

Rhode Island Continuum of Care

Statewide Coordinated Entry System for Homeless Services

Policies and Procedures Manual

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Introduction

Under the requirements of the Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program (HEARTH Act), The Rhode Island Continuum of Care (“RICOC”) is required to implement a coordinated entry system. Coordinated entry is a powerful tool designed to ensure that households experiencing homelessness are matched, as quickly as possible, with the intervention that will most efficiently and effectively end their homelessness. Coordinated Entry is a data-driven concept which is widely accepted as a best practice in homeless assistance systems to achieve three goals:

1. Helping households move through the homeless system faster
2. Reducing new entries into homelessness
3. Improving data collection and quality

“Coordinated Entry changes a COC from a project-focused system into a person-focused system by asking that ‘communities prioritize people who are most in need of assistance’ and ‘strategically allocate their current resources and identify the need for additional resources’” (Coordinated Entry Notice p. 2; Coordinated Entry Core Elements, p. 8). This change to a person-focused approach for prioritization of RICOC shelter, housing and services aligns with Housing First. Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions or barriers to entry.

The *Statewide Coordinated Entry System* described in this manual is designed to meet the requirements of the HEARTH Act, under which, Continuums of Care must adopt written standards that include, at a minimum:

- (i) Policies and procedures for providing an initial, comprehensive assessment of the needs of households for housing and services;
- (ii) A specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of households 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;
- (iii) Policies and procedures for evaluating households’ eligibility for assistance;
- (iv) Policies and procedures for determining and prioritizing which eligible households will receive transitional housing assistance;
- (v) Policies and procedures for determining and prioritizing which eligible households will receive rapid rehousing assistance and policies and procedures for determining

- what percentage or amount of rent each program household must pay while receiving rapid rehousing assistance;
- (vi) Policies and procedures for determining and prioritizing which eligible households will receive permanent supportive housing assistance.

The RICOC has designed the *Statewide Coordinated Entry System* described in this manual to coordinate and strengthen access to homelessness prevention, diversion, shelter, and housing services for households who are homeless or at risk of homelessness throughout the state of Rhode Island. The *Statewide Coordinated Entry System* institutes consistent and uniform assessment and referral processes to determine and secure the most appropriate response to each household's immediate and long-term housing needs.

The *Statewide Coordinated Entry System* is designed to:

Allow anyone who needs assistance to know where to access assistance, to be assessed in a standard and consistent way, and to connect with the housing/services that best meet their needs;

Ensure clarity, transparency, consistency, and accountability for households experiencing homelessness, referral sources, and homeless service providers throughout the assessment and referral process;

Facilitate exits from homelessness to stable housing in the most rapid manner possible given available resources;

Ensure that households gain access as efficiently and effectively as possible to the type of intervention most appropriate to their immediate and long-term housing needs;

Ensure that homelessness prevention, diversion, and housing services are easily accessed by households seeking housing or services;

Ensure that people who have been homeless the longest and/or are the most vulnerable have priority access to permanent supportive housing.

To achieve these objectives the *Statewide Coordinated Entry System* includes:

Collaboration between the COC and each ESG recipient operating in the state to ensure the process allows for coordinated screening, assessment, and referrals for ESG projects consistent with written standards for administering ESG assistance;

Statewide **access** to COC, Consolidated Homeless Fund (CHF), and ESG funded homelessness prevention, diversion, and housing services for families and individuals who are homeless or at risk of homelessness throughout the state of Rhode Island;

A **uniform and standard assessment process** to be used for all those seeking homeless assistance and procedures for determining the appropriate next level of assistance to resolve the homelessness of those admitted to shelter or other temporary housing accommodations;

Establishment of **uniform guidelines** among housing components of homeless assistance (i.e., rapid rehousing, and permanent supportive housing) regarding: eligibility for services, priority populations to be served, expected outcomes and targets for length of stay;

Agreed upon **prioritization for access to housing assistance**;

Referral policies and procedures from the system of Coordinated Entry System to homeless services providers to facilitate access to services;

The **policies and procedure manual** contained herein and detailing the operations of the *Coordinated Entry System*.

The implementation of the *Statewide Coordinated Entry System* necessitates significant, community-wide change. To help ensure that the system will be effective and manageable for homeless and at-risk households and for the housing and service providers tasked with meeting their needs, a comprehensive group of stakeholders was involved in its design. In addition, particularly during the early stages of implementation, the RICOC anticipates adjustments to the processes described in this manual. To inform those adjustments, the *Statewide Coordinated Entry System* will be evaluated by an RICOC Committee at least annually and there will be ongoing opportunities for stakeholder feedback.

Definitions

Terms used throughout this manual are defined below:

Chronically Homeless (HUD Definition at 24 CFR 578.3):

(1) An individual who: (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i); and (iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-

traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

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

Disability (HUD Definition):

A Physical, Mental, or Emotional Impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions; includes:

Developmental Disability Defined in §102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 15002). Means a severe, chronic disability that is attributable to a mental or physical impairment or combination AND Is manifested before age 22 AND Is likely to continue indefinitely AND reflects need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual may be considered to have a developmental disability without meeting three or more of the criteria listed previously, if Individual is 9 years old or younger AND has a substantial developmental delay or specific congenital or acquired condition AND without services and supports, has a high probability of meeting those criteria later in life.

HIV/AIDS Criteria Includes the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Diversion

Diversion is a strategy that prevents entry into the homeless system for people seeking shelter by helping them identify immediate alternate housing arrangements, and if necessary, connecting them with services and financial assistance to help them return to permanent housing. All COC and ESG funded diversion projects will be required to receive referrals from the system. All local shelters, housing, and services providers operating within the COC's geographical jurisdiction will be encouraged to participate in order to maximize the efficient and effective use of all community resources to end homelessness.

Homelessness Prevention

Homelessness Prevention is a project to provide financial assistance, counseling, and other services to prevent families and individuals from being evicted, losing their homes, and becoming homeless. Homelessness Prevention is not currently funded in the RICOC with COC, ESG, or CHF dollars, however, if in the future these activities are funded, providers will be required to coordinate with Statewide CES to support system alignment.

Literally Homeless (HUD Homeless Definition Category 1):

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

At imminent risk of homelessness (HUD Homeless Definition Category 2)

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

Fleeing domestic abuse or violence (HUD Homeless Definition Category 4)

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

SPDAT

Service Prioritization Decision Assistance Tool (SPDAT) is an evidence-informed case management tool developed by Org Code Consulting and Community Solutions used to assess household acuity and highlight areas in which clinical staff and households may work together to set goals and identify where additional support may be needed. The SPDAT series currently includes the SPDAT, the F-SPDAT for families and the Y-SPDAT for youth.

VI-SPDAT

The VI-SPDAT is an assessment tool developed by Org Code Consulting and Community Solutions used to assess household vulnerability and identify appropriate levels of housing assistance based on acuity. The VI-SPDAT inclusive of its versions specific to subpopulations will be considered the single assessment tools and will be the primary tools used in creating housing prioritization models. The VI-SPDAT should be completed whenever a change in a household's situation occurs, and therefore should be conducted during the household's current episode of homelessness whenever possible to help support accuracy of prioritization. The VI-SPDAT series currently includes the Family VI-SPDAT and the Next Step Tool for Homeless Youth both of which are acceptable for use with their associated subpopulations as the assessment to inform prioritization. Please note: throughout this document the term VI-SPDAT is used, however, in all instances of that terminology any of the three (3) VI-SPDAT series tools is allowable depending on the subpopulation being assessed.

System Overview

To illustrate how the *Statewide Coordinated Entry System* will function, the following overview provides a brief description of the path a household experiencing homelessness would follow from an initial request for services through permanent housing placement. The overview also describes roles and expectations of the key partner organizations that play a critical role in the system. Additional details can be found in the subsequent sections of this manual.

From Initial Service Request to Permanent Housing Placement – Pathway through the Coordinated Entry System

- **Initial Request for Services** – To ensure accessibility to households in need, the *Statewide Coordinated Entry System* provides access to services from multiple, convenient physical locations and via phone. Households in need may initiate a request for services in person or by phone through any of the following:
 - 211 Call Center
 - Regional Assessment Entity
 - Street Outreach Workers

Accessible information about how to obtain services through the *Statewide Coordinated Entry System* will also be available through a broad range of community-based service providers.

- **Diversion Assessment** - Any trained staff person may conduct the *Diversion Interview and Assessment*. If a household presents at or calls any shelter, housing, or other project and requests services to assist with a current or impending episode of homelessness, and that project has trained staff available, that project may serve as a “Regional Assessment Entity”, and can administer the *Diversion Assessment* upon initial contact. If the project does not have trained staff available, the project will immediately refer the household to a *Regional Assessment Entity* and that entity will conduct or arrange the *Diversion Assessment* in person or by phone. The *Regional Assessment Entity* will use the results of the diversion interview to determine if the household has options other than shelter entry and will only refer the household to shelter when there are no safe and accessible alternatives to entering emergency shelter. Potential households will not be screened out of the *Statewide Coordinated Entry System* based on perceived barriers related to housing or services.
- **VI -SPDAT**- After completion of the diversion assessment and only if diversion of the household is not possible, for all literally homeless households, the VI-SPDAT will be used to support determination of the intervention necessary to resolve homelessness and their placement on a priority list, with a higher score indicating greater vulnerability and resulting in the household getting higher priority for placement as opposed to other households also found eligible for the same intervention. This tool is used, along with case conferencing to support determination of priority, not eligibility. A VI score is required for a household to be prioritized for placement. Participants may refuse to answer assessment questions without retribution or limiting their

access to assistance. The *Placement Committee* may require a case conference to review and determine next steps when a household refuses to answer assessment questions. See the *Privacy and Security Protections* section of this document for more.

- **SPDAT** - Housing Providers will administer the full SPDAT at intervals as specified in the Org Code Consulting SPDAT User Manual and/or based on funding requirements. The SPDAT is primarily intended to inform case management. However, the SPDAT is included in this manual because occasionally this tool but may be administered by the regional assessment entities and could be used by the Placement Committee to break ties on VI-SPDAT scores to support determination of priority and/or to adjust placement on the *Statewide Priority List* as necessary or indicated by case conferencing.
- **Statewide Priority List Management** – The *Coordinating Entity* will manage a centralized *Statewide Priority List* for COC, CHF, and ESG housing programs. Households will be prioritized for placement based on their VI-SPDAT score. That score with consideration of available case information and household preferences will determine which type of housing resource the household is best matched with and the order in which households may be placed in housing. When a full SPDAT score is available, that score may be used to help inform housing placement, but the full SPDAT is not required for prioritization for placement.
- **Placement Committee - Eligibility Referral, Vacancy Management, & Case Conferencing** - The *Coordinating Entity* will manage and staff one or more *Placement Committees*. COC, CHF, and ESG funded projects will use this process as the only referral source from which to consider filling vacancies in housing and/or services funded by COC, CHF, and ESG programs. Continuum of Care funded Rapid Re-Housing (COC RRH) and all Permanent Supportive Housing (PSH) projects will be responsible for promptly reporting vacancies to the appropriate *Placement Committee*, and the *Placement Committee* will be responsible for promptly making appropriate referrals to vacant beds using *the Statewide Priority List*. In addition, the *Placement Committee* may, at their discretion, require a case conference to review and resolve rejection decisions by receiving programs. The purpose of the case conference will be to resolve barriers to the household receiving the indicated level of service. The *Placement Committee* will also, at their discretion, require a case conference to review and determine next steps when a household refuses to engage in a housing plan or otherwise take steps to resolve his/her/their homelessness. The purpose of the case conference will be to discuss interventions used to date and resolve barriers to securing permanent housing. Case conferencing may also be used when a potential household is unable or unwilling to provide consent to have their information collected and/or shared in HMIS.
- **Program Admissions** – All programs receiving referrals from the *Statewide Coordinated Entry System* (all *Receiving Programs*) will make a determination about whether or not the referred household can be accommodated based on the protocols defined in this manual, the policies and procedures of *Receiving Programs*, and any additional funding requirements. In instances in which the *Receiving Program* determines that it cannot accommodate a referred household, the *Receiving Program* will document the reason and refer the household back to the *Coordinating Entity*. The *Coordinating Entity* will review the determination and may bring the

household back to the *Placement Committee* for discussion and to issue another referral or to schedule a case conference.

CES Stakeholder Roles:

- **COC, CHF, and ESG funded agencies** – All COC, CHF and ESG funded agencies will assist with marketing strategies to increase awareness of the *Statewide Coordinated Entry System*. Marketing can include direct outreach to people on the street and other service sites, informational flyers left at service sites and public locations, announcements during COC or other community meetings, educating mainstream providers, television, social media, website, and informational helpline cards disseminated broadly through businesses and schools. The COC, CHF, and ESG funded agencies will affirmatively market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, sexual orientation, gender identity or expression, disability or who are least likely to apply in the absence of special outreach.
- **211 Call Centers** - When 211 receives a call from someone experiencing a current or impending housing crisis, they provide referral services as per their usual protocols. If those services are determined by 211 to be inadequate to address an immediate or long-term housing need, and the caller is currently homeless or at-risk of homelessness, 211 will refer the caller to the closest *Regional Assessment Entity* or a regional Street Outreach team.
- **Regional Assessment Entity** – Any staff person at a designated human services agency who has completed the required assessment training may conduct the *Diversion Interview and Assessment*, the *VI SPDAT*, and/or the *SPDAT*. Any staff person at a designated human services agency who, on behalf of a homeless or at-risk household, conducts one or more of the aforementioned assessments carries the responsibilities of a *Regional Assessment Entity* as described in this manual, including but not limited to:
 - Submission of assessment forms in HMIS
 - Responding to requests by the *Coordinating Entity* for clarifying information
 - Household notification of *Eligibility and Referral Decisions*
 - Participation in case conferences
 - Assisting households in filing appeals
- **Coordinating Entity** - The vendor selected to serve as the *Coordinating Entity* is responsible for the day-to-day administration of the *Statewide Coordinated Entry System*, including but not limited to:

Serving as an expert and providing advice regarding current national trends in implementing a needs assessment and coordinated referral system that meet HUD's requirements for the RICOC;

Attending meetings of the RICOC and relevant committees;

Providing periodic reports pertaining to the *Statewide Single Assessment and Coordinated Referral System* to the RICOC to support its decision-making; these reports may include, but are not limited to: unit vacancy lists by project, priority lists by targeted population; and housing placements by targeted population (e.g., chronically homeless, veterans, youth and families; unaccompanied youth);

Creating and widely disseminating outreach materials to ensure that information about the services available through the *Statewide Coordinated Entry System* and how to access those services is readily available and easily accessible to the public;

Evaluating training needs to support the *Statewide Coordinated Entry System* and designing, evaluating, and delivering or arranging for the delivery of needed training at least annually to all key stakeholder organizations, including but not limited to required training for *Regional Assessment Entities*;

Maintaining and ensuring accessibility of a current list of all *Regional Assessment Entities* across the state;

Managing and staffing one or more *Placement Committees* and ensuring that the *Placement Committee* has the information, resources and supports it needs to promptly fulfill its responsibilities as described in this manual, including:

- Ensuring that Continuum of Care funded Rapid Re-Housing (COC RRH) and all Permanent Supportive Housing (PSH) programs promptly report vacancies to the appropriate *Placement Committee*
- Ensuring that the *Placement Committee* promptly makes appropriate referrals to vacant beds using *the Statewide Priority List*
- Ensuring that all determinations by *Receiving Programs* that they cannot accommodate a referred household are brought back to the *Placement Committee* for discussion and to issue another referral or to schedule a case conference
- Managing and staffing case conferences convened by the *Placement Committee* to review and resolve rejection decisions by receiving programs and refusals by households to engage in a housing plan in compliance with the protocols described in this manual

Referring all eligibility determination appeals that cannot be resolved by the *Placement Committee* to the RICOC Grievance Policy and Procedures in compliance with the protocols described in this manual;

Managing centralized *Statewide Priority List* for COC RRH and PSH households in compliance with the protocols described in this manual

Working with the *HMIS Lead Agency* to define functions, reports, and data needed and inform HMIS upgrades as necessary to efficiently operate and evaluate the *Statewide Coordinated Entry System*;

Working with the *HMIS Lead Agency* to ensure that HMIS functions, reports, and data necessary to efficiently operate and evaluate the *Statewide Coordinated Entry System* are accurate and promptly available;

Managing centralized list of housing navigation agencies, including populations served and assisting household referral to navigation services as needed;

Managing manual processes as necessary to enable participation in the *Statewide Coordinated Entry System* by Providers not participating in HMIS;

Designing and executing ongoing quality control activities to ensure clarity, transparency, consistency and accountability for households experiencing homelessness, referral sources and homeless service providers throughout the *Coordinated Entry* process per the Process for Evaluating and Updating Coordinated Entry System Policies and Procedures found in this manual; and,

Incorporate stakeholder feedback and as need make recommendations to *State of Rhode Island Housing Resources Commission (or other designated authority)* and the *RICOC Board of Directors* to:

- Periodically evaluate efforts to ensure that the *Statewide Coordinated Entry System* is functioning as intended
 - Make periodic adjustments to the *Statewide Coordinated Entry System* as determined necessary
 - Ensure that evaluation and adjustment processes are informed by a broad and representative group of stakeholders
 - Update policies and procedures
- **Receiving Program** - All COC, CHF, and ESG funded housing projects are *Receiving Programs* and are responsible for reporting vacancies to the *Placement Committee* in compliance with the protocols described in this manual. All *Receiving Programs* that receive a referral from the *Placement Committee* are responsible for responding to that

Referral Decision and participating in case conferences, in compliance with the protocols described in this manual.

- **Housing Navigation Agencies** – Designated regional agencies funded to provide housing navigation services. Housing Navigators assist the system by recruiting landlords, identifying available housing options within their region, marketing the system to non-COC agencies, reporting on housing market trends in unit pricing, availability, and landlord relationships to the Coordinating Entity, operating a landlord mitigation fund, and advising the Coordinating Entity on best practices to quickly and safely assist households with identifying and obtaining housing. These Housing Navigators will not replace but are available to assist a household and *Primary Worker* working to identify a unit.

- **HMIS Lead Agency** - The vendor selected by the Continuum of Care to serve as the *HMIS Lead Agency* is responsible for:
 - Working in coordination with the Coordinating Entity to define needed functions, reports and data and determine HMIS upgrades necessary to efficiently operate and evaluate the *Statewide Coordinated Entry System*.
 - Ensuring that HMIS functions, reports, and data necessary to efficiently operate and evaluate the *Statewide Coordinated Entry System* are accurate and promptly available

- **RICOC Lead Agency** - The RICOC Lead agency, in conjunction with the Housing Resources Commission (or other designated authority) , is responsible for oversight of the *Statewide Coordinated Entry System*, including but not limited to:
 - Issuing RFPs and selecting and contracting the *Coordinating Entity* vendor
 - Monitoring vendor compliance with contractual obligations
 - Leading periodic evaluation efforts to ensure that *the Statewide Coordinated Entry System* is functioning as intended
 - Leading efforts to make periodic adjustments to the *Statewide Coordinated Entry System* as determined necessary
 - Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders
 - Ensuring that the *Statewide Coordinated Entry System* complies with all state and federal statutory and regulatory requirements.

- **Placement Committee** – The RICOC currently has four (4) Placement Committees established to serve subpopulations of households experiencing homelessness: Chronic and High Acuity Individuals; Youth and Families; Unaccompanied Youth; and Veterans. Access, Assessment, and Prioritization will be the same for all subpopulations, however referrals will be managed by the subpopulation specific committee. With support from the Coordinating Entity, the Placement Committee is responsible for:
 - Ensuring that COC funded RRH and PSH programs promptly report vacancies to the appropriate *Placement Committee*
 - Promptly making appropriate referrals to vacancies using *the Statewide Priority List* and HMIS
 - Reviewing determinations by *Receiving Programs* that they cannot accommodate a referred household and either issuing another referral or holding a case conference
 - Convening case conferences to review and resolve rejection decisions by receiving programs and refusals by households to engage in a housing plan in compliance with the protocols described in this manual
 - Referring all eligibility determination appeals that cannot be resolved by the *Placement Committee* to the RICOC Grievance Policy and Procedures in compliance with the protocols described in this manual

- **RICOC Grievance Policy and Procedures** – The RICOC Grievance Policy and Procedures demonstrate the protocol for managing an eligibility determination appeals process that cannot be resolved by the Placement Committee.

- **Primary Worker** – The staff person indicated on the *Diversion Interview and Assessment Form*, VI-SPDAT or SPDAT as having primary case management responsibility for the applicant household is the *Primary Worker*. The Primary Worker may change if the household’s point of contact changes as they move through the CES process. The *Primary Worker* may be, for example, a street outreach worker, a shelter/transitional/rapid re- housing case manager, a mental health/medical case manager, or any other staff person responsible for providing care coordination services for the applicant. The *Primary Worker* will receive all *Referral Notifications* from the *Placement Committee* and is responsible for:
 - Making assertive efforts to notify the household of the eligibility and referral decision;

- Assisting household in gathering documentation needed for housing placement, including but not limited to verification(s) of homelessness, identification, verification(s) of income, etc.
- Obtaining clarifying information as necessary;
- Ensuring that the household understands the decision and applicable next steps, including the household's right to appeal the decision;
- Providing assistance to the household to participate in any scheduled intake appointments;
- Assisting households in filing appeals; and,
- Providing a warm, direct hand off to the next responsible staff (case manager, etc.). A warm handoff is defined as clear communication and understanding by the Primary Worker and the next responsible staff (including, if applicable, the new *Primary Worker*) and the household. Whenever possible the Primary Worker and changes in Primary worker should be identified in HMIS to assure clear communication and accountability.

In cases in which the household has no pre-existing *Primary Worker*, the *Regional Assessment Entity* shall fulfill that role.

- [State of Rhode Island Housing Resources Commission \(or other designated authority\)](#) - As the administrator of the Consolidated Homeless Fund (CHF), the Housing Resources Commission (or other designated authority) in conjunction with the *RICOC Lead Agency* is responsible for oversight of the *Statewide Coordinated Entry System*, including but not limited to:
 - Issuing RFPs and selecting and contracting the *Coordinating Entity* vendor
 - Monitoring vendor compliance with contractual obligations
 - Leading periodic evaluation efforts to ensure that the *Statewide Coordinated Entry System* is functioning as intended
 - Leading efforts to make periodic adjustments to the *Statewide Coordinated Entry System* as determined necessary
 - Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders
 - Ensuring that the *Statewide Coordinated Entry System* complies with all state and federal statutory and regulatory requirements.

Determination of Eligibility and Priority for Housing Options

To facilitate access to the most appropriate response to each household’s immediate and long-term housing needs and ensure that scarce permanent housing resources are targeted to those who are most vulnerable and/or have been homeless the longest, the *Statewide Coordinated Entry System* uses the following criteria:

Model	Eligibility/Entry Requirements -	Priority Populations for Service – used to establish admission priorities relative to other eligible applicants
ALL Program Models	<p>No additional eligibility requirements can be applied beyond those required by funders or established as a Coordinated Entry policy.</p> <p>All eligibility requirements stipulated by funders will apply.</p>	
Permanent Supportive Housing	<p>Must meet HUD definition of literally homeless (category 1) <u>or</u> have met that definition prior to entering transitional or other COC assisted housing</p> <p>Must include at least one family member with a disability</p> <p>Must meet any additional eligibility criteria specified by funding source.</p> <p>Must have a completed VI-SPDAT during current episode of homelessness</p>	<p>Households that have high VI-SPDAT scores</p> <p>Households that have longer length of time homeless relative to other PSH eligible households with equal VI-SPDAT scores</p>

Model	Eligibility/Entry Requirements -	Priority Populations for Service – used to establish admission priorities relative to other eligible applicants
Rapid Re-Housing	<p>Must meet HUD’s definitions of: Literally homeless (Category 1) (all CoC funded projects) or Fleeing domestic abuse or violence (Category 4)</p> <p>Must have income below 30% of AMI</p> <p>Must have a completed VI-SPDAT during current episode of homelessness</p> <p>Must meet any additional eligibility criteria specified by funding source.</p>	<p>Newly and first time homeless households</p> <p>Households who are eligible for PSH but literally homeless and awaiting PSH placement</p> <p>Households that have high VI-SPDAT scores relative to other households found eligible for RRH</p>

Transitional Housing/Emergency Shelter		
<p>Transitional Housing (Includes: Substance use treatment/ sobriety programs, VA Grant/Per Diem , Family programs)</p>	<p>Not able to be diverted</p> <p>Income below 30% AMI</p> <p>Individuals or families who meet HUD’s definition of homelessness</p> <p>Persons for VA supported programs (Grant/Per Diem) must meet VA eligibility criteria</p>	<p>Young adults under age 25</p> <p>Households headed by young adults</p> <p>Households headed by persons with histories of foster care involvement</p> <p>Families with children</p> <p>Fleeing DV and DV is cause of recent homeless episode</p> <p>Households not in need of PSH</p> <p>At least one prior episode of homelessness (except unaccompanied youth)</p>

Emergency Shelter	Households experiencing homelessness who cannot be diverted and with no other safe place to sleep Households who can be safely accommodated in shelter – not presenting danger to self or others	
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All people in Rhode Island will have fair, non-discriminatory, and equal access to the *Statewide Coordinated Entry System*, regardless of where or how they present.

- Fair and equal access means that people can easily access the *Statewide Coordinated Entry System* process, whether in person, by phone, or some other method, and that the process for accessing help is well known and advertised throughout the state.
- Non-discriminatory means that the CoC, including the *Statewide Coordinated Entry System*, shall not discriminate on the basis of race, color, religion, ancestry, national origin, sex, pregnancy, age, disability, familial status, actual or perceived marital status, gender identity or gender expression, real or perceived sexual orientation, veteran status, source of income, or actual or perceived status as a victim of domestic violence, dating violence, sexual assault, or stalking.
- No religious practice or affiliation requirement shall be imposed upon households.
- If an individual’s self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual’s needs.
- The *Statewide Coordinated Entry System* is accessible to people with disabilities and there are methods by which people can access entry points that overcome physical and communication accessibility barriers within the system.
- Providers shall demonstrate sensitivity to households' primary language and cultural background especially in cases of Limited English Proficiency (LEP). Outreach teams, the 211 Call Center, and Regional Assessment Entities will use internal or external resources to communicate effectively with LEP persons in any language that best meets the households needs. At a minimum, providers should have access to translation services in Spanish, French, and Portuguese.
- 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 laws to include the Fair Housing Act, Section 504 of the

Rehabilitation Act, Title VI of the Civil Rights Act, Title II of the Americans with Disabilities Act, and Title III of the Americans with Disabilities Act.

- Participants will have and be informed of their ability to file a nondiscrimination complaint. Participants will be encouraged to file a complaint first with the discriminating agency, the *Coordinating Entity*, and/or the *RICOC Lead Agency*, in accordance with the *RICOC Grievance Policy and Procedure for Applicant Organizations*.

Completing and Updating Assessment Forms

Mandatory Training

In coordination with the *Coordinating Entity*, the *Regional Assessment Entity* will design and deliver assessment training on the diversion interview and assessment, the VI-SPDAT, and the full SPDAT at least quarterly to interested provider agency staff. Any trained staff person may conduct these assessments upon successful completion of training.

Diversion Interview and Assessment

If a household presents at or calls any shelter, housing, or other projects and requests services to assist with a current or impending episode of homelessness, and that project has trained staff available, that project may serve as a *Regional Assessment Entity*, and will administer the *Diversion Assessment* immediately upon initial contact. If the project does not have trained staff available, the project will immediately refer the household to a *Regional Assessment Entity* or the *Coordinating Entity*, and that entity will conduct or arrange the *Diversion Assessment* immediately in person or by phone. The *Regional Assessment Entity* must complete the *Diversion Interview and Assessment Form* in HMIS and obtain from HMIS available data on eligibility factors, including length of time homeless and prior episodes, except as noted in this manual under *Process for Referrals to and from other Systems not using HMIS*. Prior assessment information will be accessible in HMIS.

VI-SPDAT – *The VI-SPDAT* will be used when households need additional assistance beyond diversion from the homeless system.

- For households residing in Emergency Shelter, trained shelter staff will conduct *the VI-SPDAT* as quickly as possible, unless the household already has a VI-SPDAT from current episode of homelessness.
- For households residing in unsheltered locations, a *Regional Assessment Entity* or Street Outreach worker will conduct *the VI-SPDAT* as quickly as possible with a goal of completing the assessment within 15 days of the start of an episode of unsheltered homelessness.
- For households residing in Transitional Housing, trained staff at the project at which the household resides will conduct the *VI-SPDAT* within 14 days of project entry unless the household already has a VI-SPDAT from current episode of homelessness.
- In all cases, the *VI-SPDAT* must be completed in HMIS except as noted in this manual under *Process for Referrals to and from other Systems not using HMIS*.

SPDAT – Households remaining in Emergency Shelter, Project Shelter and Transitional Housing may be assessed using the full SPDAT between 10 and 14 business days following the initial VI-SPDAT assessment. The SPDAT is primarily intended to inform case management but can also be used by the Placement Committee to break ties on VI-SPDAT scores and/or to adjust placement on the *Statewide Priority List* as necessary. A full SPDAT is not required for housing

placement. In all cases, the *SPDAT* must be completed in HMIS except as noted in this manual under *Process for Referrals to and from other Systems not using HMIS*.

Submission of Diversion / VI-SPDAT/ SPDAT Assessments

Submission of Diversion Assessment, VI-SPDAT & SPDAT to HMIS

The *Regional Assessment Entity* is responsible for compiling eligibility information consistent with funder requirements and with the policy on Completing and Updating Assessment Forms. The *Regional Assessment Entity* must complete the *Diversion Interview and Assessment* and must submit all data in HMIS, including a description of any diversion services provided and any recommendation regarding the project or model to which the homeless household should be referred, within 24-hours of completion. See exceptions in this manual under *Process for Referrals to and from other Systems not using HMIS*.

The *Regional Assessment Entity* must complete the VI- SPDAT (and any *SPDAT*, if needed/requested as described above to resolve housing placement questions) in accordance with the policy on *Completing and Updating Assessment Forms*. The *Regional Assessment Entity* must submit the assessments in HMIS within 2 business days of completion.

Assessment Review and Referral Decisions

Review of Diversion Assessment, Referral to Emergency Shelter and Eligibility Notification

In all instances in which the household is unable to be diverted, the *Regional Assessment Entity* will promptly make an appropriate referral for *Emergency Shelter* and the *Receiving Program* to which the household is referred will promptly determine if the household can be accommodated and will notify the household in accordance with their own agency's policies and procedures.

Review of VI-SPDAT and SPDAT Assessments and Referral Decisions

Coordinating Entity will schedule a meeting of one or more Placement Committees, as necessary and at a minimum every two weeks, to review vacancies reported by COC, CHF, and ESG RRH and PSH and to promptly make appropriate referrals to vacancies using the *Statewide Priority List*. The VI-SPDAT score will be the primary means used by the *Coordinating Entity* to determine the order in which households are placed on the *Statewide Priority List*. At their discretion, the *Placement Committee* may break VI-SPDAT scoring ties, adjust model eligibility, and/or placement order on the *Statewide Priority List* using the full *SPDAT* score if available, and all available case information. Within 2 business days of each meeting of the *Placement*

Committee, the *Coordinating Entity* will issue a referral decision in HMIS for each vacant bed/unit. To ensure that vacancies are promptly filled, the *Placement Committee* may, at its discretion, issue multiple referrals to one vacancy; however the placement committee must indicate the order of priority to the referring partner so that beds are filled with the most vulnerable eligible applicant. A referral decision will be issued to the *Regional Assessment Entity*, *Primary Worker*, and *Receiving Program* and should be retained in the Receiving Programs files to document compliance with CES. The referral decision is not the complete housing application. The referral decision will include at a minimum:

- referral date;
- household's initials, HMIS number and other identifying information if necessary;
- *Regional Assessment Entity* contact information;
- *Primary Worker* contact information;
- contact information for the project to which the household was referred and appointment date and time;
- a brief description of the next steps the household should take; and,
- instructions for appealing the decision, including the contact information for the person to whom and time frame under which the appeal should be submitted.

If the *Placement Committee* requires clarifying information prior to issuing a Referral Decision, the *Coordinating Entity* will notify the *Regional Assessment Entity* with one business day of the *Placement Committee* meeting and the *Regional Assessment Entity* will respond within one business day of receipt of that request either:

- providing the requested information; or
- indicating that the household experiencing homelessness was unavailable to provide the requested information.

If the household was unavailable to provide the requested information, the *Regional Assessment Entity* should make best faith efforts to obtain the requested information as soon as possible and within no more than 7 business days. Upon obtaining the information or the expiration of the 7 day window, the *Regional Assessment Entity* will submit to the *Placement Committee* either:

- the requested information; or
- a notification that they were unable to obtain the requested information.

Upon submission of the requested information, the *Placement Committee* will respond in accordance with the procedures and timelines outlined above either issuing a referral decision or seeking additional clarification.

The *Regional Assessment Entity* and any other service provider may not refer a household to COC, CHF and ESG funded housing projects without a *Referral Decision* from the *Placement Committee* indicating eligibility and referral to that project. COC, CHF and ESG Permanent Supportive Housing and COC, CHF and ESG Rapid Re-Housing may not admit any household except those that have been found eligible and referred by the *Placement Committee*.

Regional Assessment Entity Response to Referral Decisions

Household Notification

The *Regional Assessment Entity/Primary Worker* must make assertive, ongoing efforts to notify the household of the Referral Decision and intake appointment, if applicable. Once the *Regional Assessment Entity* has made contact with *Primary Worker* that worker assumes responsibility for assertive and ongoing notification attempts with the household and providing assistance to the household to participate in any scheduled intake appointments.

The *Primary Worker*, if applicable, or *Regional Assessment Entity*, if no *Primary Worker* exists, must also provide a copy of the *Referral Decision* to the homeless household applying for services. The *Regional Assessment Entity/Primary Worker* should make best faith efforts to obtain the household's signature to acknowledge receipt and maintain a signed copy in the household's case file. In instances in which the household signature cannot be obtained, the *Regional Assessment Entity/Primary Worker* should indicate the reason on the unsigned decision document and maintain in the household's chart.

The *Primary Worker*, if applicable, or *Regional Assessment Entity*, if no *Primary Worker* exists, must orally review the *Referral Decision* with the homeless household applying for services to ensure that the household understands the decision, and applicable next steps, including the household's right to appeal the decision (See Appeals Process).

Receiving Program Response to Referral Decisions

Emergency Shelter

Emergency Shelters receiving a referral from the *Coordinating Entity* for a vacant bed must reach out to the *Primary Worker* to initiate efforts to locate and notify the household of the referral. The Emergency Shelter may also, at their discretion, reach out directly to the

household. In instances in which the *Coordinating Entity* has referred more than one household for a single vacancy, the Emergency Shelter Program may, at their discretion, reach out simultaneously or sequentially to the referred households/primary worker(s). Emergency Shelter Programs receiving a referral from the *Coordinating Entity* for a vacant bed must hold that vacancy on behalf of the referred homeless household until at least 5 p.m. Emergency Shelters must make a determination within 2 hours of a referred household presenting at the shelter, regarding whether the household can be accommodated that night and must enter the outcome of that decision in HMIS. Emergency Shelters may only decline households found eligible for and referred by the *Coordinating Entity* under limited circumstances, such as there is no actual vacancy available, the household presents with more people than referred by the *Coordinating Entity*, or based on their individual project policies and procedures the Emergency Shelter has determined that the household cannot be safely accommodated. The Emergency Shelter must enter the reason for any decisions to reject a household in HMIS. If the rejected household has not otherwise been accommodated for the night, e.g. via an intervention by emergency services, the Emergency Shelter must refer the household back to the *Coordinating Entity*, and document that outcome in HMIS. See exceptions to HMIS requirements noted in this manual under Process for Referrals to and from other Systems not using HMIS.

If at 5 p.m. the referred household does not arrive at the shelter to claim a bed, the Emergency Shelter Program may offer that bed to another eligible household (See Determination of Eligibility for Housing Options). Prior to admitting any household, Emergency Shelters must complete the *Shelter Intake Form*, if it has not already been completed by a *Regional Assessment Entity*.

If the original household referred by the *Coordinating Entity* presents at the shelter after 5 p.m. the Emergency Shelter Program should make best faith efforts to accommodate the household for the night in accordance with their policies and procedures. If the Emergency Shelter Program is unable to accommodate the household for the night, and it is outside of the regular hours of operation of the *Coordinating Entity*, the Emergency Shelter should make best faith efforts to locate a vacancy at another Emergency Shelter and refer the household to that project. If the Emergency Shelter is unable to find any accommodation for the household or it is within the regular hours of operation for the *Coordinating Entity*, the Emergency Shelter must refer the household to the *Coordinating Entity*. Emergency services funded by CoC, CHF, and ESG programs are accessible independent of the operating hours of the *Coordinating Entity* and in accordance with individual project operations. Emergency service providers will refer households to the *Coordinating Entity* for further services as necessary as soon as regular hours of operation allow.

If the Emergency Shelter determines later that the household cannot be safely accommodated the Emergency Shelter must enter the reason for the decision to discharge the household in HMIS. If the rejected household has not otherwise been accommodated for the night and

remains literally homeless, the Emergency Shelter must refer the household back to the *Coordinating Entity*, and document that outcome in HMIS. See exceptions to HMIS requirements noted in this manual under Process for Referrals to and from other Systems not using HMIS.

Emergency Shelters must document all households who could not be accommodated and all households sheltered in HMIS regardless of whether or not they were referred by the *Coordinating Entity*, except as noted in this manual under Process for Referrals to and from other Systems not using HMIS.

Shelters, Transitional Housing, COC, CHF, and ESG Rapid Rehousing and Permanent Supportive Housing Programs

Homeless Housing Programs receiving referrals from the *Placement Committee* will receive a copy of the *Referral Decision* letter. *Receiving Programs*, in coordination with the *Primary Worker* and the household, should schedule a new intake appointment within 3 business days and should hold the vacancy until the intake appointment is concluded. Households who have missed two appointments, and who later present at or call the *Receiving Program*, should be referred back to the *Placement Committee* by their *Primary Worker* and that referral should be documented in HMIS, except as noted in this manual under *Process for Referrals to and from other Systems not using HMIS*.

Receiving Programs must make intake determination decisions within two to three (2-3) business days after receipt of a completed application. An intake decision notification will include at a minimum:

- first available move-in date, if applicable;
- if applicable, reason the household cannot enter the project, including reason for rejection by household or project, if applicable;
- alternative recommendation regarding indicated housing model/exit option for the household with justification, if applicable; and,
- instructions for appealing the decision, including the contact information for the person to whom and time frame under which the appeal should be submitted.

Receiving Programs may only decline households found eligible for and referred by the *Placement Committee* under limited circumstances, such as there is no actual vacancy available, the household missed two intake appointments, the household presents with more people than were referred, or based on their individual project policies and procedures the *Receiving Program* has determined that the household cannot be safely accommodated or cannot meet

tenancy obligations with the supports provided by the project. The *Receiving Program* must document the reason for any decisions to reject a household in HMIS.

If the homeless household is accepted, the *Receiving Program* must document that acceptance in HMIS and arrange for move-in within 3 business days. If the homeless family or individual referred by the *Placement Committee* has not presented at the *Receiving Program* within 3 business days from the intake appointment the *Receiving Program* must notify the *Coordinating Entity* and document the no show in HMIS. Should the household present at or call the *Receiving Program* after more than 3 days from the appointment, but before the next *Placement Committee* meeting, the *Receiving Program* may house the person if they have a unit available, and otherwise must issue a written intake decision indicating a rejection consistent with the requirements outlined above, refer the household back to the *Placement Committee*, and document that referral in HMIS.

See exceptions to HMIS requirements in this manual under *Process for Referrals to and from other Systems not using HMIS*.

Household Notification

The *Receiving Program* must provide a copy of the intake decision notification to the household. The *Receiving Program* should make best faith efforts to obtain a signature to acknowledge receipt and maintain a signed copy in intake records. In instances in which the household's signature cannot be obtained, the *Receiving Program* should indicate the reason on the unsigned decision document and maintain in intake records.

The *Receiving Program* must orally review the intake decision notification with the household to support household understanding the decision, and applicable next steps, including the household's right to appeal the decision (See Eligibility Determination Appeals Process).

Case Conferences to Resolve Rejection Decisions by Receiving Programs

The *Placement Committee* will, at their discretion, require a case conference to review and resolve rejection decisions by *Receiving Programs*. The purpose of the case conference will be to resolve barriers to the household receiving the indicated level of service. Such a case conference will be held in all instances in which household is declined by three projects and/or remains literally homeless. The *Placement Committee* will determine which parties will attend the case conference, which may include but are not limited to the *Regional Assessment Entity*, the *Coordinating Entity*, the *Receiving Program(s)*, the Funding Agency, the household, and others as necessary. The *Coordinating Entity* will make logistical arrangements for the case conference, including but not limited to notifying all parties.

Eligibility Determination Appeals Process

All households shall have the right to appeal determinations issued by either the *Placement Committee* or any *Receiving Program* via the *RICOC Grievance Policy and Procedure for Applicant Organizations*. *Regional Assessment Entities* and *Primary Workers* are responsible for assisting households in filing eligibility determination appeals, including but not limited to drafting a written appeal on behalf of the household. All appeals of decisions by *Receiving Programs* should be made in writing and submitted to the *Coordinating Entity* within 14 days of household notification of the decision. Any subsequent appeals must be made according to the following process: All eligibility decisions made by the *Placement Committee* may be appealed to the *RICOC Grievance Committee* by written submission within 14 days of the decision notification. The entity receiving the appeal must respond in writing to all appeals within 14 days. Responses must be submitted to the *Regional Assessment Entity, Primary Worker, Placement Committee*, and household.

Quality Control

The *Coordinating Entity* will be responsible for implementing a quality control process to verify that project eligibility/screening procedures have been appropriately employed, to identify opportunities to strengthen the eligibility/intake screening process, and to require corrective action plans as necessary.

Process for Referrals to and from other systems not using HMIS

Either via referral or direct service, the *Statewide Coordinated Entry System* will appropriately address the needs of households who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking. When a homeless or at-risk household is identified by 211, or a *Regional Assessment Entity* to be in need of domestic violence services, that household will be referred to the 24 Hour Domestic Violence Helpline (1-800-494-8100) with a direct, warm referral. If the household does not wish to seek DV specific services, the household will have full access to the *Statewide Coordinated Entry System*, in accordance with all protocols described in this manual. If the DV helpline determines that a household seeking DV specific services is either not eligible for and cannot be accommodated by the DV specific system, the helpline will refer the household to a *Regional Assessment Entity* for assessment and referral in accordance with all protocols described in this manual.

Through collaboration with local, regional, and national victim service providers, the *Statewide Coordinated Entry System* will eliminate barriers between households fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, and access to COC, CHF, and ESG funded programs.

People fleeing, or attempting to flee, domestic violence will have safe and confidential access to coordinated entry and data collection for them will conform to the applicable requirements of

the Violence Against Women Act, COC Program, and/or HMIS Data Standards. The 211 Call Center, Regional Assessment Entity staff, and Street Outreach workers must have safety planning training and understand protections required for victims of domestic violence. When acquiring consent to collect and/or share information via HMIS, providers must ensure at a minimum victims are informed of the information that will be collected and how it could be shared. Victims who refuse to give consent for their data to be collected or shared will still have full access to the Statewide Coordinated Entry System.

The *Rhode Island Statewide Continuum of Care* encourages all projects serving homeless people, except those not required to participate under domestic violence provisions to participate in HMIS; however, all projects, regardless of HMIS participation status, are able and encouraged to use the *Statewide Coordinated Entry System*. To enable non-HMIS participating projects to use the *Statewide Coordinated Entry System*, the *Coordinating Entity* is responsible for establishing and managing the necessary manual systems. In addition, to facilitate participation all assessment forms and other materials completed in HMIS and necessary to fully use the *Statewide Coordinated Entry System* will be printable in PDF form from HMIS and will be sent via email as necessary by the responsible party as defined in this manual to any *Receiving Program* or *Regional Assessment Entity* that does not participate in HMIS. Furthermore, all assessment and other forms necessary to fully use the *Statewide Coordinated Entry System* and completed outside of HMIS by HMIS non-participating *Receiving Programs* or *Regional Assessment Entity* and will be uploaded to HMIS by the *Coordinating* or a *Regional Assessment Entity*. HMIS participating projects are required to complete and access all *Statewide Coordinated Entry System* assessment forms and other materials in HMIS.

Household Choice

The following principles will be used to ensure that households receive services that are responsive to their individual needs and preferences:

Households may decline a referral because of projects requirements that are inconsistent with their needs or preferences. There is no limitation on this option. For example, consumers may decline participation in projects requiring sobriety.

The *Receiving Program* must indicate reason for household rejections when issuing an intake decision (see *Receiving Program Response to Referral Decisions*). The *Placement Committee* will, at their discretion, require a case conference to review and resolve rejection decisions by consumers. The purpose of the case conference will be to resolve barriers to the household receiving the indicated and desired level of service. The *Placement Committee* will determine which parties will attend the case conference, which may include but is not limited to the *Regional Assessment Entity*, the *Coordinating Entity*, the Consolidated Homeless Fund, the

Receiving Program, the Funding Agency, the Household, and other Collateral Contacts as determined necessary. The *Coordinating Entity* will make all logistical arrangements for the case conference, including but not limited to notifying all parties.

Vacancy Reporting

All ESG and COC RRH and PSH Programs are required to report vacancies to the Coordinating Entity within 24 hours after the unit is ready for occupancy. If providers know of an impending vacancy, they are required to report the anticipated availability date within 72 hours of being made aware of such availability and updating the *Placement Committee* with the actual availability date once the bed becomes vacant and the unit is ready for occupancy. See exceptions to HMIS requirements in this manual under *Process for Referrals to and from other Systems not using HMIS*.

Statewide Priority List Management for Homeless Housing Programs

The *Coordinating Entity* will manage a centralized *Statewide Priority List* for housing projects serving homeless households. This list must be protected via HMIS data privacy and security protections prescribed by HUD in the HMIS Data and Technical Standards. For all literally homeless households, the VI-SPDAT will be used to determine the housing intervention necessary to resolve homelessness and their placement order on a priority list, with a higher score indicating greater vulnerability and resulting in the household getting higher priority for placement as opposed to other households also found eligible for the same intervention. As such, the VI-SPDAT score will be the primary means used by the *Coordinating Entity* to determine the order in which households are placed on the *Statewide Priority List*. At their discretion, the *Placement Committee* may break VI-SPDAT scoring ties, adjust model eligibility, and/or placement order on the *Statewide Priority List* using the full SPDAT score.

Privacy and Security Protections

All elements of the *Statewide Coordinated Entry System* including assessment, prioritization, referral, program entry and exit information, and the *Statewide Priority Lists* will be considered private and confidential and afforded all protections of the *Rhode Island Homeless Management Information System* Policies and Procedures and its attachments. Households who are unable or unwilling to provide consent to have their personal information collected and/or shared via HMIS will have full access to the system and the *Coordinating Entity* will accommodate their access, assessment, prioritization, and referral via the *Placement Committee* with the use of case conferencing and one-on-one consultation with the household's *Primary Worker* as appropriate.

Case Conferences - Household Refusal to Engage in a Housing Plan and Discharges

The *Placement Committee* will, at their discretion, require a case conference to review and determine next steps when a household refuses to engage in a housing plan or otherwise take steps to resolve his/her/their homelessness. The purpose of the case conference will be to discuss interventions used to date and resolve barriers to securing permanent housing. Such a case conference will be held in instances in which a household has declined more than two placements (See Household Choice). Emergency and Program Shelter providers can also request a case conference, at their discretion, in other circumstances in which they believe a household is insufficiently engaged in actions necessary to secure a placement. The *Placement Committee* will determine which parties will attend the case conference, including but not limited to the Shelter Provider, the *Coordinating Entity*, the Consolidated Homeless Fund, the Funding Agency, the Household, and other Collateral Contacts as determined necessary. The *Coordinating Entity* will make logistical arrangements for the case conference, including but not limited to notifying all parties.

Process for Evaluating and Updating Coordinated Entry System Policies and Procedures

The implementation of the *Statewide Coordinated Entry System* necessitates significant, community-wide change. To help ensure that the system will be effective and manageable for households at risk of and experiencing homelessness and for the housing and service providers tasked with providing services, particularly during the early stages of implementation, the RICOC anticipates adjustments to the processes described in this manual. To inform those adjustments, the *Statewide Coordinated Entry System* will be evaluated at least annually, and there will be ongoing opportunities for stakeholder feedback, including but not limited to *Referral and Receiving Program* work groups convened and managed by the *Coordinating Entity*. Specifically, the *RICOC Lead Agency*, the *Coordinating Entity* in conjunction with the *Housing Resources Commission (or other designated authority)* is responsible for:

- Leading periodic evaluation efforts to ensure that the *Statewide Coordinated Entry System* is functioning as intended; such evaluation efforts shall happen at least annually and include participating projects and households addressing the quality and effectiveness of the experience for both projects and households;
- Developing and implementing written CES policies and procedures for the frequency and method by which the CES evaluation will be conducted, including how project households will be selected to provide feedback, and must describe

a process by which the evaluation is used to implement updates to existing policies and procedures and adequate privacy protections of all household information collected in the course of the annual coordinated entry evaluation.

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

Evaluation efforts shall be informed by metrics established annually by the *RICOC* , in conjunction with the *Housing Resources Commission (or other designated authority)* and with supports from the *Coordinating Entity and the RICOC Lead Agency*. These metrics shall include indicators of the effectiveness of the functioning of the *Coordinated Entry System* itself, such as:

- Wait times from initial contact;
- Constituent satisfaction;
- Extent to which expected timelines described in this manual are met;
- Number/Percentage of referrals that are accepted by Receiving Programs;
- Rate of missed appointments for scheduled assessments;
- Number/Percentage of persons declined by more than 1 provider;
- Number/Percentages of *Eligibility and Referral Decision* appeals;
- # of projects intakes not conducted through *Coordinated Entry System*; and,
- Completeness of data on assessment and intake forms.

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

- Persons referred have length of stays consistent with system guidelines
- Length of time for a household to obtain housing from initial access to move in;
- Waiting lists are reduced for all services;
- Project components meet outcome targets;
- Reductions in long term chronic homeless;
- Reduction in family homelessness;
- Reduction in Unaccompanied Youth Homelessness
- Reductions in returns to homelessness; and,
- Reduced rate of people becoming homeless for first time.