

Rhode Island Continuum of Care

Statewide Coordinated Entry System for Homeless Services

Policies and Procedures Manual

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Introduction

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

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

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

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

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

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

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

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

The *Statewide Coordinated Entry System* is designed to:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Definitions

Terms used throughout this manual are defined below:

Chronically Homeless (HUD Definition at 24 CFR 578.3):

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

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

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

Disability (HUD Definition):

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

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

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

Diversion

Diversion is a strategy that prevents entry into the homeless system for people seeking shelter by helping them identify immediate alternate housing arrangements, and if necessary, connecting them with services and financial assistance to help them return to permanent housing. All COC and ESG funded diversion projects will be required to receive referrals from the system. All local shelters, housing, and services providers operating within the COC's geographical jurisdiction will be 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 Priority

More households need housing than there are subsidies available. Due to this, Housing Priorities are utilized in addition the VI-SPDAT to determine the order in which households will be referred to housing. The Housing Priorities for the Coordinated Entry System are as follows (i) unsheltered households, (ii) 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 domestic abuse or violence (HUD Homeless Definition Category 4)

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

SPDAT

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

VI-SPDAT

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

System Overview

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

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

- **Initial Request for Services** – To ensure accessibility to households in need, the *Statewide Coordinated Entry System* provides access to services from multiple, convenient physical locations, via phone or email at cesteam@crossroadsri.org. Households in need may initiate a request for services in person, by phone or via email through any of the following:
 - Regional Assessment Entity
 - Mobile Diversion & Assessment Worker

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

- **Diversion Assessment** – Any trained staff person may conduct the *Diversion Interview and Assessment*. If a household presents at or calls any shelter, housing, or other project and requests services to assist with a current or impending episode of homelessness, and that project has trained staff available, that project may serve as a “Regional Assessment Entity”, and can administer the *Diversion Assessment* upon initial contact. If the project does not have trained staff available, the project will immediately refer the household to a *Regional Assessment Entity* and that entity will conduct or arrange the *Diversion Assessment* in person or by phone. The *Regional Assessment Entity* will use the results of the diversion interview to determine if the household has options other than shelter entry and will only refer the household to shelter when there are no safe and accessible alternatives to entering emergency shelter.
- **VI-SPDAT** – After completion of the diversion assessment and only if diversion of the household is not possible, for all literally homeless households, the VI-SPDAT will be used to support determination of the intervention necessary to resolve homelessness and their placement on a priority list, with a higher score indicating greater vulnerability and resulting in the household getting higher priority for placement as

opposed to other households also found eligible for the same intervention. This tool is used, along with case conferencing to support determination of priority, not eligibility. A VI score is required for a household to be prioritized for placement. Participants may refuse to answer assessment questions without retribution or limiting their access to assistance. The *Placement Committee* may require a case conference to review and determine next steps when a household refuses to answer assessment questions. See the *Privacy and Security Protections* section of this document for more.

- **SPDAT** – Housing 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 Priority List Management** – *Crossroads Rhode Island* will manage a centralized Statewide Shelter Priority List 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 VI-SPDAT score. That score with consideration of available case information and Housing 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 Shelter - Eligibility Referral & Vacancy Management** – The Statewide Coordinated Entry Diversion and Assessment Manager, will ensure a transparent and accessible referral process by which individuals and families experiencing homelessness can access COC, CHF, and ESG funded shelter opportunities. All COC, CHF, and ESG funded shelter providers are required to report and fill their vacancies exclusively through the Statewide Coordinated Entry Diversion and Assessment Manager.
- **Coordinated Entry Housing Prioritization List Management** – The *Rhode Island Coalition for the Homeless* will manage a centralized *Statewide Priority List* 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 VI-SPDAT score. 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. When a full SPDAT score is available, that score

may be used to help inform housing placement, but the full SPDAT is not required for prioritization for placement.

- **Coordinated Entry 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 housing opportunities for the families and individuals experiencing homelessness. All COC, CHF, and ESG funded 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 Housing system by way of completing the Coordinated Entry Housing Application process as referenced in Appendix A. In addition to submitting vital documents to the Statewide Coordinated Entry Placement and Prioritization Manager case managers will also submit a case conference to ensure clients are being referred to housing opportunities based on vulnerability and Housing Priorities.
- **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*.

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 *Diversion Interview and*

Assessment, the *VI SPDAT*, and/or the *SPDAT*. Any staff person at a designated human services agency who, on behalf of a homeless or at-risk household, conducts one or more of the aforementioned assessments carries the responsibilities of a *Regional Assessment Entity* as described in this manual, including but not limited to:

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

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

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

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

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 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 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* 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.

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

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

- Monitoring vendor compliance with contractual obligations
- Leading periodic evaluation efforts to ensure that the *Statewide Coordinated Entry System* is functioning as intended
- Leading efforts to make periodic adjustments to the *Statewide Coordinated Entry System* as determined necessary
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders
- Ensuring that the *Statewide Coordinated Entry System* complies with all state and federal statutory and regulatory requirements.

Determination of Eligibility and Priority for Housing Options

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

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

	Must have a completed VI-SPDAT	
Rapid Re-Housing/CHF Rental Assistance	<p>Must meet HUD’s definitions of: Literally homeless (Category 1) (all CoC funded projects) or Fleeing domestic abuse or violence (Category 4)</p> <p>Must have income below 30% of AMI</p> <p>Must have a completed VI-SPDAT</p> <p>Must meet any additional eligibility criteria specified by funding source</p>	<p>Households who are eligible for PSH but literally homeless and awaiting PSH placement</p> <p>Households that have high VI-SPDAT scores relative to other households targeted for RRH and/or are deemed appropriate byway of Housing Priorities</p>

Transitional Housing/Emergency Shelter		
Transitional Housing (Includes: Substance use treatment/ sobriety programs, VA Grant/Per Diem, Family programs)	<p>Not able to be diverted</p> <p>Income below 30% AMI</p> <p>Individuals or families who meet HUD’s definition of literally homeless (category 1) homelessness</p> <p>Persons for VA supported programs (Grant/Per Diem) must meet VA eligibility criteria</p>	<p>Young adults under age 25</p> <p>Households headed by young adults</p> <p>Households headed by persons with histories of foster care involvement</p> <p>Families with children</p> <p>Fleeing DV and DV is cause of recent homeless episode</p> <p>Households not in need of PSH</p> <p>At least one prior episode of homelessness (except unaccompanied youth)</p>
Emergency Shelter	Households experiencing homelessness who cannot be diverted and with no other safe place to sleep	

	Households who can be safely accommodated in shelter – not presenting danger to self or others	
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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 households 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. disabilities will have a need to request a reasonable accommodation. 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 diversion interview and assessment, the VI-SPDAT, and the full SPDAT at least quarterly to interested provider agency staff. Any trained staff person may conduct these assessments upon successful completion of training.

Diversion Interview and Assessment

If a household presents at or calls any shelter, housing, or other projects and requests services to assist with a current or impending episode of homelessness, and that project has trained staff available, that project may serve as a *Regional Assessment Entity*, and will administer the *Diversion Assessment* upon initial contact. If the project does not have trained staff available,

the project will immediately refer the household to a *Regional Assessment Entity* or the *Coordinating Entity*, and that entity will conduct or arrange the *Diversion Assessment* immediately in person or by phone. The *Regional Assessment Entity* must complete the *Diversion Interview and Assessment Form* in HMIS and obtain from HMIS available data on eligibility factors, including length of time homeless and prior episodes, except as noted in this manual under *Process for Referrals to and from other Systems not using HMIS*. Prior assessment information will be accessible in HMIS.

VI-SPDAT

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

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

SPDAT

Households remaining in Emergency Shelter, Project Shelter and Transitional Housing may be assessed using the full SPDAT between 10 and 14 business days following the initial VI-SPDAT assessment. The SPDAT is primarily intended to inform case management but can also be used by the Placement Committee to break ties on VI-SPDAT scores and/or to adjust placement on the *Statewide Priority List* as necessary. A full SPDAT is not required for housing placement. In all cases, the *SPDAT* must be completed in HMIS except as noted in this manual under *Process for Referrals to and from other Systems not using HMIS*.

Submission of Diversion / VI-SPDAT / SPDAT Assessments

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

The *Regional Assessment Entity* is responsible for compiling eligibility information consistent with funder requirements and with the policy on Completing and Updating Assessment Forms. The *Regional Assessment Entity* must complete the *Diversion Interview and Assessment* and

must submit all data in HMIS, including a description of any diversion services provided and any recommendation regarding the project or model to which the homeless household should be referred, within 24-hours of completion. See exceptions in this manual under *Process for Referrals to and from other Systems not using HMIS*.

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

Assessment Review and Referral Decisions

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

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

Review of VI-SPDAT and SPDAT Assessments and Referral Decisions

The VI-SPDAT score, case conference information, Housing Priorities, and client choice will be the means used by the *Coordinating Entity* to determine the order in which households are placed on the *Statewide Priority List*. At their discretion, the *Placement Committee* may break VI-SPDAT scoring ties, adjust model eligibility, and/or placement order on the *Statewide Priority List* using the full SPDAT score if available, and all available case information. To ensure that vacancies are promptly filled, the *Statewide Coordinated Entry Managers*, 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 files to document compliance with CES. The referral decision is not the complete housing application. The referral decision will include at a minimum:

- referral date;
- household's initials, HMIS number and other identifying information if necessary;
- *Regional Assessment Entity* contact information;
- *Primary Worker* contact information;

- contact information for the project to which the household was referred;
- 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 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 and COC, CHF and ESG Rapid Re-Housing 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 *Primary Worker* that worker assumes responsibility for assertive and ongoing notification attempts with the household and providing assistance to the household to participate in any scheduled intake appointments.

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

The *Primary Worker* 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 for the Homeless. 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. Upon approval by the Housing Sponsor, the Coordinated Entry Placement and Prioritization Manager will submit a signed Coordinated Entry cover sheet to validate that the referral was completed via CES. The Housing Sponsor must keep a copy of this document in the client file for monitoring purposes.

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 homeless 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 homeless family or individual 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 Placement and Prioritization 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 Coordinated Entry Placement and Prioritization 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 Coordinated Entry Placement and Prioritization 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 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 Grievance Policy and Procedure for Applicant Organizations*. *Regional Assessment Entities* and *Primary Workers* are responsible for assisting households in filing eligibility determination appeals, including but not limited to drafting a written appeal on behalf of the household. All appeals of decisions by *Receiving Programs* should be made in writing and submitted to the *Coordinating Entity* within 14 days of household notification of the decision. Any subsequent appeals must be made according to the following process: All eligibility decisions made by the *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 full access to the *Statewide Coordinated Entry System*, in accordance with all protocols described in this manual. If the DV helpline determines that a household seeking DV specific services is either not eligible for and cannot be accommodated by the DV specific system, the helpline will refer the household to a *Regional Assessment Entity* for assessment and referral in accordance with all protocols described in this manual.

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

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

The *Rhode Island Statewide Continuum of Care* encourages all projects serving homeless people, except those not required to participate under domestic violence provisions to participate in HMIS; however, all projects, regardless of HMIS participation status, are 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.

Domestic Violence 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 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 a VI-F-SPDAT. DV shelter staff will collect copies of client's documents. Each DV Shelter will assign a confidential DV number for the client to hold their place on the placement list. When a packet is ready, DV shelter staff will have a client sign a release and submit them to CES Prioritization and Placement Manager, where they will be matched with a Housing Opportunity. At that point, CES Prioritization and Placement Manager will reach out to the specific program and coordinate the opportunity.

Household Choice

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

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

The *Receiving Program* must indicate reason for household rejections when issuing an intake decision (see *Receiving Program Response to Referral Decisions*). The *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 Consolidated Homeless Fund, the *Receiving Program*, the Funding Agency, the Household, and other Collateral Contacts as determined necessary. The *Coordinating Entity* will make all logistical arrangements for the case conference, including but not limited to notifying all parties.

Vacancy Reporting

All 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 VI-SPDAT, case conferencing, and Housing Priorities will be considered to determine the housing intervention necessary to resolve homelessness and their placement order on a priority list, resulting in the household getting higher priority for placement as opposed to other households also found eligible for the same intervention.

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.

The All In Coordinated Entry Meeting will allow for an interdisciplinary work group to troubleshoot difficult scenarios, reduce barriers to shelter and housing entry for households experiencing homelessness, and to create a forum to identify needed system changes. Clients and content experts will be invited on a case by cases basis to contribute to the work group.

Process for Evaluating and Updating Coordinated Entry System Policies and Procedures

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

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

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

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

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

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

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

Appendix A

Coordinated Entry System: Housing Documentation			
	Rhode Island Coalition for the Homeless		
Date Packet Uploaded: _____			
Client Name _____		HMIS # _____	
Person Submitting Packet/Contact Info: _____		Score:	
		VI 2	TAY VI
		Fam VI	
<p>***Upload all of these documents in the File Attachments within the Client Profile tab in HMIS. Once packet is complete and uploaded in HMIS, email Amy@rihomeless.org informing her that the packet is complete and uploaded. Please include HMIS ID # in email. Amy will audit packet and follow up with you if any documents are missing or incomplete. If you are a non-HMIS using agency fax the packet to Amy (401) 475-1832. When a subsidy is available for the client Amy will be in contact with the person who submitted the documentation for next steps.***</p>			
Documentation *			
Required		Secured	In HMIS*
Identification			*Upload these documents in the File Attachments Section within the Client Profile Tab ^ Dated within 90 days of submission ~All months of homelessness must have supporting documentation >Housing Navigator Form to be submitted to RI Housing
Birth Certificate			
Social Security Card			
Background Check ^			
Income Verification^			
Chronic Homeless Checklist~			
Housing Navigator Form>			
Brief Case Summary			
For Foster Forward Referrals ONLY		Secured	In HMIS*
RI CoC Release of Information			
If applicable		Secured	In HMIS*
Disability Verification			
DD214			
CES Placement Personnel Only			
Date Placement Referred _____			
Referring Agency/Contact _____			
Housing Sponsor/Contact _____			
Grant Number _____			
HMIS Bin # _____			
Case Manager Once Housed _____			
Coordinated Entry Manager _____			
Notes: _____			
Updated:03.13.19		Housing Packet Cover Sheet - Page 1 of 2	