the Vulnerability Assessment score.

The PSH order of priority is represented in the following chart:

Order of Priority	Chronic homelessness status	Vulnerability Assessment Score	Length of time homeless
First	Chronic	14 – 17	Descending length
Second	Chronic	11 – 13	Descending length
Third	Chronic	8 – 10	Descending length
Fourth	Chronic	4 – 8	Descending length

If there are two or more households equally prioritized in the above blocks, the household with greater vulnerability assessment score is prioritized over households with lesser vulnerability assessment scores. If there is a tie, the priority will be for the household that first presented for assistance.

For example, a chronically homeless household that scores a 14 would be prioritized over other chronically homeless households that score less than 14, regardless of the length of time these households have experienced homelessness. On the other hand, a chronically homeless person with a Vulnerability Assessment score of 11 who has experienced three years of homelessness would be prioritized over a chronically homeless person with a Vulnerability Assessment score of 13 who has experienced only one year of homelessness. If two chronically homeless households, the first with a score of 11 and the second with a score of 12, have both experienced exactly two years of homelessness, the household with the score of 12 will be prioritized over the household with the score of 11.

If there are no persons experiencing chronic homelessness within Chittenden County, the PSH order of priority will follow the recommended order of priority in section III.B of the HUD Prioritization Notice (CPD-16-11).

Transitional Housing Order of Priority

Transitional Housing (TH) will be prioritized according to Vulnerability Assessment score for persons who are not chronically homeless and are therefore not prioritized or eligible for PSH.



RRH Order of Priority




RRH is prioritized according to two factors: vulnerability/severity of service need and likelihood to attain housing stability. RRH will be prioritized for households who have limited financial barriers to attaining housing stability (as determined through the Sustainability Assessment). Among these households, RRH will be prioritized according to vulnerability as determined by the Vulnerability Assessment.

The first order of priority is the Sustainability Assessment score. The second order of priority is the Vulnerability Assessment score.

Order of priority for RRH from highest to lowest:

1. High sustainability index score + high vulnerability
2. High sustainability index score + low vulnerability
3. Medium Sustainability Index score + high vulnerability
4. Medium Sustainability Index score + low vulnerability
5. Low Sustainability Index score + high vulnerability
6. Low Sustainability Index score + low vulnerability

*Note: High sustainability index score = high financial strength (low financial barriers)

Order of Priority	Sustainability Assessment Score (Categorical Score – High/Medium/Low)	Vulnerability Assessment Score (Descending Numerical Score)
1.	High	 High Low
2.	Medium	 High Low
3.	Low	 High Low

Prioritization for Mainstream Resources Through the CHRC

The Coordinated Entry Committee will establish an Order of Priority to guide referrals to mainstream housing. Referral/prioritization protocol to mainstream housing resources will consider vulnerability, program eligibility, and whether a service plan is in place for households.



Housing Navigation Services

It is a goal of the CCHA that all households who participate in the coordinated entry process are connected to housing navigation services. The purpose of housing navigation is to assist the individual or family in completing all the necessary steps of the coordinated entry process and navigating the local system to identify and connect with housing opportunities for which they may be eligible. Housing navigation can be provided by a variety of direct service providers and positions including case managers, housing specialists, housing advocates, outreach workers, or dedicated housing navigators.

For the purposes of this document, all positions providing housing navigation services will be referred to as housing navigation providers. Housing navigation providers serve as the primary point of contact for their client through the coordinated entry process as they work their way into housing. The housing navigation provider is the primary point of contact until a warm handoff has been made to another provider who will provide case management, housing navigation, or housing retention services, or until the client no longer needs housing navigation services. Some key responsibilities of individuals providing housing navigation include:

- Ensuring clients are added to the housing authority/provider wait lists for which they appear to qualify.
- Helping clients gather documentation needed to obtain housing.
- Identifying strengths, housing barriers and housing preferences each one of their clients has.
- Working with clients to resolve and/or otherwise address those barriers.
- Identifying and connecting other mainstream benefits and service providers to support clients in achieving housing stability.
- Report status of each client to relevant housing committee as requested.

Housing Navigation Provider Roles (including Case Managers):

- Housing navigation providers who participate in the CES accept clients referred to them by the housing committees, so as long as they have the capacity to take on a new client. If they disagree with the placement, they may work with the committee to request and complete a transfer.
- Housing navigation providers work with individuals assigned to them by:
 - Ensuring they are added to the Housing Authority/Provider wait lists for which they appear to qualify, including Burlington Housing Authority, Champlain Housing Trust, and Cathedral Square, and helping them gather the documentation needed for this process.
 - Helping gather documentation verifying chronic homelessness status (per HUD definitions and guidelines) if applicable.
 - Identifying housing barriers each one of their clients has.
 - Working with clients to resolve and/or otherwise address those barriers.
 - Identifying and connecting other community service providers who an individual may need to work with to achieve housing stability.
 - Reporting status of each client on a regular basis.
- A housing navigation provider is expected to have each of their clients “paperwork ready” within one month of their assignment.
- If they are not able to do so within that time and have made at least five active attempts to assist the client to take actions as needed, they may advise the CE Administrator that paperwork field on the CE data base for that client should be updated to indicate: Unable to Complete (UTC).
- Anyone who has a designation of UTC should be re-contacted by their CM in three months as an attempt to restart the process.



- Interact with CoC Housing Committees as needed for case conferencing and reporting on client updates and progress.



Section 3: The Coordinated Entry Process

Workflow Outline

Phase 1 – Identification of Individual in Need of Housing:

- 1) Initial Identification of Individual in Need of Assistance:
 - a. Relevant Population: Those who are Literally Homeless or At Risk of Homelessness.
 - b. Can be identified two ways:
 - i. Outreach efforts done by Howard Street Outreach or Safe Harbor Outreach.
 - ii. Persons can present directly at designated Access Point throughout the community and request assistance.
 - c. Access Point fills out an Initial Referral Form that include name, household information (number of people), length of homelessness, income source, current sleeping arrangements, and person signs a release of information.
- 2) Referral to Assessment Hub:
 - a. Access Point forwards the Initial Referral Form to an appropriate HUB for assessment, using the following criteria:
 - i. If the head of household is younger than 25, they would be referred to the Assessment Hub for Unaccompanied Youth.
 - ii. If the household indicates they are fleeing DV, they would be connected with the Victim service provider Assessment Hub.
 - iii. All other households are referred to the HUB with which the Access Point is partnered (to be determined in the Partnership Agreement).
 1. Access points will inform the household of the next steps in the Coordinated Entry process and how to complete the assessment process.
 2. Access points will maintain a list of all Assessment Hubs and will inform the household of all available options in connecting with an Assessment Hub and completing the assessment process.
 3. Access Points will accommodate client choice and preference in referring to Assessment Hubs; if an individual or family prefers to be connected with an Assessment Hub other than the one the Access Point is partnered with; the Access Point will make referral to the preferred Assessment Hub.
 4. Upon completion of the Initial Referral Form, Access Points will provide the household with a receipt that indicates what Assessment Hub they have been referred to as well as the relevant contact information.
 5. If the receiving HUB doesn't have capacity to assess the incoming individual, they may reach out to another HUB for support and request they provide the assessment.
 - b. Once an Initial Referral Form is submitted, Access Points connect households with emergency services as needed and provide information for resources in the community.
 - c. Access Points inform households of non-discrimination policy and the CES grievance request process.
 - d. Access Point also sends a copy of the form to the CES Administrator who maintains a list of referrals and is tasked with ensuring each identified individual is eventually entered on the



- Coordinated Entry Master List unless they are determined to no longer need assistance.
- e. Timing of referral – Access Point submits the Initial Referral Form to the appropriate Assessment Hub within one business day
- 3) Assessment by Hub:
- a. The receiving Assessment Hub completes a Housing Assessment with the individual or family referred within three days of the referral.
 - b. In cases where the Assessment Hub is unable to connect with a referred household for a Housing Assessment:
 - i. The Assessment Hub documents three attempts to contact the household for a Housing Assessment.
 - ii. The Assessment Hub marks the referral as “Unable to Contact” and inform the Access Point that initiated the referral of inability to contact.
 - iii. The Assessment Hub forwards documentation of inability to contact to CES Administrator who will update the record on the list of referrals.
 - iv. If the household connects with the Assessment Hub or original Access Point, the process picks up where it was left off and the household will complete the Housing Assessment with the Assessment Hub.
 - v. If the household accesses the CES at a different Access Point and is referred for a Housing Assessment with another Assessment Hub, the CES Administrator informs the original agencies of this.
 - c. Assessment Hub informs household of assessment process and privacy protections, and has client sign Consent Form if in agreement.
 - i. Assessment Hub informs client of HMIS data sharing protocol (if relevant) and client signs HMIS Client Consent form if in agreement.
 - d. This Housing Needs Assessment includes two parts:
 - i. Vulnerability Assessment
 - ii. Sustainability Assessment
 - e. Outcome of this assessment is the Vulnerability Assessment score and the Sustainability Assessment score.
- 4) After the Housing Assessment is completed, the Assessment Hub is responsible for entering the client assessment information into the HMIS or comparable data base (for DV-survivor households) and placing the client on the Master List.
- a. Timing for entry – within five working days of completed assessment.
 - b. Method is ideally through direct data entry, though uploading is permitted where necessary as long the appropriate timelines are being met.
 - c. The CES Administrator reviews the submitted Initial Referral Forms when the household was referred to a HUB to ensure they are placed on the Master List and moving through the Coordinated Entry process on a timely basis. The CES Administrator then follows up with the specific Assessment Hub as needed for exceptions to the timeline for data entry.

Phase 2 – Project referral and tracking of progress by CHRC:

- 1) CHRC manages the Master List on a priority basis to ensure the most vulnerable people are housed as quickly as possible with the appropriate services made available as needed. This is done by:
 - a. Assigning new people on their list to an appropriate housing navigation provider (HN)



- from those in the community, based on initial assessment of the individual's needs, physical location, eligibility to be assisted by a specific HN, and the capacity of the preferred HN.
- b. Tracking progress being made by the HN in addressing the individual's barriers to housing including ensuring they are "document ready" as soon as possible (NOTE: The CES Administrator updates the field on the CE Master list to identify when an individual is document ready).
 - c. Monitoring the status of available housing and service resources available in the community and seek realignment if possible to meet the needs of those on the current by name list.
 - d. Making referrals to housing and service providers based on priority basis which matches the most vulnerable on the list (including length of homelessness) with available housing and service options available to meet their needs.
 - e. Receiving agencies should report status to the CHRC monthly on each individual they are expected to house, until that process is complete.
 - f. Timeline for housing an individual:
 - i. Should occur within three months of placement on a committee's list, if resources are available in the community.
 - ii. If valid reasons exist for not meeting the deadline, they should be documented.
 - iii. If progress is not as expected, a field on the CE master list should be marked "Deferred Action" and then revisited within three months of that designation to see if the circumstances that impeded housing have changed.
- 2) Once housed, the person is removed from the list.
 - 3) Once a referral is made, the receiving program must report back status to CHRC at the next meeting (within 2 weeks).
 - 4) If a participant rejects a housing offer, they maintain their place on the Master List.
 - a. Client refusal does not penalize or affect the participant's prioritization for other resources for which they may be eligible.
 - 5) If a program rejects a referral, they must document the reason for the rejection and report back to the committee and the CES Administrator.
 - 6) If a HN isn't making progress as expected, the Committee Chair and/or the CE Administrator would reach out to applicable agency to determine what the challenges are and/or if HN reassignment should be made.
 - 7) CHRC should report on the status of their lists with the Continuum each month.



Section 4: CCHA Coordinated Entry- Domestic Violence, Sexual Violence, Dating Violence, and Stalking Policies and Procedures

Policies

The Chittenden County Homeless Alliance is committed to ensuring that survivors of domestic violence, dating violence, sexual violence and stalking who are fleeing or attempting to flee have access to homelessness services through the coordinated entry process. In order to ensure that the process works best for survivors, the CCHA adheres to the following policies:

Access:

- The coordinated entry process for survivors must be voluntary, have an option for survivors to remain anonymous and be trauma-informed.
- Victim service providers and non-victim service providers work together to ensure that all survivors have fair and equal access to the coordinated entry process.
- Participants may not be denied access to coordinated entry on the basis that the participant is or has been a survivor of domestic violence, sexual violence, dating violence or stalking.
- Individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault or stalking will have the option of working with and seeking services from both victim service providers and non-victim specific providers.

Victim-Service Provider Involvement:

- Victim service providers are included in the design, implementation, and evaluation of the CES.
- Victim service providers are included in the coordinated entry partnership. Victim service providers will work with the CCHA determine the best position for their organization within the partnership.

Safety:

- The CCHA Coordinated Entry System does not in any way affect the current process for homeless survivors seeking emergency shelter outside of the coordinated entry operation hours. The CCHA Coordinated Entry System also allows for a triage of needs in order to ensure that survivors have access to emergency services such as domestic violence hotline and shelter.
- Non-victim service providers are trained in the coordinated entry process for survivors as well as safety planning for survivors who disclose domestic violence, sexual violence, dating violence or stalking in order to ensure that services are inclusive and trauma-informed.

Procedures

The Chittenden County Homeless Alliance has worked in partnership with Steps to End Domestic Violence, H.O.P.E. Works, and the Pride Center of Vermont to create a Coordinated Entry process that is inclusive, safe and accessible for survivors fleeing or attempting to flee domestic violence, sexual violence, dating violence and stalking. The following procedures aim to allow survivors to enter into the Coordinated Entry System through multiple entry points, make informed decisions about how they would like to navigate through the system and

remain in charge of the level of personal information they would like to share and have stored.

A survivor may enter the Coordinated Entry System in one of two ways, either starting with a victim service agency or starting with a non-victim service agency.

Initial Referral:

- Non-victim service providers- Community partners within the Coordinated Entry Partnership offer a referral first to the local domestic/sexual violence agency, if the survivor discloses that they are fleeing or attempting to flee domestic violence, sexual violence, dating violence or stalking. The survivor may choose to continue the Coordinated Entry process with the victim service provider or they may choose to continue the process with another (non-victim service provider) assessment partner.
- *Note: DV/SV providers are the only ones with expertise to determine eligibility for their services. Even if a non-victim service provider refers someone to a DV/SV organization, it is still up to that organization to determine if the participant is a survivor and is eligible for their services. If it is found that the participant is not eligible, the DV/SV provider refers them to another Assessment HUB of the participant's choosing.

Assessment and Prioritization:

- Non-victim service providers:
 - Assessment partners and HUBS offer a referral first to the local domestic/sexual violence agency, if the survivor discloses that they are fleeing domestic violence, sexual violence, dating violence or stalking. The survivor is given the option to do the assessment with the local DV/SV agency or to choose to continue with the organization that they have begun the assessment with. It will be explained to the survivor, the difference between assessment, sharing, and storing of information within the two options.
 - If the survivor chooses to continue, they would complete the assessment and prioritization with the non-victim service provider.
- Victim service providers:
 - Complete assessment with survivor.
 - Complete prioritization.

Confidentiality and Housing lists:

- Non-Victim service providers-
 - Providers will explain the confidentiality forms and survivors may choose if they wish to have their information shared in HMIS, or not. Survivors may also choose who they would like to share their information with, within the coordinated entry partnership.
 - The provider will explain what the housing prioritization lists are and offer to use the anonymous unique ID for the survivor if they choose, instead of adding their name to the list/sending their name to the Coordinated Entry Systems Administrator to add to the list. If the survivor wishes to do this, their name and contact information would be provided to STEPS to End Domestic Violence so that a unique ID could be created.
- Victim Service providers:
 - Providers will explain the confidentiality forms. Survivors may choose who they would like



to share their information with, within the coordinated entry partnership, if anyone. DV/SV agencies do not use HMIS.

- The provider will generate a unique ID for the survivor using Osnium and send it to the Coordinated Entry Systems Administrator with their prioritization information.
- Receiving housing resources:
 - If a survivor is listed by name on a prioritization list and their name comes to the top, they will be contacted by the Coordinated Entry Systems Administrator and connected with the housing resource.
 - If a survivor's unique ID number comes to the top of a prioritization list, the Coordinated Entry Specialist will contact Steps to End Domestic Violence or the Assessment Partner to connect the survivor with the housing resource.
 - The organizations involved will work to ensure that the survivor is connected to housing navigation and other support as needed.

Note: The term "victim service provider" refers to the local domestic and sexual violence organizations.

To find the domestic or sexual violence organization that serves your area go to: <http://vtnetwork.org/get-help/>



Section 5: Training

This section details the annual training plan; additional training will be provided as part of start-up implementation and on an as needed basis.

Overview of VCEH Coordinated Entry Process:

- What is Coordinated Entry and the CCHA CES?
 - Roles and Responsibilities of Access Points, Assessment Partners, and Assessment Hubs.
 - The Coordinated Entry Committee, Housing Review Committees and Master List.
- Coordinated Entry Policy and Procedures for: Referral to CE, Assessment, Master List, Prioritization, Referral to Housing Program
- Confidentiality
- Safety Planning and a Trauma-Informed Process
- Fair Housing, Equal Access, Americans with Disabilities Act (ADA) and other Nondiscrimination Requirements
- Evaluation Process

Housing Needs Assessment Training:

- Assessment Tool and Process
- How to conduct a Trauma-Informed assessment
- Safety Planning
- Release of Information

HMIS BitFocus Clarity and Coordinated Entry Referral Process Overview:

- How to access HMIS and technical instructions for making referrals

Domestic Violence, Sexual Violence, Dating Violence, and Stalking safety protocol

- Training will review the CCHA Coordinated Entry System policies and procedures for Domestic Violence, Sexual Violence, Dating Violence, and Stalking
- Training will cover safety planning for households fleeing DV or other life-threatening conditions
- Providing training and training materials is the responsibility of the CCHA Coordinated Entry Committee in partnership with ICA, the VT HMIS Lead Agency.

CCHA Coordinated Entry System Master List Inactive Policy Approved 5/3/18

Background:



The Inactive Policy is a critical component of maintaining a real-time by-name master list as well as a robust coordinated entry system. To ensure an efficient assessment and referral process, it is important to ensure that the Coordinated Entry System (CES) has the ability to contact and connect with households as soon as a housing opportunity is available. Without this policy, the CES can experience delays in its referral procedures due to the time spent searching for households in the community who they have not been able to reach through multiple attempts, often for many months. Due to this loss of contact it is hard for the system to determine whether these households are still in need of housing. In some situations, these households may have self-resolved their housing crisis or relocated to another area.

Policy:

If a household has had no contact with any CES Access Points, Assessment Partners, Housing Navigation Providers, and/or Community Outreach for 90 days, AND they have had no services or shelter stays in HMIS for the past 90 days, the household will be removed from the Active List and placed on the Inactive List. For our Veteran population, we coordinate with the chairperson of the Vermont Veterans Committee as point of contact to see if the veteran has relocated or has accessed any other Veterans' services locally.

Active/Inactive List status updates will be done at least once a month to ensure the Active List is accurate and up to date. For households who have not been contacted within the last 90 days, the assigned Housing Navigation Provider, or the agency where the household completed an assessment in cases where there is no Housing Navigator, will make three attempts in accordance with case management protocol to contact the household to inquire about housing status before moving the household to Inactive. The Housing Navigator or the agency where the household was assessed will update the household's Active/Inactive status.

If a household on the Inactive list contacts the homeless service system including outreach workers, drop-in centers, shelters, meal lines, etc., they are moved from the Inactive list to the Active list and can be referred to housing services and resources once they have re- engaged with the system which may include re-assessment of their vulnerability and sustainability if appropriate.



Section 6: Appendices

Appendix 1: CES Flow Chart

Appendix 2: CES Initial Referral Form

Appendix 3: Single Adults Vulnerability Assessment Form

Appendix 4: Families Vulnerability Assessment Form

Appendix 5: DV Survivor Vulnerability Assessment Form

Appendix 6: Youth Vulnerability Assessment Form (TAY VI-SPDAT)

Appendix 7: Sustainability Assessment Form

Appendix 8: HMIS Data Questions

Appendix 9: HMIS Client Informed Consent and Release of Information Form