

## Emergency Solutions Grant (ESG)

(i) The State must either include its written standards for providing Emergency Solutions Grant (ESG) assistance or describe its requirements for its subrecipients to establish and implement written standards for providing ESG assistance. The minimum requirements regarding these standards are set forth in 24 CFR 576.400(e)(2) and (e)(3).

(i) Written Standards for providing Emergency Solutions Grant (ESG) assistance:

**24 CFR 576.400(e)(3)(i) Policies for evaluation of individuals' and families' eligibility for assistance.**

Individuals and families who meet HUD's definition of Homeless (as defined by HUD Homelessness Categories 1-4, see Appendix 1) are eligible to receive services through CHF. Generally, these include individuals and families who are:

1. Literally Homeless (living on the street or in emergency shelter)
2. Imminently Homeless (within 14 days)
3. Unaccompanied youth/families who meet other Federal homeless definition (must also meet additional criteria for HUD, similar to 2)
4. Fleeing/attempting to flee Domestic Violence

Household composition includes an individual living alone, family with or without children, or a group of individuals who are living together as one economic unit. In all cases a household must lack sufficient resources and support networks necessary to obtain or retain housing without the provision of CHF assistance in order to be program eligible. The type of CHF assistance for which an eligible household qualifies is determined by their homeless status. Program Participant Eligibility by program type is detailed in the table below:

Program Participant Eligibility by Program Type				
Program	Category 1	Category 2	Category 3	Category 4
Street Outreach	X			
Emergency Shelter	X	X	X	X
Rapid Rehousing	X			X
State Rental Assistance	X			X

Sub-recipients/Contractors are required to participate in and comply with the Continuum of

Care Coordinated Entry Process including utilizing standard COC assessment tools and protocols. The minimum eligibility process will include an initial phone or in person screening to determine whether or not the program participant meets one of HUD's categorical definitions of homeless. Eligibility determinations must be documented in client files and preferably through third-party documentation. Sub recipients may choose to utilize a different intake and assessment system for victims of domestic violence and other crimes where safety is a predominant concern.

Within the activity types eligible under the Consolidated Homeless Fund, there shall be additional participant eligibility criteria and recordkeeping requirements. These requirements are described in the "Recordkeeping" section in this document.

## **24 CFR 576.400(e)(3)(ii) Standards for targeting and providing services related to street outreach.**

### **Purpose**

Street Outreach should be principally focused to one goal: that of supporting persons experiencing homelessness in achieving some form of permanent, sustainable housing. CHF street outreach funds may be used for costs of providing essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

Individuals and families shall be offered the following eligible Street Outreach activities, as needed and appropriate: engagement, case management, emergency health and mental health, transportation services (24 576.101).

### **Target Population**

Providers of Street Outreach services shall target unsheltered homeless individuals and families, meaning those with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

### **Universal Assessment**

All individuals and families served through street outreach programs will be assessed using a comprehensive, universal assessment tool called the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) in order to make an informed and objective decision on the level of need of each family and streamline eligibility determinations.

## HMIS

All CHF funded Street Outreach programs are required to enter clients in the Homeless Management Information System (HMIS) at first contact per the ESG and CoC Interim Rule (24 CFR 576 and 578). This helps to ensure coordination between service providers through the Coordinated Entry System (CES) while avoiding duplication of services and client data, and provides an opportunity to document homelessness.

### Coordinated Entry System

To help ensure homeless households receive immediate housing and minimize barriers to housing access, all individuals and families assessed through street outreach will be entered into RI's Coordinated Entry System (CES) through HMIS. CES is a CoC-wide process for facilitating access for all resources designated for homeless individuals and families. This system ensures that every homeless individual or family is known by name, provides assistance based on the individual or family's unique needs, and matches them to the most appropriate service strategy or housing intervention. In doing so, CES ensures the Pasadena Partnership's limited resources are allocated to achieve the most effective results.

### **24 CFR 576.400(e)(3)(iii) Policies and procedures for admission, diversion, referral and discharge by emergency shelters assisted under ESG, including standards regarding length of stay, if any, and safeguards to meet the safety and shelter needs of special populations.**

From Rhode Island's "Statewide Coordinated Access System for Homeless Services Policies and Procedures Manual"

Persons or families are eligible for emergency shelters if they are literally homeless people who cannot be diverted and with no other safe place to sleep, and are persons who can be safely accommodated in a shelter and do not present danger to themselves or others. Regional preference is given to service families/individuals from local areas.

The following is the intake and assessment system that evaluates the eligibility of persons that enter an emergency shelter, which can ultimately determine if they are eligible to stay in a bed in that shelter:

- **Diversion Assessment** - Any trained staff person may conduct the Diversion Interview and Assessment. If a household presents at or calls any shelter, housing, or other program and requests services to assist with a current or impending episode of homelessness, and that program has trained staff available, that program may serve as an "Assessment Entity", and will administer the Diversion Assessment upon initial contact. If the program does not have trained staff available, the program will immediately refer the household to an Assessment Entity or the Coordinating Entity and that entity will conduct or arrange the Diversion Assessment and Shelter Intake, if applicable, in person or by phone. The Assessment Entity will submit the Diversion Interview and Assessment Form and Shelter Intake Form, if applicable the Coordinating Entity.
- **Eligibility and Referral Notifications** - The Coordinating Entity will review the

Diversion Interview and Assessment Form and Shelter Intake Form, if applicable, and issue an Eligibility Decision and Referral Notification indicating for which services the applicant household is eligible and making a referral for indicated services. To ensure immediate access to emergency shelter, Assessment Entities may make direct referrals to Emergency Shelter, and Emergency Shelter programs may admit clients they determine eligible, if the client presents outside of the normal operating hours of the Coordinating Entity. In all other cases, all Emergency Shelter, Program Shelter, Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing programs may only accept referrals made by the Coordinating Entity or Universal Waitlist Committee.

- Next Step Assessments and Family SPDAT or VI -SPDAT- Next Step Assessments and the Family SPDAT or VI-SPDAT will be used to determine the intervention necessary to resolve homelessness for any household that remains literally homeless. The intervals at which Next Step Assessments/relevant SPDAT will occur will be dependent upon the location of the household as defined in this manual. Next Step Assessments will continue to occur at the specified interval, until the household is placed in permanent housing or otherwise resolves their homelessness.
- Program Admissions – All programs receiving referrals from the Coordinating Entity (i.e. “Receiving Programs”) will make a determination about whether or not the referred household can be accommodated based on the protocols defined in this manual. In instances in which the Receiving Program determines that they cannot accommodate a referred household, the Receiving Program will document the reason and refer the client back to the Coordinating Entity, and the Coordinating Entity will review the determination and issue another referral or schedule a case conference.
- Case Conferences - The Coordinating Entity 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 client receiving the indicated level of service. The Coordinating Entity will also, at their discretion, require a case conference to review and determine next steps when a homeless individual or family residing in shelter or transitional housing refuses to engage in a housing plan or otherwise take steps to resolve his/her/their homelessness. The purpose of the case conference will be to discuss interventions used to date and resolve barriers to securing permanent housing.
- Transitional Housing Programs range in their length of stay averages from 4 to 8 months.

**24 CFR 576.400(e)(3)(iv) Policies and procedures for assessing, prioritizing, and reassessing individuals’ and families’ needs for essential services related to emergency shelter:**

Essential Service Activities serve homeless individuals /families (according to HUD’s definition, 24 CFR 576.2). Households/persons served by these programs must lack a fixed, regular, and adequate nighttime residence, are unable to be served by other housing

programs or resources. CHF Providers shall exhaust all available options for diversion.

The Consolidated Homeless Fund Policies and Procedures Manual makes essential services available to homeless families or households only if the prior living location is determined to be one of the following: Street, Emergency Shelter, Motel (paid by non-profit), Domestic Violence Safe Home or Fleeing Domestic Violence. See Page 11 of CHF Policies and Procedures Manual to see the eligible prior living locations for all CHF programs.

- Essential services shall address the immediate needs of the homeless, helping them to become more independent and secure permanent housing.
- Essential services for homeless persons may also be operated in or provided by shelters, day centers, or meal sites that are designed to serve predominantly homeless persons.

The provision of essential services related excludes the following items:

- Any cost not directly associated with the supported activity.
- Advocacy, planning, and organizational capacity building
- Staff recruitment/training
- Any activities not detailed in the following pages are assumed to be

ineligible. Description of Essential Service Activities:

- Case Management - The cost of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant is eligible.
- Child Care - The costs of child care for program participants, including providing meals and snacks, and comprehensive and coordinated sets of appropriate developmental activities, are eligible. The children must be under the age of 13, unless they are disabled. Disabled children must be under the age of 18. The child-care center must be licensed by the jurisdiction in which it operates in order for its costs to be eligible.
- Education Services - When necessary for the program participant to obtain and maintain housing, the costs of improving knowledge and basic educational skills are eligible. Services include instruction or training in consumer education, health education, substance abuse prevention, literacy, English as a Second Language, and General Educational Development (GED).
- Emergency Health Services (Street Outreach ONLY) – Eligible costs are for the direct outpatient treatment of medical conditions and are provided by licensed medical

professionals operating in community based settings, including streets, parks, and other places where unsheltered homeless people are living. Funds may be used only for these services to the extent that other appropriate health services are inaccessible or unavailable within the area.

- Employment Assistance and Job Training – The costs of employment assistance and job training programs are eligible, including classroom, online, and/or computer instruction; on the job instruction; and services that assist individuals in securing employment, acquiring learning skills, and/or increasing earning potential. The cost of providing reasonable stipends to program participants in employment assistance and job training programs is an eligible cost. Learning skills include those skills that can be used to secure and retain a job, including the acquisition of vocational licenses and/or certificates.

Services that assist individuals in securing employment consist of employment screening, assessment, or testing; structured job skills and job-seeking skills; special training and tutoring, including literacy training and prevocational training; books and instructional material; counseling or job coaching; and referral to community resources.

- Street Outreach and Engagement – The costs of activities to locate, identify, and build relationships with unsheltered homeless people and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs.

These activities consist of making an initial assessment of needs and eligibility; providing crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; and actively connecting and providing information and referrals to programs targeted to homeless people and mainstream social services and housing programs, including emergency shelter, transitional housing, community-based services, permanent supportive housing, and rapid re-housing programs. Eligible costs include the cell phone costs of outreach workers during the performance of these activities.

All providers funded under the Street Outreach activity will provide services to any unsheltered persons that desire to be engaged and provided services. When able, outreach workers shall target services and resources to those with perceived mental and/or physical health issues, so as to improve their access to resources that will improve the clients' safety and wellbeing.

- Legal Services – Eligible costs are the hourly fees for legal advice and representation by attorneys licensed and in good standing with the bar association of the State in which the services are provided, and by person(s) under the supervision of the licensed attorney, regarding matters that interfere with the program participant's ability to obtain and retain housing. Funds may be used only for these services to the extent that other appropriate legal services are unavailable or inaccessible within the community.

- Life Skills Training – The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance use, and homelessness are eligible costs. These services must be necessary to assist the program participant to function independently in the community. Component life skills training are budgeting resources, managing money, managing a household, resolving conflict, shopping for food and needed items, improving nutrition, using public transportation, and parenting.
- Mental Health Services – Eligible costs are the direct outpatient treatment by licensed professionals of mental health conditions. Funds may only be used for these services to the extent that other appropriate mental health services are unavailable or inaccessible within the community. Mental health services are the application of therapeutic processes to personal, family, situational, or occupational problems in order to bring about positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include family and marital relationships, parent-child problems, or symptom management. Eligible treatment consists of crisis interventions; individual, family, or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.
- Outpatient Health Services – Eligible costs are for the direct outpatient treatment of medical conditions and are provided by licensed medical professionals. Funds may be used only for these services to the extent that other appropriate health services are unavailable within the community.
- Substance Abuse Treatment Services – Eligible substance abuse treatment services are designed to prevent, reduce, eliminate, or deter relapse of substance abuse or addictive behaviors and are provided by licensed or certified professionals. Funds may only be used for these services to the extent that other appropriate substance abuse treatment services are unavailable or inaccessible within the community.

Eligible treatment consists of client intake and assessment, and outpatient treatment for up to 30 days. Group and individual counseling and drug testing are eligible costs. Inpatient detoxification and other inpatient drug or alcohol treatment are not eligible costs.

- Transportation – Eligible costs consist of the transportation costs of a program participant's travel to and from medical care, employment, child care, or other eligible essential services facilities.

#### **24 CFR 576.400(e)(3)(v) Policies and procedures for coordination among providers.**

The following is a list of responsibilities per provider, as outlined in the Coordinated Access System's Policies and Procedures Manual.

211 Call Centers - When 211 receives a call from someone experiencing a current or impending housing crisis, they provide referral services as per their usual protocols. If those services are determined by 211 to be inadequate to address an immediate or long-term housing need, and the caller is currently homeless or at-risk of homelessness, 211 will refer the caller to the closest Assessment Entity.

Assessment Entity – Any staff person at a human services agency who has completed the required assessment training may conduct the Diversion Interview and Assessment, the Shelter Intake, Next Step Assessment, and/or the VI or F-SPDATs. Any staff person at a human services agency who, on behalf of a homeless or at-risk household, submits to the Coordinating Entity one or more of the aforementioned forms carries the responsibilities of an Assessment Entity as described in this manual, including but not limited to:

- Submission of assessment forms to the Coordinating Entity
- Responding to requests by the Coordinating Entity for clarifying information
- Client notification of Eligibility and Referral Decisions
- Participation in case conferences
- Assisting clients in filing appeals

Coordinating Entity - The vendor selected to serve as the Coordinating Entity is responsible for the day-to-day administration of the Statewide Coordinated Access System, including but not limited to:

- Creating and widely disseminating outreach materials to ensure that information about the services available through the Statewide Coordinated Access System and how to access those services is readily available and easily accessible to the public
- Designing and delivering training at least annually to all key stakeholder organizations, including but not limited to the required training for Assessment Entities
- Maintaining and ensuring accessibility of a current list of all Assessment Entities across the state
- Ensuring the HMIS collects needed data for monitoring and tracking the process of referrals including vacancy reporting and completion of assessments
- Reviewing Diversion Assessments and issuing Eligibility Decision and Referral Notifications in compliance with the protocols described in this manual
- Managing case conferences to review and resolve rejection decisions by receiving programs and refusals by clients residing in emergency and transitional housing to engage in



a housing plan in compliance with the protocols described in this manual

- Managing an eligibility determination appeals process in compliance with the protocols described in this manual
- Managing a centralized waitlist for emergency shelter, program shelter, transitional housing and rapid re-housing in compliance with the protocols described in this manual
- Managing manual processes as necessary to enable participation in the Statewide Coordinated Access System by Providers not participating in HMIS
- Designing and executing ongoing quality control activities to ensure clarity, transparency, consistency and accountability for homeless clients, referral sources and homeless service providers throughout the coordinated access process.

As determined necessary by the State of RI Housing Resources Commission and the Rhode Island Statewide CoC Lead Agency, providing the supports necessary to:

- Periodically evaluate efforts to ensure that the Statewide Coordinated Access System is functioning as intended
- Make periodic adjustments to the Statewide Coordinated Access System as determined necessary
- Ensure that evaluation and adjustment processes are informed by a broad and representative group of stakeholders
- Update policies and procedures

Receiving Program - All Emergency Shelter, Program Shelter, Transitional Housing, Rapid Re-housing, and Permanent Supportive Housing programs are Receiving Programs and are responsible for reporting vacancies to the Coordinating Entity in compliance with the protocols described in this manual. All programs that receive a referral from the Coordinating Entity or Universal Waitlist Committee are responsible for responding to that Eligibility and Referral Decision and participating in case conference, in compliance with the protocols described in this manual. In addition, any Emergency Shelter program that admits a client who presents for services outside of the Coordinating Entity's hours of operation is responsible for compliance with the protocols described in this manual.

Rhode Island Statewide Continuum of Care (CoC) Lead Agency - The CoC Lead agency, in conjunction with the Housing Resources Commission, is responsible for oversight of the Statewide Coordinated Access System, including but not limited to:

- Issuing RFPs and selecting and contracting the Coordinating Entity vendor
- Monitoring vendor compliance with contractual obligations

- Leading periodic evaluation efforts to ensure that the Statewide Coordinated Access System is functioning as intended
- Leading efforts to make periodic adjustments to the Statewide Coordinated Access 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 Access System complies with all state and federal statutory and regulatory requirements.

Universal Waitlist Committee - Based on referrals received from the Coordinating Entity, and in compliance with the protocols described in this manual, the Universal Waitlist Committee will manage the wait list for Permanent Supportive Housing programs.

Primary Worker – The staff person indicated on the Diversion Interview and Assessment Form as having primary case management responsibility for the applicant household is the Primary Worker. The Primary Worker may be, for example, a street outreach worker, a shelter/transitional/rapid re- housing case manager, a mental health/medical case manager, or any other staff person responsible for providing care coordination services for the applicant. The Primary Worker will receive all Eligibility Decision and Referral Notifications from the Coordinating Entity and is responsible for:

- Making assertive efforts to notify the client of the eligibility and referral decision
- Obtaining clarifying information as necessary
- Ensuring that the client understands the decision and applicable next steps, including the client's right to appeal the decision
- Providing assistance to the client to participate in any scheduled intake appointments.
- Assisting clients in filing appeals

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

State of RI Housing Resources Commission - As the administrator of the Consolidated Homeless Fund, the Housing Resources Commission in conjunction with the Rhode Island Statewide Continuum of Care Lead Agency is responsible for oversight of the Statewide Coordinated Access System, including but not limited to:

- Issuing RFPs and selecting and contracting the Coordinating Entity vendor

- Monitoring vendor compliance with contractual obligations
- Leading periodic evaluation efforts to ensure that the Statewide Coordinated Access System is functioning as intended
- Leading efforts to make periodic adjustments to the Statewide Coordinated Access 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 Access System complies with all state and federal statutory and regulatory requirements.

Standard (v) also requires coordination with mainstream services and housing providers for which ESG-funded activities must be coordinated and integrated to the maximum extent possible. The Program Type descriptions on pages 36 thru 46 of the Consolidated Home Fund Policies and Procedures Manual outlines how each program, as part of intake and triage, attempt to provide households and individuals that use emergency shelters with services that match them, if possible, with other mainstream and targeted homeless services.

**24 CFR 576.400(e)(3)(vi) Policies and procedures for determining and prioritizing which eligible families and individual will receive homelessness prevention assistance and which eligible families and individuals will receive rapid re-housing assistance.**

Model Eligibility/Entry Requirements -

Priority Populations for Service – used to establish admission priorities relative to other eligible applicants

All Program Models: No additional eligibility requirements can be applied beyond those required by funders or established as a Coordinated Access policy.

All eligibility requirements stipulated by funders will apply.

Permanent Supportive Housing: Must meet HUD definition of literally homeless (category 1) or have met that definition prior to entering transitional or other CoC assisted housing; Must include at least one family member with disabilities; If a designated Chronically Homeless bed, must meet HUD chronic homeless definition; Rhode Island resident for at least 6 months; Persons and heads of families who have been homeless (sheltered or unsheltered) for the longest period of time based on HMIS entry data

Persons and families with members that have high VI-SPDAT

scores Rapid Re-Housing must meet HUD's definitions of:

- Literally homeless (Category 1) (all CoC funded projects)
- Fleeing domestic abuse or violence (Category 4)
- Income below 30% of AMI
- Rhode Island resident for at least 6 months
- Newly and first time homeless individuals and families
- Households who are eligible for PSH but literally homeless and awaiting PSH placement

#### **24 CFR 576.400(e)(3)(vii-ix) Financial Assistance policies and procedures**

The Rapid Rehousing/Rental Assistance Program (RRH/RA) is intended to serve persons who are living in a Shelter (or on the street) or would enter a shelter BUT FOR THIS ASSISTANCE. Households eligible for Rapid Rehousing/Rental Assistance-funded financial assistance and/or services may be individuals and/or families. They MUST meet all of the following criteria:

- Shelter/Street Homeless - Homeless as defined by HUD (ONLY Category 1 & 4)

1. Literally Homeless

4. Fleeing/attempting to flee Domestic Violence (Only living in Safe Home, Shelter, or Place not meant for Human Habitation)

AND

- Resources: Household MUST have no other existing housing options, financial resources, or other support networks identified to avoid entering or prevent leaving shelter. (Clients that are deemed eligible under RRH/RA can retain \$1,000 in cash assets and one vehicle per adult household member (not to exceed more than two vehicles total per household).

- Sustainability: Clients must be likely to sustain housing once assistance ends. There is no minimum income requirement to enter the program and clients may receive longer periods of assistance (up to 24 months) to help build stability and independence.

- Intensive Case Management: No household can receive (or continue to receive) any assistance related to RRH/RA funds unless they have been assessed by an RRH/RA case manager and are receiving intensive case management (minimum of 2 visits a month, with at least one each month in the household's residence once housed).

- Housing Stabilization Plan: No household can receive (or continue to receive) any assistance related to RRH/RA funds unless they have created (and are abiding by) a Housing Stabilization Plan with their RRH/RA case manager or other authorized representative.

Financial Counseling: The CHF suggests that households receiving state rental assistance and/or Rapid Rehousing receive Financial Counseling to ensure long-term success in their supported units.

If all criteria are met, then the following financial assistance is available:

Financial Assistance: Limited to short-term rental assistance, medium-term rental assistance, security deposits, utility deposits, utility payments, and moving cost assistance.

- Short-term rental assistance (3 months)
- Medium-term rental assistance (4 to 24 months)
- Security deposits

Reasonable moving cost assistance (CHF providers should consult with their CHF program representative to ensure that this requirement is met).

- Staffing and operating costs associated with implementing eligible financial assistance activities

Monthly rental assistance maximum will be based on that fiscal year's fair market rent, as measured by HUD. A clause about rent reasonableness also exists: Rent Reasonableness: Agencies MUST ensure that State Rental Assistance/RRH funds used for rental assistance do not exceed the actual rental cost, which must be in compliance with HUD's standard of "rent reasonableness." "Rent reasonableness" means that the total rent charged, including utilities, for a unit must be reasonable in relation to the rents being charged during the same time period for comparable units in the private unassisted market and must not be in excess of rents being charged by the owner during the same time period for comparable non-luxury unassisted units.

**91.320(k)(3)(ii) For each area of the State in which a Continuum of Care has established a centralized or coordinated assessment system that meets HUD requirements, the State must describe that centralized or coordinated assessment system. The requirements for using a centralized or coordinated assessment system, including the exception for victim service providers, are set forth under 24 CFR 576.400(d).**

Under the requirements of the HEARTH Act, the Rhode Island Continuum of Care (RI CoC) is required to implement a centralized or coordinated assessment system. Coordinated assessment is a powerful tool designed to ensure that homeless persons are matched, as quickly as possible, with the intervention that will most efficiently and effectively end their homelessness. The vendor selected to serve as the Coordinating Entity will be responsible for day-to-day administration, including: ensuring that information about how to access services is easily accessible to the public; training all key stakeholders; ensuring the HMIS collects needed data; reviewing assessments and issuing eligibility and referral decisions; managing case conferences, eligibility determination appeals, a centralized waitlist, and manual processes to enable participation in the by providers not participating in HMIS; and designing and executing ongoing quality control strategies. The following overview provides a brief description of the path a homeless person would follow from an initial request for services through permanent housing placement and roles and expectations of the key

partner organizations. A complete description is contained in the detailed Policies and Procedures for the Statewide Coordinated Access System.

- o Initial Request for Services - Households in need of services to resolve a housing crisis may initiate a request through the 211 Call Center or any Assessment Entity.
- o ASSESSMENT ENTITY – Any human services agency with a staff trained to complete the required assessments, may submit assessments to the Coordinating Entity on clients’ behalf.
- o Diversion Assessment – The assessment explores possible housing options to avoid shelter entry and assesses the type of intervention that is most appropriate to meet a household’s housing needs. It is required prior to shelter admission and submitted to the Coordinating Entity.
- o Shelter intake - If a household cannot be diverted from homelessness, the Shelter Intake assesses basic needs and captures HMIS required data elements. It is required for all shelter admissions and submitted to the Coordinating Entity. All clients placed in Emergency Shelters, with the exception of Emergency Winter Shelter, will retain their bed assignments until they exit shelter either through a planned placement or through arrangements made on their own
- o Eligibility and Referral Notifications - The Coordinating Entity reviews assessment forms and issues decisions indicating the services the applicant household is eligible for and making a referral for the indicated services.
- o Primary worker - The staff person indicated on the Diversion Assessment as having primary case management responsibility for the applicant household (e.g., a street outreach worker, a shelter/transitional/rapid re- housing case manager, a mental health/medical case manager) receives all Eligibility Decision and Referral Notifications from the Coordinating Entity and is responsible for: notifying the client, obtaining clarifying information, ensuring that the client understands the decision and next steps, providing assistance to participate in any scheduled appointments and in filing appeals. In cases in which the client has no pre-existing Primary Worker, the Assessment Entity fulfills that responsibility.
- o Vacancy Tracking - The Coordinating Entity will manage a centralized vacancy tracking system for all Emergency Shelter, Program Shelter, Transitional Housing, Rapid Re-housing, and Permanent Supportive Housing programs and will make referrals to appropriate vacant beds when available.
- o Waitlist Management – The Coordinating Entity will manage a centralized waitlist for emergency shelter, transitional housing and rapid re-housing, prioritizing households based on priorities described in the policies and procedures. The Universal Waitlist Committee will manage a centralized wait list for all Permanent Supportive Housing. Households that have been continuously, literally homeless for the longest period of time will be prioritized for permanent supportive housing placement. Scores on the Vulnerability Index will be used as an additional filter to determine waitlist placement.

- o Next Step Assessments and Family SPDAT or VI -SPDAT- Next Step Assessments and the Family SPDAT or VI-SPDAT will be used to determine the intervention necessary to resolve homelessness for any household that remains literally homeless. Next Step Assessments will continue to occur and be submitted to the Coordinating Entity at specified intervals, until the household is placed in permanent housing or otherwise resolves their homelessness.
  
- o Program Admissions –Emergency Shelter programs may admit clients they determine eligible outside of business hours. In all other cases, programs may only accept clients referred via the Statewide Coordinated Access System. Receiving Programs may only decline households under limited circumstances, such as, there is no actual vacancy available, the household presents with more people than referred, or, based on their individual program policies and procedures, the program has determined that the household cannot be safely accommodate. The Coordinating Entity will review the determination and issue another referral or schedule a case conference.
  
- o Case Conferences – When needed, the Coordinating Entity will convene a case conference to resolve barriers to the client receiving the indicated level of service. The Coordinating Entity may also require a case conference to review and determine next steps when a homeless household refuses to engage in a housing plan or otherwise take steps to resolve their homelessness.
  
- o Appeals: All clients shall have the right to appeal eligibility determinations issued by either the Coordinating Entity or any Receiving Program.
  
- o Those experiencing or at risk of domestic violence/abuse When a homeless or at-risk household is identified by 211 or an Assessment Entity to be in need of domestic violence services, that household will be referred to the 24 Hour Domestic Violence Helpline. If the household does not wish to seek or is not able to obtain DV specific services, the household will have full access to the Statewide Coordinated Access System.

#### BOARD DECISIONS

- Require participation in the Coordinated Access System for all Receiving Programs funded by ESG, the RI CoC, Road Home, State Consolidated Homeless Fund, and State Rental Assistance.
  
- Require that participating programs adhere to the Policies and Procedures for the Statewide Coordinated Access System.