

Rhode Island Continuum of Care

Statewide Coordinated Entry System for Homeless Services

Policies and Procedures Manual

Updated April 6, 2023

Table of Contents

Introduction	2
Definitions	5
System Overview	9
CES Stakeholder Roles	14
Completing and Updating Coordinated Entry Assessments	23
Submission of Coordinated Entry Assessments	24
Assessment Review and Referral Decisions	25
Response to Referral Decisions	26
Receiving Program Response to Referral Decisions	26
Case Conferences to Resolve Rejection Decisions by Receiving Programs	30
Process for Referrals to and from other systems not using HMIS	31
New Lease Referrals	34
Household Choice	35
Vacancy Reporting	35
Coordinated Entry System Housing Queue	35
Privacy and Security Protections	36
Case Conferences - Household Refusal to Engage in a Housing Plan and Discharges	36
Process for Evaluating and Updating Coordinated Entry System Policies and Procedures	37
Coordinated Entry Trainings	38

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 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 such as sobriety, commitment to pursue treatment, or service participation requirements. Within shelter and supportive services provision, support is also offered without preconditions or barriers, so long as there is not a risk of harm to self or others.

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:

1. Policies and procedures for providing an initial, comprehensive assessment of the needs of households for housing and services;
2. 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;
3. Policies and procedures for evaluating households’ eligibility for assistance;
4. Policies and procedures for determining and prioritizing which eligible households will receive transitional housing assistance;
5. 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;
6. 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 housing problem solving, 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* provides a single point of access for homeless assistance services while expanding and supporting regional access opportunities. The *Statewide Coordinated Entry System* also institutes consistent and uniform assessment, prioritization, 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 housing problem solving and 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 supportive housing.

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

Collaboration between the Continuum of Care (COC) and each Emergency Solutions Grant (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) to include ESG]] funded housing problem solving, shelter, 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 shelter and housing assistance**;

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

The **policies and procedure manual** contained herein detail 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, the RICOC recognizes adjustments to the processes described in this manual may be necessary. To inform those adjustments, the *Statewide Coordinated Entry System* will be evaluated regularly, including by the RICOC or a third-party it engages, and there will be ongoing opportunities for stakeholder feedback with the RICOC's Coordinated Entry System/System Performance Measures (CES/SPM) Advisory Committee.

Definitions

Terms used throughout this manual are defined below:

Category 1: Literally Homeless (HUD Homeless Definition Category 1):

Household who lacks a fixed, regular, and adequate nighttime residence, meaning:

- 1. Has a primary nighttime residence that is a public or private place not meant for human habitation (i.e. Unsheltered);*
- 2. 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*
- 3. Is exiting an institution where the participant has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution*

Category 2: At Imminent Risk of Homelessness (HUD Homeless Definition Category 2):

Household who will imminently lose their primary nighttime residence, provided that:

- 1. Residence will be lost within 14 days of the date of application for homeless assistance;*
- 2. No subsequent residence has been identified; and*
- 3. The household lacks the resources or support networks needed to obtain other permanent housing*

Category 3: Homeless under other Federal statutes (HUD Homeless Definition Category 3):

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- 1. Are defined as homeless under the other listed federal statutes;*
- 2. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;*
- 3. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and can be expected to continue in such status for an extended period of time due to special needs or barriers.*

Category 4: Fleeing/Attempting to Flee Domestic Violence (HUD Homeless Definition Category 4):

Any household who:

1. *Is fleeing, or is attempting to flee, domestic violence;*
2. *Has no other residence; and*
3. *Lacks the resources or support networks to obtain other permanent housing*

CES Assessor

A CES Assessor is an individual with HMIS access who has completed the Coordinated Entry System Workflow training and can act as an assessment and triage point for participants seeking services via the Coordinated Entry System.

Chronically Homeless (HUD Definition at 24 CFR 578.3)

1. *An individual who:*
 - a. *Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and;*
 - b. *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 (a); and*
 - c. *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.*

Community Queue

The Community Queue is comprised of the Shelter Queue and Housing Queue and is a list of all heads of household waiting to be matched to a shelter and/or housing opportunity in the CoC via the Coordinated Entry System.

Comparable Database

Victim Services Providers (VSP) that are recipients or subrecipients under HUD's Continuum of Care (CoC) and Emergency Solutions Grant (ESG) Programs are required to collect client-level data consistent with Homeless Management Information Systems (HMIS) data collection requirements. The

Violence Against Women Act (VAWA) and the Family Violence Prevention and Services Act (FVPSA) contain strong, legally codified confidentiality provisions that limit Victim Service Providers from sharing, disclosing, or revealing victims' personally identifying information (PII), including entering information into shared databases like HMIS. To protect clients, VSPs must enter required client-level data into a comparable database that is comparable to and complies with all HMIS requirements.

Coordinated Entry Assessment

The Coordinated Entry Assessment is the assessment tool which encompasses both the Crisis and Housing Assessment tools. The Crisis Assessment can be completed by any CES Assessor. The Housing Assessment should be completed by staff who have an established relationship with the client to yield the most accurate results of the client's needed housing intervention.

Crisis Assessment

The Crisis Assessment is the standardized assessment tool adopted by the Rhode Island Continuum of Care which prioritizes households for shelter placement. The Crisis Assessment can be completed by any trained staff upon initial contact.

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).

Diversions

Diversions helps people avoid entering shelter and/or the homeless response system by resolving their immediate housing crisis through creative housing-focused problem-solving conversations and sometimes connection to natural supports and/or community resources. The goal of diversion is to stabilize someone's housing crisis that day. The outcome of the conversation can include finding a housing option for temporary or permanent residence. Diversion is a strategy that should be implemented throughout the system at all coordinated entry access points. This intervention is not limited to a program or role.

Homelessness Prevention

This intervention happens prior to the client entering the homeless response system. Through problem-solving conversations, the goal is to help and empower a household to resolve their imminent homelessness on their own with minimal agency supports.

Housing Assessment

The Housing Assessment is the standardized assessment tool adopted by the Rhode Island Continuum of Care which prioritizes households for housing placement. The Housing Assessment should be completed by a trained CES Assessor who has a rapport with the client to yield the most accurate response and housing intervention.

Housing Problem Solving

Adopting a housing problem-solving approach means helping households use their strengths, support networks, and community resources to find housing. It should be attempted with everyone interacting with the homelessness services system, often more than once.

Housing problem-solving is not a new project type or component, and it typically does not operate as a standalone program. Instead, housing problem-solving techniques are used within existing programs across the entire homelessness services system.

*Housing problem-solving approaches support the effective implementation of **Homelessness Prevention**, **Diversion**, and **Rapid Exit** strategies – strategies that should be a part of every coordinated entry process and are offered as potential housing pathways for all populations.*

Adopting a housing problem-solving approach across your system utilizes potentially untapped resources and may significantly improve communities' system performance measures. Housing problem-solving can reduce lengths of time homeless, numbers of households experiencing first-time homelessness, and the share of households returning to homelessness.

Housing Problem-Solving starts with conversations intended to:

- 1. Identify the household's strengths and existing support networks;*
- 2. Explore safe housing options outside the homelessness services system, even if temporary when a part of a diversion or rapid-exit intervention; and*
- 3. Connect the household to community support and services.*

Effective housing problem-solving involves more than simply asking a prescribed set of questions. It is carried out by skilled, trained, and flexible staff who engage in open-ended, exploratory conversations to understand a household's strengths and existing support networks. These staff members use empathy, active listening, conflict resolution, and mediation skills, and draw on their understanding of and access to community-based resources.

Rapid Exit

Rapid Exit, sometimes referred to as Rapid Resolution, seeks to exit a “literally” homeless household to a safe, permanent or temporary destination prior to other Housing First housing interventions like “Rapid Re-housing” or “Permanent Supportive Housing”. This is done by providing one-time financial assistance for expenses related to securing safe housing (security deposits, rental assistance, utility payments, transportation to safe destinations out of state, etc...). This one-time assistance helps relieve the pressure on the system’s other housing interventions (RRH, PSH) and aids in reducing inflow to other upstream services.

Receiving Program

A receiving program is any CoC or CHF (including ESG) funded program which receives shelter or housing referrals from the Coordinated Entry System.

Street Outreach Coordination

Street Outreach is the provision of essential services necessary to reach out to unsheltered homeless people to connect them with emergency shelter, housing, or critical services and/or the provision of urgent, non facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility. Essential services may include engagement, case management, transportation, emergency health services, etc. and are provided on the street, in parks, abandoned buildings, bus stations, campgrounds, and other unsheltered settings. The Statewide Coordinated Entry System team, via its Statewide Street Outreach Coordinator, serves to facilitate regional awareness and collaboration among Street Outreach providers across the State to support capacity building, service cohesion, and system navigation.

Street Outreach Participation

Being engaged in Street Outreach can be defined as having a trustworthy rapport built between client and street outreach worker to the point where the client is known well enough by the outreach workers to complete assessments, participate in case management like activities, and be in as regular communication as possible with the outreach worker.

System Overview

To illustrate how the *Statewide Coordinated Entry System* functions, the following overview provides a brief description of the path a household experiencing homelessness follows 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 – People living in RI* may initiate a request for services in person, by phone, text, chat or email as follows:

- In Person: By contacting a *CES Assessor*
- By Phone: Calling (401) 277-4316 (Language Line Services are available after connecting; TTY services via 711)
- By Text: (401) 277-4316 Texting is primarily used as a means of contact to alert households to a shelter referral
- By Chat: <https://www.rihomeless.org/ces>
- By Email: CESShelter@rihomeless.org; CESHousing@rihomeless.org

CES Help Center Hours of operation are M-F 9am-7pm or 2pm-7pm, weekends and holidays

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.

*Households seeking Housing Problem Solving assistance must be able to provide proof of Rhode Island residency (e.g. a benefit statement or paystubs showing an RI address, etc.) to substantiate funding eligibility. Households seeking Emergency Shelter must be physically in the state in order to be referred to shelter; shelter reservations are not considered for households attempting to relocate from out of state.

Coordinated Entry Program Enrollment - All clients must be enrolled into the *Coordinated Entry Program* in HMIS in order to be considered for the Shelter and/or Housing opportunities offered within the Coordinated Entry System. Clients should be enrolled on the day they request access to services and not exited until they procure a destination, preferably in the form of permanent housing. Any CES Assessor can enroll the client into the Coordinated Entry Program. A client must either be enrolled in a shelter or have their record updated with a service or an assessment to remain open in the Shelter Queue. Clients found to be inactive in the system for 30 days or more will be auto-exited from the Shelter Queue and identified for manual exit from Coordinated Entry.

Coordinated Entry Assessment – Any staff person utilizing HMIS or a comparable database may be trained to conduct the *Coordinated Entry 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 *CES Assessor*, and can administer the *Coordinated Entry Crisis Assessment* upon initial contact. The *Housing Assessment* should be completed by staff who have an established relationship with the client to yield the most accurate results of the client's needed housing intervention. If the project does not have trained staff available, the project will refer the client to contact the Rhode Island Coalition to End Homelessness.

The *Coordinated Entry Assessment* will determine eligibility for shelter and/or housing in addition to the appropriate housing intervention. Shelter and/or housing referrals will be completed based on acuity by the Rhode Island Coalition to End Homelessness. Referrals are not made on a first come, first served basis. Households should be reassessed as warranted to accurately reflect the households' evolving circumstances.

Upon completion of the *Coordinated Entry Assessment*, households who are identified as staying in a place not meant for human habitation who are not otherwise connected to system services provided within the homeless services provider network operating within our HMIS will be referred to an outreach provider for continued follow up and engagement.

Crisis Assessment – After completion of the *Coordinated Entry Assessment* and only if housing problem solving is not possible, the *Crisis Assessment* will be used to support determination of the intervention necessary to resolve homelessness and a household's placement on the shelter queue. A higher score on the *Crisis Assessment* indicates greater vulnerability, 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 *Crisis Assessment* is required for a household to be prioritized for shelter placement. Participants may refuse to answer assessment questions without retribution or limiting their access to assistance. Clients are automatically removed from the shelter queue when there has been thirty days of inactivity.

Housing Assessment – Households who meet HUD's Homeless Definition Categories 1 or 4 will complete the *Housing Assessment* to be prioritized for housing. Housing Assessments should be completed within 14 days of the household entering shelter or engaging with Street Outreach teams. Once completed, households will be added to the Coordinated Entry System Housing Queue. Those who score higher on the *Housing Assessment* are prioritized for CES housing opportunities. Priority groups and monthly case conferencing will be utilized in addition to the Housing Assessment to determine priority candidates for housing referrals. The Housing Assessment should be assessed by a CES Assessor who has a rapport with the household to yield the most accurate results. Additionally, households composed of Transition Aged Youth (aged 18-24) who meet HUD's Homeless Definition Category 2 may complete the Housing Assessment. If there has been no activity in a client's HMIS profile for 90 days the housing queue referral will expire. Completion of an assessment or service in the client's profile counts as activity.

Statewide Shelter Queue Management – The Rhode Island Coalition to End Homelessness will manage a centralized Statewide Shelter Queue for COC and CHF (including ESG) funded shelter providers in addition to any other shelter programs who voluntarily choose to participate in the Coordinated Entry System. Households will be prioritized for placement based on their Crisis Assessment Score and Current Living Situation (CLS) of Place Not Meant for Human Habitation (PNMH). That score, with consideration of available case information and Shelter Priorities, will determine which type of shelter resource the household is best matched with, and the order in which households may be placed in shelter.

Shelter Transfers – Households residing in a CES referred shelter program will be considered for prioritization for a transfer to another CES shelter program when the receiving program or participant warrants a transfer is necessary (ex: program closings, reasonable accommodations, No Contact orders or court mandates, institutional discharges, etc.) and can demonstrate efforts taken to reduce barriers to maintaining placement. Shelter providers should notify the Coordinated Entry Help Center Manager when such transfers are necessary; such transfers will be subject to the eligibility requirements of the receiving program.

CES will coordinate Shelter Transfers by requesting that the initial program exit the participant (if applicable) and refer them back to the Shelter Queue. The receiving program will provide their availability to CES and CES will send the referral. The shelter will complete the process within Clarity by linking the enrollment to the referral.

Coordinated Entry Housing Queue Management – The *Rhode Island Coalition to End Homelessness* will manage a centralized *Statewide Housing Queue* for COC and CHF (including ESG) housing programs, in addition to any other housing programs who voluntarily choose to participate in the Coordinated Entry System. Households will be prioritized for placement based on their Housing Assessment score and preferences. That score, with consideration of available case information, Housing Priorities, and household choice will determine which type of housing resource the household is best matched with and the order in which households may be placed in housing.

Housing Transfers – Households residing in a CES referred housing program will be offered a transfer to another CES housing program when the receiving program or participant warrants a transfer is necessary, (ex: program closings, reasonable accommodations, No Contact orders or court mandates, etc.) including as indicated in RICOC’s Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, and Stalking, and all other mediation attempts have been exhausted (ex: moving to a different apartment within the same program/funding source, changing case managers, etc). Such transfers will be subject to regulatory restrictions (e.g. PSH-to-RRH transfers are not permitted unless the household has re-entered literal homelessness and RRH-to-PSH is permitted only if the RRH household was chronically homeless before entering RRH) and Housing First principles. Housing providers should notify the CES Housing Prioritization and Referral Manager when such transfers are necessary.

A separate CES Transfer Waiting List shall be maintained for current tenants seeking to relocate to other housing providers pursuant to the above listed conditions. When a vacancy occurs, the Transfer Waiting List will be reviewed prior to proceeding to the Housing Queue to select an applicant for the vacant subsidy.

When transfers are necessary due to funding restraints or funding consolidation, CES must be informed of the funding transfer. Housing providers should connect with the CES Housing Prioritization and Referral Manager to establish the process by which transfers-pertaining to funding consolidation or funding restraints are documented, to ensure CES compliance.

Bridge Transfers

To avoid further extending lengths of stay in shelter or places not meant for human habitation while awaiting a Permanent Supportive Housing placement, PSH-eligible households who meet the definition of Chronically Homeless may receive Rapid Rehousing assistance. [Such a placement can enable households to retain their Chronically Homeless status in order to remain eligible for a transfer to a PSH opportunity should a higher level of service still be warranted.](#) Subject to comparable PSH availability, the CES Housing Prioritization and Referral Manager will identify potential Bridge-eligible clients (i.e. PSH-eligible households who meet the definition of Chronically Homeless) via the Housing Queue and will notify Primary Workers of their transfer status, confirming Chronically Homeless documentation as needed. Primary Workers may also contact the CES Housing Prioritization and Referral Manager if they have a household they believe would benefit from Bridge consideration.

Upon referral to and enrollment in a RRH program, program staff should manually add the client back to the Housing Queue. A separate Bridge Transfer Waiting List will be maintained by Coordinated Entry. When a client has been housed in Bridge RRH for 3 months, CES will collaborate with the client’s care team, including via case conference if necessary, to determine if a transfer is warranted. Upon considering both the client’s choice and the provider’s case management perspective, if a transfer is no longer required, the client will be removed from the Bridge Transfer Waiting List by CES and from the housing queue by the care team. When a PSH vacancy occurs, the

Bridge Transfer Waiting List will be reviewed prior to proceeding to the Housing Queue to select an applicant for the vacant subsidy.

Eligibility Referral, Vacancy Management, & Case Conferencing – The *Statewide Coordinated Entry System Senior Manager* will ensure a transparent and accessible referral process by which case managers and street outreach workers can access COC and CHF (including ESG) funded shelter and housing opportunities for families and individuals experiencing homelessness. All COC and CHF (including ESG) funded shelter and housing providers are required to report and fill their vacancies exclusively through the Statewide Coordinated Entry System. In all cases, vacancies must be reported in HMIS except as noted in this manual under *Process for Referrals to and from other Systems not using HMIS*.

Any case manager, street outreach worker, or social services provider may refer a client who is experiencing homelessness to the Coordinated Entry system by way of completing the Coordinated Entry Assessment in HMIS. Case conferencing may be required to best understand the client’s shelter and housing needs or to determine next steps when a household refuses to answer assessment questions.

Case Conferencing – Case conferencing differs from routine coordination and should be considered separate from regular case management and/or outreach contacts. The goal of case conferencing is to provide a routine, structured space in which Street Outreach, Emergency Shelter, Permanent Housing, and supportive services providers and, if possible and when appropriate, a client and family members/close supports, convene to: identify or clarify issues regarding a client’s status, needs, and choice; review barriers to progress or safe placement; map roles and responsibilities; resolve conflicts or strategize solutions; and/or adjust current service plans.

RICOC maintains several subpopulation-specific Case Conference Committees that meet monthly to conduct targeted service coordination. Currently, subpopulations include: Individuals, TAY/FAM, Survivors of DV, and Veterans. Participants are subject to HMIS Data Security & Client Privacy requirements and must submit a signed *Case Conference Confidentiality Policy* agreement prior to engaging in client-level discussion. The CES Management Team is responsible for monitoring participation as well as bringing an awareness of top acuity clientele to committee members for review.

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 in HMIS (except as noted under *Process for Referrals to and from other Systems not using HMIS*), and refer the household back to the CES Management Team HUD’s Equal Access Rule must be considered when determining if the referred household will be accepted into the *Receiving Program*.

Housing Problem Solving - pages 12-14 subject to CRI HPS review

Housing Problem Solving (HPS) is an approach and set of techniques that relies on client-centered, housing-focused, exploratory conversations that happen with everyone regardless of perceived needs and barriers, and can be used at any point in a person’s housing crisis. The goal of problem-solving is to explore creative, flexible, and safe, cost-effective solutions to quickly resolve the housing crisis—even if just temporarily—with limited or no financial support, preserving more costly and intensive homeless

housing resources for those with no other options.

The HPS approach consists of 3 main interventions, Homeless Prevention, Diversion and Rapid Exit (see Definitions above for summary of HPS interventions.)

The HPS intervention utilized and the eligibility for respective HPS services is contingent on the referred household fitting into one of the above, defined, HUD homelessness categories. (see HUD categories above)

Once contact has been made with the HPS Team via phone, email, walk-in or Community Queue, each client will be assigned to a Housing Stabilization Case Manager (HSCM) who will contact the client within 48 hours to discuss program eligibility and guidelines. The HPS Housing Stabilization Case Managers utilize a Progressive Engagement framework which helps to focus on meeting the needs of the individual or household using the least amount of assistance possible. This framework has been shown to help reserve resources for when absolutely needed and empower individuals to explore and utilize natural and/or community resources to resolve their own housing crisis. Housing Stabilization Case Manager (HSCM) will confirm client's eligibility including that client is open to the Coordinated Entry System and discuss with client which intervention is most effective to return client to stable housing as quickly as possible.

Crossroads' Housing Stabilization Case Managers will further strengthen RI shelter capacity by working with partnering agencies to regularly train shelter staff in best practices for providing their residents (focusing in particular on long-term residents) with housing problem solving assessment strategies.

Ultimately though, the scope of our proposed housing problem solving strategies will seek to ensure that individuals and families are able to stabilize without entering shelter whenever possible, and will include the following core services:

- Phone call/Housing Stabilization Case Management (Short Term)
- Identification/Vital documentation - necessary for housing (State ID, SSI Card, Birth Certificate, BCI)
- Landlord-Tenant mediation (Crossroads Staff)
- Family/Roommate mediation (Crossroads Staff)
- Legal Services (Referrals only)
- Connection to mainstream services (services that come from agencies outside of the homeless assistance system, such as welfare agencies) and/or benefits;
- Housing search support
- Flex funding: Out of state transportation to stable housing outside of RI
- Housing Assessment completion
- Utility deposits – Deposit and/or arrearages (Housing Problem Solving Funding Application required)
- Moving costs (Housing Problem Solving Funding Application required)
- Car repairs (If transportation to employment/out-of-state return to stable housing; Housing Problem Solving application required)
- Security Deposit
- First month's rent

Eligibility for Housing Problem Solving Services:

While all persons experiencing a housing crisis may be eligible for services through HPS, access to “Rapid Exit” client assistance funds is limited to those who fall under the Cat. 1 and Cat. 4 HUD categories of

homelessness. Access to these funds is also contingent on available funds at the time of potential implementation.

Availability of client assistance funding however, is not a requirement for referrals to HPS or problem solving conversations that aim to help resolve a housing crisis without a financial component.

Housing Problem Solving Contact Information

- Phone: 401-865-6215
- Email: diversion@crossroadsri.org
- In-person: appointments can be scheduled with a Housing Stabilization Case Manager at 371 Pine Street Providence, RI 02903

Housing Problem Solving Training Opportunities

To schedule a Housing Problem Solving training, please contact Ben Haynie, Housing Problem Solving Program Manager at 401- 865-6228 or bhaynie@crossroadsri.org

Referrals

CES Housing Problem Solving Team will receive referrals via:

- Direct contact with client
- Outside agencies and partners
- Coordinated Entry Call Center
- Coordinated Entry Community Queue
- Direct walk-ins
- Referrals from other clients

Housing Problem Solving Funding

**Please note that Housing Problem Solving funding is granted on a first-come, first-serve basis and dependent on available funding. Payments are not guaranteed until the completed application is signed and approved by Crossroads Rhode Island Housing Problem Solving staff.

Housing Problem Solving Funding Limits

Funding limits are based in accordance with funding sources and are subject to change. Please contact diversion@crossroadsri.org for current funding limits.

Program requirements to access available client assistance funds

Once all program requirements have been met, the Housing Problem Solving Manager will review the application and all required documentation before submitting the application for final approval to the Crossroads RI Finance Team.

Please note:

- All clients served by CoC, CHF or ESG funds must be enrolled in the Coordinated Entry Project in order to qualify for a security deposit/first month's rent, the client must be able to sustain the apartment moving forward. Proof of income is required (Equal to 4 weeks)
- Proof of Utility Debt – If a client needs utility assistance a copy of a current bill must be submitted along with application
- Housing Problem Solving application must be completed
- Clients must provide one form of identification:
 - License
 - Providence ID card
 - Social Security Card
 - Birth Certificate
 - Passport
 - Voter Registration Card
 - Military ID, Permit
 - Tribal ID
 - ID Issued by a United States educational system
 - If unavailable, a Housing Stabilization Case Manager will work with the client to obtain
- Completed W-9 for the rental unit must be submitted by the landlord
- A fully executed lease is required. Clients may not move into the unit until payment has been provided to the landlord.

CES Stakeholder Roles

COC, CHF, and ESG funded agencies – All CoC and CHF (including ESG) funded agencies will assist with marketing strategies to increase awareness of the *Statewide Coordinated Entry System*. Marketing can include direct outreach to people encountered during street outreach 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 and CHF (including ESG) funded agencies will affirmatively market housing and supportive services to eligible persons who are least likely to apply in the absence of special outreach and regardless of race, color, national origin, religion, sex, age, familial status, sexual orientation, gender identity or expression, disability

CES Assessor – Any staff person at a designated human services agency who has access to HMIS and has completed the required assessment training may conduct the *Coordinated Entry Assessment*. 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 *CES Assessor* as described in this manual, including but not limited to:

- Submission of assessments in HMIS
- Implementing housing problem solving
- Responding to requests by the *CES Lead Agency* for clarifying information
- Household notification of *Eligibility and Referral Decisions*
- Participation in case conferences

- Assisting households with necessary documentation retrieval and submission at the request of the Housing Sponsor
- Assisting households in filing appeals
- Updating household data in HMIS when necessary

CES Lead Agency - The vendor(s) selected to serve as the *CES Lead Agency* is responsible for the day to-day administration of the Statewide *Coordinated Entry System*, including but not limited to:

The Rhode Island Coalition to End Homelessness and Crossroads Rhode Island have been awarded the contract for the Coordinated Entry System. The Rhode Island Coalition to End Homelessness will manage the Statewide Placement and Prioritization housing and shelter process for all CoC and CHF (including ESG) funded shelter and housing projects. Crossroads Rhode Island will manage the Statewide Housing Problem Solving for all CoC and CHF (including ESG) funded projects.

- 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 Coordinated Entry 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), demographics;
- 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 *CES Assessor*;
- Maintaining and ensuring accessibility of a current list of all *CES Assessor* across the state;
- Referring all eligibility determination appeals that cannot be resolved by the *Statewide Coordinated Entry System Management Team* to the appropriate grievance and/or appeal process. COC/CHF Grievances may be directed to the Grievance Committee by contacting Jose Baez;
- Managing centralized *Statewide Priority List* for CoC and CHF (including ESG) funds 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 contractually obligated to participate 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 needed 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

CES Management Team - Comprised of the Statewide Coordinated Entry System Senior Manager, Statewide CES Housing Prioritization and Referral Manager, and CES Help Center Manager.

Receiving Program - All CoC and CHF (including ESG) funded housing projects are *Receiving Programs* and are responsible for reporting vacancies to the *Statewide Coordinated Entry Management Team* in compliance with the protocols described in this manual. All *Receiving Programs* that receive a referral from the *Statewide Coordinated Entry Management Team* 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 and CHF (including ESG) funded agencies, reporting on housing market trends in unit pricing, availability, and landlord relationships to the CES Lead Agency, operating a landlord mitigation fund, and advising the CES Lead Agency 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 *CES Lead Agency* 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 *CES Lead Agency vendor*
- Monitoring vendor compliance with contractual obligations
- Leading periodic evaluation efforts in coordination with the CES Lead(s) 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.

Primary Worker – The *Primary Worker* functions as the household’s point of contact for CES-related correspondence and may be a street outreach worker, a shelter or housing case manager, a mental health/medical case manager, or any other staff person responsible for providing care coordination services for the applicant (including Primary Workers from Victim Service Providers). The *Primary Worker* may change if the household’s point of contact changes as they move through the CES process. The *Primary Worker* will receive all *Referral Notifications* from the Statewide Coordinated Entry Management Team and is responsible for:

- Instituting Housing Problem Solving principles and practices
- Ensuring that eligible households have completed the Coordinated Entry Assessment and are added to the respective *Coordinated Entry System Statewide Queue*;
- Making assertive efforts to notify the household of the eligibility and referral decision;
- Effectively coordinating with Coordinated Entry System personnel and Receiving Programs when applicable;
- Assisting the household in gathering documentation needed for housing placement, including but not limited to verification(s) of homelessness, identification, verification(s) of income, etc.
- Obtaining and communicating 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;
- 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.
- Tracking data and case notes in HMIS as applicable; including but not limited to enrollment date, move in date, changes in current living situation, changes in household members

In cases in which the household has no preexisting *Primary Worker*, the *CES Assessor who completed the Coordinated Entry Assessment* shall fulfill that role. High acuity households will be regularly reviewed during respective case conference meetings for potential housing barriers - including not having an active Primary Worker - prior to referral.

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 *CES Lead Agency* vendor
- Monitoring vendor compliance with contractual obligations
- Leading periodic evaluation efforts in coordination with the CES Lead(s) 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. Please note: in all instances where the term “family” is used, the RICOC is using HUD’s definition of a family; [here is a link to more information on the HUD definition of a family](#):

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/COC Rental Assistance	<p>Must meet HUD definition of literally homeless (category 1) or 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 CES Standard Assessment</p>	<p>Households that have high CES Housing Assessment scores or are deemed appropriate by way of Housing Priorities</p> <p>Households that have longer lengths of time homeless relative to other PSH eligible households</p> <p>If there are no eligible (chronically homeless) households, the highest priority non-chronic candidate will be referred pursuant to HUD Notice: CPD-16-11 as adopted by RI-500</p>

		<p>approaching the expiration of their rental assistance, continue to require supportive services to maintain their housing as measured by the housing assessment, and have a confirmed supportive services plan documented with the CES lead agency, the COC, and the housing authority.</p> <p>Households open to CES and scoring in the mainstream resources range (15-19) on the housing assessment</p>
<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 literally homeless (category 1) homelessness</p> <p>Persons for VA supported programs (Grant/Per Diem); must meet VA eligibility criteria</p>	<p>Young adults under the age of 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>
<p>Emergency Shelter</p>	<p>Households experiencing homelessness who cannot be diverted and with no other safe place to sleep</p> <p>Households who can be safely accommodated in shelter – not presenting danger to self or others</p>	<p>Unsheltered households identified by an outreach worker and/or CES lead</p> <p>Households that have high acuity based on standard assessment score</p>

	<p>*A shelter may NOT require a negative COVID test as eligibility criteria to enter shelter. If a person is exhibiting COVID symptoms and cannot safely Q/I in the shelter program, that person should be supported to access testing and Q/I shelter as needed through established RIDOH protocol for homeless programs. Unsheltered households identified by an outreach worker and/or CES lead</p>	<p>Households that have longer lengths of time homeless* relative to other households targeted for ES</p> <p>*Effective 1/23/23 as part of an interim shelter prioritization process approved by CES/SPM Advisory Cmte on 12/14/22; will expire upon full implementation of the revised Crisis Assessment</p>
--	---	---

Undocumented Households

Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) permits CoC and CHF (including ESG) funded programs to house undocumented households within their housing programs. [In their joint letter issued in 2016](#), HUD (along with the US Departments of Justice and Health and Human services) reminds nonprofit organizations that are recipients of CoC and CHF (including ESG) funds that the Act does not require nonprofit charitable organizations to verify the immigration status of applicants for federal, state, or local public benefits.

Equal Access and Reasonable Accommodations

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, all entities and persons operating within the CoC and Coordinated Entry System, 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, human trafficking, elder abuse, 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 for the individual or household, 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). Street Outreach teams and *CES Assessor* will use internal or external resources to communicate effectively with LEP persons in any language that best meets the household's needs. At a minimum, providers should have access to translation services in Spanish, Portuguese, Haitian Creole, and French.
- Recipients and subrecipients of CoC and CHF (including ESG) 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, VAWA, Equal Access Rule, 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 *CES Lead Agency*, and/or the *RICOC Lead Agency*, in accordance with the appropriate grievance and/or appeal process. COC/CHF Grievances may be directed to the Grievance committee by contacting Jose Baez.
- Reasonable accommodation - A reasonable accommodation is a change that may be necessary for a person with disabilities to have an equal opportunity to use and enjoy housing opportunities or to meet program requirements. All persons with disabilities have a right to request reasonable accommodation

Completing and Updating Coordinated Entry Assessments

Coordinated Entry Assessments should be completed when the client presents at the "front door" of the system. Coordinated Entry Assessments will be completed at CES intake to screen for Coordinated Entry program eligibility. Coordinated Entry Assessments should be updated any time the client experiences a significant shift in their case plan, either positive or negative:

- When there is a change in the current living situation.
- When there is a change in family composition.
- When there is a change in health status.
- If applicable, change in the client's case plan.

Coordinated Entry Domestic Violence Housing Problem Solving Services (Category 4) - Domestic Violence, Housing Stabilization Case Manager at Crossroads RI will receive DV referrals for those clients who have completed a CES Crisis and/or Housing assessment and are currently on the community queue. Referrals should be made to the Housing Stabilization Case Manager via email: atomasi@crossroadsri.org

Crossroads RI Domestic Violence - Housing Stabilization Case Manager will assist clients with:

- Safety Planning and connecting clients with all safe housing options, including all Domestic Violence Shelters
- Housing Problem Solving activities including, prevention, rapid exit/rapid resolution
- Safe Housing Options: connect to Housing Navigator if appropriate.

When a client utilizing housing problem solving services exits to a permanent destination, they will be exited from Coordinated Entry.

Training

The CES Lead Agencies are able to facilitate all training pertinent to the Coordinated Entry System, including the *Coordinated Entry Assessments* and the *full SPDAT*. Training will be offered on a regular basis and can be requested by *CES Assessor*.

Coordinated Entry 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 *CES Assessor*, and will administer the *Coordinated Entry Assessment* upon initial contact. If the project does not have trained staff available, the project will immediately refer the household to a *CES Assessor* or the CES Lead Agency, and that entity will conduct or arrange the *Coordinated Entry Assessment* immediately in person or by phone. The *CES Assessor* must complete the *Coordinated Entry Assessment* in HMIS or other comparable database.

The *Coordinated Entry Assessment* will be used when households need additional assistance beyond housing problem solving from the homeless system.

- Households who are Literally Homeless, At Risk of Homelessness or Fleeing, Homeless under other Federal Statutes or Fleeing or attempting to flee Domestic Violence must complete the Coordinated Entry Assessment to determine eligibility and priority for all CHF, CoC and ESG funded shelter and housing programs. Households may complete the Coordinated Entry Assessment through the *Lead Entity* or a *CES Assessor*.
- In all cases, the *Coordinated Entry Assessment* 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 Coordinated Entry Assessments

Submission of Coordinated Entry Assessments to HMIS

The *CES Assessor* is responsible for compiling eligibility information consistent with funder requirements and with the policy on Completing and Updating Assessment Forms. The *CES Assessor* must complete the *Coordinated Entry Assessment* and must submit all data in HMIS, including a description of any housing problem solving 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 *CES Assessor* must complete the Coordinated Entry Assessment in accordance with the policy on *Completing and Updating Assessment Forms*.

Assessment Review and Referral Decisions

Review of Coordinated Entry Assessment and Referral Decisions

The *Coordinated Entry Assessment*, case conference information, and client choice will be the means used by the *CES Lead Agency* to determine the order in which households are placed on the Shelter and Housing Queues. Tied scores will be broken by age, serving the oldest scorer first. For programs

targeted to youth, tied scores will be broken by higher scores for prioritization factors identified in category 1 of the Youth Assessment, then category 2, and so on. To ensure that vacancies are promptly filled, the CES Management Team may, at their discretion, issue multiple referrals to one vacancy; however, the CES Management Team must indicate the order of priority to the referring partner so that vacancy is filled with the most vulnerable eligible applicant. A referral will be issued to the *CES Assessor*, *Primary Worker*, and *Receiving Program* and should be retained in the Receiving Program's HMIS Project (or comparable database) to document compliance with CES. The referral decision will include at a minimum:

- Referral date;
- Head of household's HMIS number and other identifying information if necessary;
- *CES Assessor* contact information;
- *Primary Worker* contact information;
- Contact information for the project to which the household was referred;
- 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 timeframe under which the appeal should be submitted.

The *CES Assessor* and any other service provider may not refer a household to CoC and CHF (including ESG) funded shelter or housing projects without a *Referral Decision* from the CES Management Team indicating eligibility and referral to that project. CoC and CHF—(including ESG) funded Permanent Supportive Housing, CoC and CHF (including ESG) funded Rapid Re-Housing, and CHF Emergency Shelter Programs may not admit any household except those that have been found eligible and referred by the CES Management Team.

All referrals must occur within HMIS and be approved by the *CES Lead Agency*. Any households entered into the provider's beds without a referral linked within HMIS from the *CES Lead Agency* is not a valid referral. Referral validity will be assessed through reporting provided by HMIS. Providers not receiving 100% of their referrals through the *CES Lead Agency* will not be in compliance with the RICoC and CHF (including ESG) funding requirements.

Response to Referral Decisions

Household Notification

The housing provider must make assertive ongoing efforts (documented in Clarity) to contact the CES Assessor/Primary Worker to coordinate intake appointments, eligibility review, etc. If neither can be contacted, the housing provider must attempt to contact the client directly.

The *CES Assessor/Primary Worker* must make assertive, ongoing efforts (documented in Clarity) to notify the household of the Referral Decision and intake appointment, if applicable. Once the *CES Assessor* has made contact with the Primary Worker, that primary 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* 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

In instances in which the *CES Lead Agency* 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 *CES Lead Agency* for a vacant bed must hold that vacancy on behalf of the referred homeless household for 24 hours. Emergency Shelters must make contact with the referred household within 24 hours. If the client is not ready/willing/able to present to the shelter within 24 hours of initial contact, the Emergency Shelter needs to document this in HMIS, reopen the bed in Clarity, and contact CES for a new referral. Emergency Shelters may only decline households found eligible for and referred by the *CES Lead Agency* under limited circumstances, such as there is no actual vacancy available, the household presents with more people than referred by the *CES Lead Agency*, the household does not present within the timeframe to accept the vacancy, 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 *CES Lead Agency*, 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 the original household referred by the *CES Lead Agency* presents at the shelter after 24 hours the Emergency Shelter Program should refer the client back to the *CES Lead Agency*, *Primary Worker*, or *Street Outreach Worker*. Emergency services funded by CoC, CHF, and ESG programs are accessible independent of the operating hours of the *CES Lead Agency* and in accordance with individual project operations. Emergency service providers will refer households to the *CES Lead Agency*, *Primary Worker*, or *Street Outreach Worker* 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 *CES Lead Agency*, 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 *CES Lead Agency*, except as noted in this manual under Process for Referrals to and from other Systems not using HMIS.

Coordinated Entry Housing Placement Referrals

In June 2020, the CoC Board voted in favor of Rhode Island Coordinated Entry System's shift towards a low barrier prioritization model which is reflective of the Housing First Model. For this reason, Coordinated Entry only requires completion of a Housing Assessment when considering clients eligible

for Coordinated Entry housing opportunities (see exception noted under *Process for Referral to and from other Systems not using HMIS*). Primary Workers are still encouraged to assist their clients with obtaining vital documentation in order to expedite the referral process if and when a referral is made to an agency which requires additional documentation for admission.

The Coordinated Entry System requires all CoC, CHF, and ESG funded HMIS-participating service providers to report and fill their housing vacancies via the Coordinated Entry System. As soon as a provider is aware of a vacant unit or available rental assistance funding, the provider must request a referral. All agencies participating in HMIS must report their vacancy which includes all information pertaining to the opening directly in HMIS.

The CES Lead Agency will match the highest priority candidate who meets all eligibility requirements by referring the selected client within HMIS to the requesting Housing Sponsor. The Housing Sponsor is required to review the referral and select “Pending in Process” while proceeding to seek additional information regarding the referral from either the CES Assessor/Primary Worker, or the referred client within 2-3 business days. Updates regarding the status of the referral should be noted throughout the screening process directly in the referral notes within Clarity.

Once the Housing Sponsor has initiated contact regarding the referred household, Primary Workers are responsible for submitting all required documentation requested by the Housing Sponsor within 5 business days, unless another timeframe has been agreed upon between the Housing Sponsor and Primary Worker. If the Housing Sponsor denies the referral, a written decision and appeal must be provided to the applicant and an accurate denial reason that adheres to funding-source requirements (i.e. Housing First, Equal Access, etc.) must be documented in HMIS. The Primary Worker or client will be responsible for pursuing the appeal within the timeframe required by the appropriate grievance and/or appeal process. COC/CHF Grievances may be directed to the Grievance committee by contacting Jose Baez. All follow up documentation including but not limited to move in dates, denials and appeal must be documented in HMIS as applicable.

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

CoC and CHF (including ESG) Rapid Rehousing and Permanent Supportive Housing Programs

Homeless Housing Programs receiving referrals from the *Statewide CES Housing Prioritization and Referral Manager* will receive notice of-the *Referral Decision. Receiving Programs*, in coordination with the *Primary Worker* and the household, should schedule an intake appointment within 3 business days and should hold the vacancy until the intake appointment is concluded. Households who have missed three appointments with supporting documentation uploaded in HMIS, and who later present at or call the *Receiving Program*, should be referred back to the *Housing Queue* 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 review the application within 2-3 business days to make an intake determination or request additional documentation that is needed to determine eligibility. Receiving Programs must update the referral status in HMIS to read as “Pending In Process.” 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 CES Management Team under limited circumstances, such as there is no actual vacancy available, the household missed three intake appointments with supporting documentation in HMIS, 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 household is accepted, the *Receiving Program* must document that acceptance in HMIS. Additionally, *Receiving Programs* operating Permanent Supportive Housing must arrange for move-in within 3 business days or as soon as the unit is habitable. If the household referred by the *Statewide CES Housing Prioritization and Referral Manager* has not presented at the *Receiving Program* within 3 business days from the intake appointment the *Receiving Program* must notify the CES Lead Agency and document the no show in HMIS.

Receiving Programs may request a subsidy be revoked if the household is not ready/willing/able to utilize the assigned subsidy after 10 days of the referral decision, and after three failed intake appointments which must be documented in HMIS. Households who are engaged in the unit identification process will not have their subsidy revoked due to the *Housing Sponsor* or household's inability to locate a unit. It is the *Receiving Programs* responsibility to recommend the revocation of the subsidy to the Statewide Coordinated Entry Manager. When a subsidy is revoked, the household will be placed back on the Coordinated Entry Housing Queue and will be referred to a new subsidy based on acuity and *Housing Priorities*.

Receiving Programs may request a household be transferred out of their housing program if the client's needs cannot be met within the program. This may include transfers from RRH to PSH if the client met the definition of Chronically Homeless prior to entry into RRH. In the event of an eviction for cause and to avoid program termination, every attempt should be made to rehouse or transfer the household. *Receiving Programs* should inform the *Statewide CES Housing Prioritization and Referral Manager* immediately upon notice of eviction. If the *Receiving Program* is able to accommodate a transfer internally, the *Housing Sponsor* is responsible for communicating this transfer to the *Statewide CES Housing Prioritization and Referral Manager* for record-keeping purposes. If the *Receiving Program* is unable to transfer the client within the same housing program but is able to identify another program within the *Receiving Program's* portfolio which better suits the client but has a different funding source from the original housing program, then the *Housing Sponsor* is responsible for requesting a transfer through the *Statewide CES Housing Prioritization and Referral Manager*. If and when approved, the transfer will be recorded as a new referral made through the Coordinated Entry System. If the *Receiving Program* is not able to accommodate the transfer internally, the household should be referred to the *Statewide CES Housing Prioritization and Referral Manager* to be placed back on the waitlist and prioritized to a new housing opportunity.

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 orally review the intake decision notification with the household, to support the household's understanding of the decision, and the 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 *CES Management Team* 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 the household is denied for a reason that can be reasonably assumed to impact admission to any/all housing programs (i.e. immigration status, criminal history, etc.). The *CES Management Team* will determine which parties will attend the case conference, which may include but are not limited to the *CES Assessor*, the *CES Lead Agency*, the *Receiving Program(s)*, the Funding Agency, the household, the *Primary Worker*, and others as necessary. The *CES Lead Agency* will make logistical arrangements for the case conference, including but not limited to notifying all parties.

If a household is denied a housing referral for a reason determined by the *CES Management Team* to not align with Housing First principles, the *Statewide CES Housing Prioritization and Referral Manager* will contact the housing provider to ask for additional explanation regarding the denial and/or request reconsideration. If the housing provider refuses to reverse the denial despite the decision being in violation of Housing First, no new household will be referred to the provider for the identified opening until a case conference with the provider, funding agency, and *CES Management Team* is held to ensure expectations regarding Housing First compliance are clear and its implications relative to service provision are understood.

Eligibility Determination Appeals Process

All households shall have the right to appeal determinations issued by either the *CES Management Team* or any *Receiving Program* via the *RICOC's Grievance Committee*. The *CES Assessor*, *Primary Workers*, and *Street Outreach 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 *CES Lead Agency* 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 *CES Management Team* 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 *CES Assessor*, *Primary Worker*, *Street Outreach Worker*, *Statewide Coordinated Entry Manager*, and household.

In a case in which an appeal is successful but the housing program no longer has availability, the client will be prioritized for the next available opening in any program for which they are eligible.

Quality Control

The *CES Lead Agency* will be responsible for monitoring denials, 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

Non-Participating Agencies

The *Rhode Island Statewide Continuum of Care* encourages all projects serving people experiencing homelessness, except those not required to participate under domestic violence provisions, to participate in HMIS; however, all projects, regardless of HMIS participation status, are encouraged to engage with the *Statewide Coordinated Entry System*. To enable non-HMIS participating projects to use the *Statewide Coordinated Entry System*, the *CES Lead Agency* 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 and fillable 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 *CES Assessor* 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 *CES Assessor* and will be uploaded to HMIS by the *CES Lead Agency* or a *CES Assessor*. HMIS participating projects are required to complete and access all *Statewide Coordinated Entry System* assessment forms and other materials in HMIS.

Victim Service Providers

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 a *CES Assessor* to be in need of domestic violence services, that household will be offered a referral 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 access to the *Statewide Coordinated Entry System* as funding permits, in accordance with all protocols described in this manual. If the Domestic Violence 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 *CES Assessor* 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 and CHF (including 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 and CHF (including ESG) funded Programs, and/or HMIS Data Standards. The *CES Assessor* staff, and *Primary 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 that 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*.

Victim Service Provider agencies often have different requirements for confidentiality and document collection and retention. Because of the various laws and funding sources, like VAWA, VOCA and FVPS, domestic violence providers will approach the Coordinated Entry System differently.

For Shelter Admission - Each Individual Shelter will screen the individual and arrange shelter admission for each individual program.

For Housing Placement - When a client or household arrives at a DV shelter or connects with outreach staff, DV staff will administer the Coordinated Entry Housing Assessment. Each DV Agency will assign a confidential DV number for de-identification purposes. The *DV Primary Worker* will be responsible for obtaining a release of information which will be shared with the *CES Lead Agency*. When the Coordinated Entry Housing Assessment has been completed, the *DV Primary Worker* will then record requested information on a shared and de-identified spreadsheet provided by the CES Lead Agency. Information requested includes but is not limited to: Housing Assessment score, housing preferences, current living situation, etc. The Statewide CES Housing Prioritization and Referral Manager will refer to shared spreadsheets when identifying priority candidates for housing matches. Once a housing match has been made, the CES Lead Agency will coordinate with the *DV Primary Worker* and the Receiving Program to proceed with the housing referral. When communicating with the Receiving Program, the Statewide CES Housing Prioritization and Referral Manager will share the DV number associated with the referred client, and any other necessary de-identified information in order to complete the matchmaking process. The *DV Primary Worker* will then be responsible for obtaining the necessary releases of information in order to submit any required identifiable information or documentation to the Receiving Program.

Referring Domestic Violence Survivors to HMIS-Participating Agencies

In the instance that a client associated with a DV number has been identified as the priority candidate for a housing opportunity associated with an HMIS-participating agency, a hybrid referral process will take place. The Statewide CES Housing Prioritization and Referral Manager will be responsible for communicating with the Receiving Program in HMIS by providing any necessary de-identified information pertaining to the referred client (including but not limited to: DV number, Housing Assessment score, responsible *DV Primary Worker*, etc.). The Receiving Program will select an option in HMIS, denoting that the referral was externally completed. Email notification will be utilized to connect the DV Primary Worker with the Receiving Program in order to proceed with the referral. The Statewide CES Housing Prioritization and Referral Manager will be responsible for maintaining a spreadsheet tracking the client referred. The Housing Sponsor will be responsible for tracking the status of the referral and communicating directly with the DV Primary Worker and Coordinated Entry System Accountability Analyst when needed. The Housing Sponsor will also hold responsibility for reporting pertinent information to the process in HMIS, if and when applicable.

Process of Referrals to Domestic Violence Housing Providers

Domestic Violence Service Providers which are required to fill housing vacancies through CES must communicate openings within their housing program to the Statewide CES Housing Prioritization and Referral Manager. Vacancies must be reported through email and provide all necessary information pertaining to the opening including any eligibility criteria of the program. The Statewide CES Housing Prioritization and Referral Manager is responsible for maintaining a shared document with the DV Housing Sponsor which includes all clients referred to the respective agency's housing program(s). Once the Statewide CES Housing Prioritization and Referral Manager has matched the highest priority candidate to the opening, an official referral will be made through email providing the Housing Sponsor with the client's HMIS Unique Identifier or DV number, Housing Assessment Score, and responsible Primary Worker. The Housing Sponsor is responsible for continuously providing updates on the shared spreadsheet pertaining to the status of housing referrals made.

New Lease Referrals

New Lease Referral Placement Requests

As vacancies become available within New Lease properties, RI Property Managers contact the Deputy Director of New Lease to report unit details and request eligible applicants with a deadline. The Deputy Director of New Lease will email the CES Lead Agency providing the Property Application, details of the vacancy and deadline for application submission. A request will be made for a Prioritization List of the top three priority candidates who have expressed interest in the housing property associated with the vacancy.

The Prioritization List will be chronologically composed based on priority, meaning the client listed first will be considered the highest priority candidate and will be screened for the immediate opening. The preceding two clients listed on the Prioritization List will complete the property application for the opening with the same deadline, and will be referred chronologically in the instance that a replacement referral is needed for the immediate opening. These clients will remain on the Prioritization List and will be considered as upcoming vacancies become available at the property which they were referred to. These clients will also remain on the *Coordinated Entry Housing Queue*.

The Statewide CES Housing Prioritization and Referral Manager will utilize the *New Lease Housing Queue* to determine the highest priority candidates for the vacancy to develop the Prioritization List. An official referral email will be sent to the Deputy Director and associated Primary Workers to provide the Property Application and deadline of submission and all necessary documentation to the Deputy Director of New Lease. Primary Workers are responsible for providing the Deputy Director with the application along with all required documentation within three business days, unless another time frame is required by the RI Property Manager.

New Lease Eligibility

Vacancies within New Lease Development properties require a 3-day (or less) turnaround when submitting applications. For this reason, the Primary Worker must obtain additional client documentation aside from completion of the Housing Assessment to be considered. The list includes;

- Income Verification (within 90 days)
- Photo ID (for all adults)

- Social Security Cards (for all household members)
- Birth Certificates (for all household members)
- BCI

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 project requirements that are inconsistent with their needs or preferences. There is no limitation on this option. For example, consumers may decline participation in projects located in a city or town they do not wish to live in.

The *Receiving Program* must indicate reason for household rejections when issuing an intake decision (see Receiving Program Response to Referral Decisions). The *CES Management Team* 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 *CES Management Team* will determine which parties will attend the case conference, which may include but is not limited to the *CES Assessor*, the CES Lead Agency, the *Receiving Program*, the Funding Agency, the Household, and other Collateral Contacts as determined necessary. The *CES Lead Agency* will make all logistical arrangements for the case conference, including but not limited to notifying all parties.

Vacancy Reporting

All CoC and CHF (including ESG) Program *Recipients* are required to report vacancies to the *CES Lead Entity* via HMIS. If providers know of an impending vacancy, they are required to report the anticipated availability as soon as they have been made aware of the vacancy. See exceptions to HMIS requirements in this manual under *Process for Referrals to and from other Systems not using HMIS*.

Coordinated Entry System Housing Queue

The *CES Lead Agency* will manage a centralized *Statewide Coordinated Entry System Housing Queue* for housing projects serving households experiencing homelessness. 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 Coordinated Entry Housing Assessment, case conferencing, and Housing Priorities will be considered to determine the housing intervention necessary to resolve homelessness.

Privacy and Security Protections

All elements of the *Statewide Coordinated Entry System* including assessment, prioritization, referral, program entry and exit information, and the *Community Queue* 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 *CES Lead Agency* will accommodate their access, assessment,

prioritization, and referral with the use of case conferencing and one-on-one consultation with the household's *Primary Worker, and Street Outreach Worker* as appropriate.

Clients who do not consent to having their information shared within HMIS will have their profiles marked as "private" within HMIS, restricting visibility to other agencies. In this case, the *CES Assessor* will ensure that all required releases of information are obtained in an effort to provide care coordination with any and all applicable agencies.

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

The *CES Management Team* 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 their homelessness. The purpose of the case conference will be to discuss interventions used to date and resolve barriers to securing permanent housing.

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 *Coordinated Entry Managers* will determine which parties will attend the case conference, including but not limited to the Shelter Provider, the *CES Lead Agency*, the Consolidated Homeless Fund, the Funding Agency, the Household, and other Collateral Contacts as determined necessary. The *CES Lead Agency* 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 ongoing 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, the RICOC anticipates adjustments to the processes described in this manual. To inform those adjustments, the *Statewide Coordinated Entry System* will be evaluated regularly, 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 *CES Lead Agency*. Specifically, the *RICOC Lead Agency, the CES Lead Agency, and the Housing Resources Commission (or other designated authority)* are responsible for:

- Leading periodic evaluation efforts to ensure that the *Statewide Coordinated Entry System* is functioning as intended; such evaluation efforts shall happen regularly 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 support from the *CES Lead Agency 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,
- Data quality

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,
- Reduce inflow, increased outflow

Coordinated Entry Trainings

The *CES Lead Entities* will conduct quarterly training opportunities on the following topics:

- CES 101: An Overview
- Housing Problem Solving
- CES Universal Assessments & Workflow
- Chronic Homeless Documentation
- CES and Victim Service Providers
- Universal Assessments
- Sharing a By Name List
- Chronic Homelessness Documentation

Training will also be made available by the Coalition's virtual Learning Management System (LMS).

Training can be requested by contacting the *CES Lead Agencies* as desired. Training opportunities will be made available to individual organizations as requested or as deemed necessary.