

# **Rhode Island Continuum of Care**

## **Statewide Coordinated Entry System for Homeless Services**

### **Policies and Procedures Manual**

Updated July 1, 2021

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## Introduction

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

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

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

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

- (i) Policies and procedures for providing an initial, comprehensive assessment of the needs of households for housing and services;
- (ii) A specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of households who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers;
- (iii) Policies and procedures for evaluating households’ eligibility for assistance;
- (iv) Policies and procedures for determining and prioritizing which eligible households will receive transitional housing assistance;
- (v) Policies and procedures for determining and prioritizing which eligible households will receive rapid rehousing assistance and policies and procedures for determining

what percentage or amount of rent each program household must pay while receiving rapid rehousing assistance;

- (vi) Policies and procedures for determining and prioritizing which eligible households will receive permanent supportive housing assistance.

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

The *Statewide Coordinated Entry System* is designed to:

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

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

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

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

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

Ensure that people who have been homeless the longest and/or are the most vulnerable have priority access to 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), and ESG funded homelessness prevention, diversion, and housing services for families and individuals who are homeless or at risk of homelessness throughout the state of Rhode Island;

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

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

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

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

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

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

The RICOC has centralized its policy and programmatic changes related to the COVID-19 pandemic in one document titled the [COVID-19 Coordinated Entry & HMIS Policies and Procedures Addendum](#). Throughout this document, where the COVID addendum takes precedent, an asterix (\*) is included.

## **Definitions**

Terms used throughout this manual are defined below:

### **Chronically Homeless (HUD Definition at 24 CFR 578.3):**

*(1) An individual who: (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i); and (iii) Can be diagnosed with one or more of the following conditions: substance use disorder,*

*serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;*

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

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

### **Disability (HUD Definition):**

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

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

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

### **Diversion**

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

## **Homelessness Prevention**

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

## **Housing and Shelter priority groups**

*More households need shelter and housing than there are resources available. Due to this, priority groups are utilized in addition to the standard assessments to determine the order in which households will be referred to housing. Examples of priority groups for crisis and housing resources within the Coordinated Entry System are as follows (i) unsheltered households, (ii) longer length of time homeless, (iii) medically compromised households (unable to safely live in shelter), (iv) older households (50 years old+), and (v) households currently residing with their abuser\*.*

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

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

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

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

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

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

## **SPDAT**

*Service Prioritization Decision Assistance Tool (SPDAT) is an evidence-informed case management tool developed by Org Code Consulting and Community Solutions used to assess*

*household acuity and highlight areas in which clinical staff and households may work together to set goals and identify where additional support may be needed. The SPDAT series currently includes the SPDAT, the F-SPDAT for families and the Y-SPDAT for youth.*

### **Rapid Resolution**

Rapid Resolution is a housing intervention that seeks to assist households to maintain their current housing situation or identify an immediate and safe housing alternative to emergency shelter or the streets within their own network of family, friends and social supports.

### **Community Queue**

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

### **Coordinated Entry Assessment**

The Coordinated Entry Assessment is the assessment tool which encompasses both the Crisis and Housing Assessment tools.

### **Crisis Assessment**

The Crisis Assessment is the standardized assessment tool adopted by the Rhode Island Continuum of Care which prioritizes households for shelter placement.

### **Housing Assessment**

The Housing Assessment is the standardized assessment tool adopted by the Rhode Island Continuum of Care which prioritizes households for housing placement.

## System Overview

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

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

- **Initial Request for Services –** Households in need may initiate a request for services in person, by phone or via email through any of the following:
  - By calling (401) 277-4316, M-F 9am-9pm or 2pm-9pm, weekends and holidays
  - By submitting your information via webform <https://ri.hmis.cc/>
  - Regional Assessment Entity
  - Supportive Housing case managers and Street outreach workers

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

- **Coordinated Entry Assessment –** Any staff person utilizing HMIS or a comparable database may be trained to conduct the Coordinated Assessment. If a household presents at or calls any shelter, housing, or other project and requests services to assist with a current or impending episode of homelessness, and that project has trained staff available, that project may serve as a “Regional Assessment Entity”, and can administer the Coordinated Entry Assessment upon initial contact. If the project does not have trained staff available, the project will refer the client to contact the Rhode Island Coalition to End Homelessness via phone or webform. The *Regional Assessment Entity* will use the results of the Coordinated Entry Assessment interview to determine if the household has options other than shelter entry and will only refer the household to shelter when there are no safe and accessible alternatives to entering emergency shelter.
- **Crisis Assessment –** After completion of the Coordinated Entry assessment and only if diversion of the household is not possible, the Crisis Assessment will be used to support determination of the intervention necessary to resolve homelessness and their placement on a 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. case conference to review and determine next steps when a household refuses to answer assessment questions may be required. See the *Privacy and Security Protections* section of this document for more.

- Housing Assessment
- **SPDAT** – Housing and Shelter Providers will administer the full SPDAT at intervals as specified in the Org Code Consulting SPDAT User Manual and/or based on funding requirements. The SPDAT is primarily intended to inform case management. However, the SPDAT is included in this manual because occasionally this tool but may be administered by the regional assessment entities and could be used by the Placement Committee to break ties on VI-SPDAT scores to support determination of priority and/or to adjust placement on the *Statewide Priority List* as necessary or indicated by case conferencing.
- **Statewide Shelter Queue Management** – The Rhode Island Coalition to End Homelessness will manage a centralized Statewide Shelter Queue for COC, CHF, and ESG funded shelter providers, in addition to any other willing shelter programs which voluntarily chose to participate in the Coordinated Entry System. Households will be prioritized for placement based on their Crisis Assessment Score . 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.
- **Coordinated Entry Housing Queue Management** – The *Rhode Island Coalition to End Homelessness* will manage a centralized *Statewide Housing Queue* for COC, CHF, and ESG housing programs, in addition to any other willing housing programs which voluntarily chose 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.
- **Coordinated Entry Shelter & Housing - Eligibility Referral, Vacancy Management, & Case Conferencing** – The *Statewide Coordinated Entry Placement and Prioritization Manager*, will ensure a transparent and accessible referral process by which case managers can

access COC, CHF, and ESG funded shelter and housing opportunities for the families and individuals experiencing homelessness. All COC, CHF, and ESG funded shelter and housing providers are required to report and fill their vacancies exclusively through the Statewide Coordinated Entry Placement and Prioritization Manager. Any case manager 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 clients shelter and housing needs.

- **Program Admissions** – All programs receiving referrals from the *Statewide Coordinated Entry System* (all *Receiving Programs*) will make a determination about whether or not the referred household can be accommodated based on the protocols defined in this manual, the policies and procedures of *Receiving Programs*, and any additional funding requirements. In instances in which the *Receiving Program* determines that it cannot accommodate a referred household, the *Receiving Program* will document the reason and refer the household back to the *respective Statewide Coordinated Entry Manager*.

### Diversion Funding, Rapid Resolution and Homeless Prevention

A third-party evaluation of the CES was initiated , with the purpose of evaluating the successes and challenges of the existing system, successful program implementation, compliance with HUD CES standards and overall system performance. This collaborative process involved feedback from various stakeholder groups and provided recommendations for optimal system performance. Based upon the recommendation from the evaluation, Crossroads Rhode Island and the Rhode Island Coalition for the Homeless (RICH) have collaboratively decided to realign existing CES roles, with Crossroads focusing its efforts on homelessness prevention, diversion, and rapid resolution.

Within the new scope of work, Crossroads will continue to utilize evidence-based strategies, combined with creative housing problem solving, to connect those who are homeless or experiencing a housing crisis to any and all available resources that will result in housing stability. This will be the primary function of the work of the team, which will ultimately prove to have greater impact throughout the system.

Diversion is a strategy that begins before entry into Rhode Island’s Coordinated Entry System by assisting those families and individuals who are able to return to stable housing with a minimal amount of assistance and never have to access shelter or housing resources from the homeless system. Within the Coordinated Entry System, diversion interventions will be focused at three consecutive stages in the client journey. The diversion process will first be conducted after the initial assessment is completed by the Rhode Island Coalition to End Homelessness . If deemed diversion eligible, clients will be referred by the Rhode Island Coalition to End Homelessness’ CES Call Center to the Crossroads Rhode Island CES Diversion Manager who will then assign the client to a Housing Stabilization Case Manager.

The second diversion intervention will occur with clients who have completed a Coordinated Entry Crisis Assessment through the CES Call Center and has been subsequently opened to the Community Queue but may not be aware of the full range of their housing resolution options. Again, the goal of diversion at this level is to support folks who may be able to solve their own housing crisis after the initial attempt, especially given the scarcity of emergency resources such as shelter beds.

Once opened to the Statewide Coordinated Entry System, Crossroads RI Diversion Manager will assign a Housing Stabilization Case Manager who will contact the client in order to discuss the client's current situation and determine if diversion services can assist the client return to a stable living situation as quickly as possible.

The third stage of the diversion process will occur once households are in shelter. Known as "Rapid resolution," this process serves to help households move as quickly as possible back into housing with the support of services and a minimal level of financial assistance. This will provide critical capacity to an already overburdened shelter system, allowing them to better support housing-focused activities.

Crossroads' Diversion & Housing Stabilization Case Managers will further strengthen RI shelter capacity by working with partnering agencies to train shelter staff in best practices for providing their residents (focusing in particular on long-term residents) with diversion assessment strategies and "light touch" supports.

Ultimately though, the scope of our proposed diversion 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, BCI)
- Landlord-Tenant mediation (Crossroads Staff)
- Family/Room-mate 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
- Housing Assessment completion
- Utility deposits – Deposit and/or arrearages (Diversion Funding Application required)
- Moving costs (Diversion Funding Application required)
- Car repairs (If transportation to employment/out-of-state return to stable housing) (Diversion application required)
- Security Deposit
- First month's rent

### Eligibility for Diversion Services:

Must meet either HUD's literally or imminently homeless definitions as defined by HUD:

**Definition 1** - Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

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

**Definition 2** - Families who will imminently lose their primary nighttime residence, provided that:

- (i) Residence will be lost within 14 days of the date of application for homeless assistance;
- (ii) No subsequent residence has been identified; and
- (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing

**Definition 3** is not currently allowed by HUD and therefore omitted from this document).

**Definition 4** - Any individual or family who:

- (i) Is fleeing, or is attempting to flee, domestic violence;
- (ii) Has no other residence; and

Lacks the resources or support networks to obtain other permanent housing.

\*Those in possession of an eviction notice must provide the notice with an "Execution Date" ordered by the court.

### Diversion Contact Information:

401-383-2679

Email – [diversion@crossroadsri.org](mailto:diversion@crossroadsri.org)

In-person appointments can be scheduled with a Housing Stabilization Case Manager at : 371 Pine Street. Providence RI 02903.

\*\*To schedule Diversion training information, please contact Ben Haynie, Diversion Manager at 401-865-6228.

#### Referrals:

CES Diversion Team will receive referrals via direct contact with clients, regional assessment entities and partners including the Rhode Island Coalition to End Homelessness.

#### Diversion Funding:

\*\*Please note that Diversion 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 Diversion staff.

#### Average funding:

\$2500 – Families

\$1500 – Individuals

#### Rapid Exit (Cat. 1, 4 or shelter based) – Open to CES Community Queue

- First month's rent and/or Security Deposit
- Transportation to out-of-state stable housing.

#### Homeless Prevention (Cat. 2) – Hotel/Doubled up living situation (14 days) \*FAMILIES ONLY

- First month's rent and/or Security Deposit
- Housing based case manager will work with client to complete a diversion funding application (and eligibility letter if necessary) to be completed and returned to Housing Stabilization Case Manager with the following documentation:

#### Rapid Resolution (Long-term shelter stayers – 6 month)\_

- Three months+ of rental assistance (including security deposit)

Once all program requirements have been met, the Diversion Manager will review the folder before submitting the application for final approval to the Finance Team.

Please note:

- All clients must be open to the Rhode Island Coordinated Entry System.
- 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 is in need of utility assistance a copy of current bill must be submitted along with application.
- Diversion application must be completed and signed by the applicant.
- Clients must provide one form of identification: License, Providence ID card, Social Security Card or Birth Certificate (If unavailable HSCM will work with client to obtain).
- A fully executed lease is required. Clients may not move into the unit until payment has been provided to the landlord.
- Completed W-9 for the rental unit must be submitted by the landlord.

### CES Stakeholder Roles:

- **COC, CHF, and ESG funded agencies** – All COC, CHF and ESG funded agencies will assist with marketing strategies to increase awareness of the *Statewide Coordinated Entry System*. Marketing can include direct outreach to people on the street and other service sites, informational flyers left at service sites and public locations, announcements during COC or other community meetings, educating mainstream providers, television, social media, website, and informational helpline cards disseminated broadly through businesses and schools. The COC, CHF, and ESG funded agencies will affirmatively market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, sexual orientation, gender identity or expression, disability or who are least likely to apply in the absence of special outreach.
- **Regional Assessment Entity** – Any staff person at a designated human services agency who 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 *Regional Assessment Entity* as described in this manual, including but not limited to:

- Submission of assessment forms in HMIS
  - Responding to requests by the *Coordinating Entity* for clarifying information
  - Household notification of *Eligibility and Referral Decisions*
  - Participation in case conferences
  - Assisting households in filing appeals
- **Coordinating Entity** - The vendor selected to serve as the *Coordinating Entity* is responsible for the day-to-day administration of the Statewide *Coordinated Entry System*, including but not limited to:
    - 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, CHF, and ESG funded shelter and housing projects. Crossroads Rhode Island will manage the Statewide Diversion for all COC, CHF, and ESG funded shelter 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 *Assessment and Referral System* to the RICOC to support its decision-making; these reports may include, but are not limited to: unit vacancy lists by project, priority lists by targeted population; and housing placements by targeted population (e.g., chronically homeless, veterans, youth and families; unaccompanied youth);

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

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

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

Referring all eligibility determination appeals that cannot be resolved by the *Statewide Coordinated Entry Management Team* to the RICOC Grievance Policy and Procedures in compliance with the protocols described in this manual;

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

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

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

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

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

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

Incorporate stakeholder feedback and as 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
- **Receiving Program** - All COC, CHF, and 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 agencies, reporting on housing market trends in unit pricing, availability, and landlord relationships to the Coordinating Entity, operating a landlord mitigation fund, and advising the Coordinating Entity on best practices to quickly and safely assist households with identifying and obtaining housing. These Housing Navigators will not replace but are available to assist a household and *Primary Worker* working to identify a unit.
- **HMIS Lead Agency** - The vendor selected by the Continuum of Care to serve as the *HMIS Lead Agency* is responsible for:
  - Working in coordination with the *Coordinating Entity* to define needed functions, reports and data and determine HMIS upgrades necessary to efficiently operate and evaluate the *Statewide Coordinated Entry System*.
  - Ensuring that HMIS functions, reports, and data necessary to efficiently operate and evaluate the *Statewide Coordinated Entry System* are accurate and promptly available
- **RICOC Lead Agency** - The RICOC Lead agency, in conjunction with the Housing Resources Commission (or other designated authority), is responsible for oversight of the *Statewide Coordinated Entry System*, including but not limited to:
  - Issuing RFPs and selecting and contracting the *Coordinating Entity* vendor
  - Monitoring vendor compliance with contractual obligations
  - Leading periodic evaluation efforts 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* may be, for example, a street outreach worker, a shelter/transitional/rapid rehousing 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* 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:
  - Making assertive efforts to notify the household of the eligibility and referral decision;
  - 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 clarifying information as necessary;
  - Ensuring that the household understands the decision and applicable next steps, including the household's right to appeal the decision;
  - Providing assistance to the household to participate in any scheduled intake appointments;
  - Assisting households in filing appeals; and,
  - Providing a warm, direct hand off to the next responsible staff (case manager, etc.). A warm handoff is defined as clear communication and understanding by the Primary Worker and the next responsible staff (including, if applicable, the new *Primary Worker*) and the household. Whenever possible the *Primary Worker* and changes in *Primary Worker* should be identified in HMIS to assure clear communication and accountability.
  - Tracking data and case notes in HMIS as applicable; including but not limited to enrollment date, move in date

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

- **State of Rhode Island Housing Resources Commission (or other designated authority)** - As the administrator of the Consolidated Homeless Fund (CHF), the Housing Resources Commission (or other designated authority) in conjunction with the *RICOC Lead Agency* is responsible for oversight of the *Statewide Coordinated Entry System*, including but not limited to:
  - Issuing RFPs and selecting and contracting the *Coordinating Entity* vendor
  - Monitoring vendor compliance with contractual obligations

- Leading periodic evaluation efforts 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:

See Coordinated Entry System COVID Policy & Procedure Addendum

### **Undocumented Households**

Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) permits COC and ESG 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 or ESG Program 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, including the *Statewide Coordinated Entry System*, shall not discriminate on the basis of race, color, religion, ancestry, national origin, sex, pregnancy, age, disability, familial status, actual or perceived marital status, gender identity or gender expression, real or perceived sexual orientation, veteran status, source of income, or actual or perceived status as a victim of domestic violence, dating violence, sexual assault, or stalking.
- No religious practice or affiliation requirement shall be imposed upon households.
- If an individual's self-identified gender or household composition creates challenging dynamics 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). Outreach teams and Regional Assessment Entities 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, French, and Portuguese.
- Recipients and subrecipients of COC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws to include the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Title II of the Americans with Disabilities Act, 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 *Coordinating Entity*, and/or the *RICOC Lead Agency*, in accordance with the *RICOC Grievance Policy and Procedure for Applicant Organizations*.
- 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.

However, all persons with disabilities have a right to request or be provided a reasonable accommodation at any time.

## **Completing and Updating Assessment Forms**

### **Mandatory Training**

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

### **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 *Regional Assessment Entity*, 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 *Regional Assessment Entity* or the *Coordinating Entity*, and that entity will conduct or arrange the Coordinated Entry Assessment immediately in person or by phone. The *Regional Assessment Entity* must complete the Coordinated Entry Assessment in HMIS or other comparable database process.

#### **Coordinated Entry Assessment**

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

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- Households who are Literally Homeless, At Risk of Homelessness or Fleeing or Attempting to Flee Domestic Violence must complete the Coordinated Entry Assessment to determine eligibility and priority for shelter and housing programs. Households may complete the Coordinated Entry Assessment through the Lead Entity or a Regional Assessment Entity.
- 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*.

### **SPDAT**

Households remaining in Emergency Shelter, Project Shelter and Transitional Housing may be assessed using the full SPDAT between 10 and 14 business days following the initial Coordinated Entry Assessment. The SPDAT is primarily intended to inform case management. A full SPDAT is not required for housing placement. In all cases, the SPDAT must be completed in HMIS except as noted in this manual under *Process for Referrals to and from other Systems not using HMIS*.

## **Submission of Coordinated Entry Assessments**

### **Submission of Coordinated Entry Assessments to HMIS**

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

The *Regional Assessment Entity* must complete the Coordinated Entry Assessment in accordance with the policy on *Completing and Updating Assessment Forms*. The *Regional Assessment Entity* is utilizing a comparable database they must submit the assessments in HMIS within 2 business days of completion.

## **Assessment Review and Referral Decisions**

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

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

### **Review of Coordinated Entry Assessment and Referral Decisions**

The Coordinated Entry Assessment, case conference information, and client choice will be the means used by the *Coordinating Entity* 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. To ensure that vacancies are promptly filled, the *Statewide Coordinated Entry Manager*, may at their discretion, issue multiple referrals to one vacancy; however the

*Statewide Coordinated Entry Manager* 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 *Regional Assessment Entity*, *Primary Worker*, and *Receiving Program* and should be retained in the Receiving Programs 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;
- *Regional Assessment Entity* 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 *Regional Assessment Entity* and any other service provider may not refer a household to COC, CHF and ESG funded shelter or housing projects without a *Referral Decision* from the *Statewide Coordinated Entry Manager* indicating eligibility and referral to that project. COC, CHF and ESG Permanent Supportive Housing, COC, CHF and ESG Rapid Re-Housing, CHF Emergency Shelter Programs may not admit any household except those that have been found eligible and referred by the *Statewide Coordinated Entry Manager*.

## **Regional Assessment Entity Response to Referral Decisions**

### **Household Notification**

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

The *Primary Worker* must orally review the *Referral Decision* with the homeless household applying for services to ensure that the household understands the decision, and applicable next steps, including the household's right to appeal the decision (See Appeals Process).

## Receiving Program Response to Referral Decisions

### Emergency Shelter

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

If the original household referred by the *Coordinating Entity* presents at the shelter after 24 hours the Emergency Shelter Program should refer the client back to the *Coordinating Entity*. Emergency services funded by CoC, CHF, and ESG programs are accessible independent of the operating hours of the *Coordinating Entity* and in accordance with individual project operations. Emergency service providers will refer households to the *Coordinating Entity* for further services as necessary as soon as regular hours of operation allow.

If the Emergency Shelter determines later that the household cannot be safely accommodated the Emergency Shelter must enter the reason for the decision to discharge the household in HMIS. If the rejected household has not otherwise been accommodated for the night and remains literally homeless, the Emergency Shelter must refer the household back to the *Coordinating Entity*, and document that outcome in HMIS. See exceptions to HMIS requirements noted in this manual under Process for Referrals to and from other Systems not using HMIS.



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

### Coordinated Entry Housing Placement Referrals

The Coordinated Entry System requires all CoC, CHF, and ESG funded 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 from the Coordinated Entry Placement and Prioritization Manager at the Rhode Island Coalition to End Homelessness. The Coordinated Entry Placement and Prioritization Manager will connect the designated Housing Sponsor contact with the referring case manager to initiate the housing intake process. The Housing Sponsor is required to approve, deny, or seek additional information regarding the referral within 2-3 business days. If the Housing Sponsor denies the referral, a written decision and appeal must be offered. For all programs participating in HMIS, referrals will exclusively be done through HMIS. All follow up documentation including but not limited to move in dates, denials and appeal must be documented in HMIS as applicable.

### COC, CHF, and ESG Rapid Rehousing and Permanent Supportive Housing Programs

Homeless Housing Programs receiving referrals from the *Statewide Coordinated Entry 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 *Statewide Coordinated Entry Manager* 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. 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 *Statewide Coordinated Entry Manager* 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 and arrange for move-in within 3 business days or as soon as the unit is habitable. If the household referred by the *Statewide Coordinated Entry Manager* has not presented at the *Receiving Program* within 3 business days from the intake appointment the *Receiving Program* must notify the *Coordinating Entity* and document the no show in HMIS.

*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 Prioritization List* 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. 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 Coordinated Entry Manager* immediately upon notice of eviction. If the *Receiving Program* is not able to accommodate the transfer internally, the household should be referred to the *Statewide Coordinated Entry 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 *Statewide Coordinated Entry Manager* 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 declined by three projects and/or remains literally homeless. The *Statewide Coordinated Entry Manager* will determine which parties will attend the case conference, which may include but are not limited to the *Regional Assessment Entity*, the *Coordinating Entity*, the *Receiving Program(s)*, the Funding Agency, the household, and others as necessary. The *Coordinating Entity* will make logistical arrangements for the case conference, including but not limited to notifying all parties.

### **Eligibility Determination Appeals Process**

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

### **Quality Control**

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

## Process for Referrals to and from other systems not using HMIS

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

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

People fleeing, or attempting to flee, domestic violence will have safe and confidential access to coordinated entry and data collection for them will conform to the applicable requirements of the Violence Against Women Act, COC Program, and/or HMIS Data Standards. The Regional Assessment Entity staff, and Street Outreach workers must have safety planning training and understand protections required for victims of domestic violence. When acquiring consent to collect and/or share information via HMIS, providers must ensure at a minimum 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*.

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

*Programs or Regional Assessment Entity* and will be uploaded to HMIS by the *Coordinating or a Regional Assessment Entity*. HMIS participating projects are required to complete and access all *Statewide Coordinated Entry System* assessment forms and other materials in HMIS.

Victim Service Provider e 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 arrives in shelter, DV shelter staff will administer the Coordinated Entry Assessment . Each DV Shelter will assign a confidential DV number for the client to hold their place on the placement list. When the Coordinated Entry Assessment has been completed, DV shelter staff will have a client sign a release of information and submit it to the Coordinating Entity , where they will be matched with a Housing Opportunity based on acuity and other preferences and/or requirements. Once a housing match has been made, the Coordinating Entity will coordinate with the Regional Entity and the Receiving Program to proceed with the housing referral.

## Household Choice

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

Households may decline a referral because of projects requirements that are inconsistent with their needs or preferences. There is no limitation on this option. For example, consumers may decline participation in projects 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 *Statewide Coordinated Entry Manager* 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 *Statewide Coordinated Entry Manager* will determine which parties will attend the case conference, which may include but is not limited to the *Regional Assessment Entity*, the *Coordinating Entity*, the , the *Receiving Program*, the Funding Agency, the Household, and other Collateral Contacts as determined necessary. The *Coordinating Entity* will make all logistical arrangements for the case conference, including but not limited to notifying all parties.

## **Vacancy Reporting**

All COC, CHF and ESG *Program Recipients* are required to report vacancies to the *Statewide Coordinated Entry Manager*. 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*.

## **Statewide Priority List Management for Homeless Housing Programs**

The *Coordinating Entity* will manage a centralized *Statewide Priority List* for housing projects serving homeless households. This list must be protected via HMIS data privacy and security protections prescribed by HUD in the HMIS Data and Technical Standards. For all literally homeless households, the Coordinated Entry 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 *Statewide Priority Lists* will be considered private and confidential and afforded all protections of the *Rhode Island Homeless Management Information System* Policies and Procedures and its attachments. Households who are unable or unwilling to provide consent to have their personal information collected and/or shared via HMIS will have full access to the system and the *Coordinating Entity* will accommodate their access, assessment, prioritization, and referral via the *Placement Committee* with the use of case conferencing and one-on-one consultation with the household's *Primary Worker* as appropriate.

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

The *Coordinated Entry Managers* will, at their discretion, require a case conference to review and determine next steps when a household refuses to engage in a housing plan or otherwise take steps to resolve his/her/their homelessness. The purpose of the case conference will be to discuss interventions used to date and resolve barriers to securing permanent housing.

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

## **Process for Evaluating and Updating Coordinated Entry System Policies and Procedures**

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

- Leading periodic evaluation efforts to ensure that the *Statewide Coordinated Entry System* is functioning as intended; such evaluation efforts shall happen at least annually and include participating projects and households addressing the quality and effectiveness of the experience for both projects and households;
- Developing and implementing written CES policies and procedures for the frequency and method by which the CES evaluation will be conducted, including how project households will be selected to provide feedback, and must describe a process by which the evaluation is used to implement updates to existing policies and procedures and adequate privacy protections of all household information collected in the course of the annual coordinated entry evaluation.
- Leading efforts to make periodic adjustments to the *Statewide Coordinated Entry System* procedure as determined necessary; such adjustments shall be made at least annually based on findings from evaluation efforts;

- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders;
- Ensuring that the *Statewide Coordinated Entry System* is updated as necessary to maintain compliance with all state and federal statutory and regulatory requirements.

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

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

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

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