
SOUTH SHORE NETWORK TO END HOMELESSNESS

SOUTH SHORE CONTINUUM OF CARE (CoC)
MA-511 – Quincy/Brockton/Weymouth/Plymouth City
and County CoC

COORDINATED ENTRY POLICIES & PROCEDURES (CE MANUAL)

Approved by:
Executive Committee
South Shore Regional Network to End Homelessness

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Section 1 | Introduction

1. Purpose

The South Shore Network Coordinated Entry (CE) assesses, prioritizes, and matches homeless and imminently homeless individuals and families to Network resources. Use of CE is required for access to Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funded resources, but additional homeless resources have been included in the Network's CE as well.

The purpose of the Network's Coordinated Entry is to:

- Prioritize people who are most in need of assistance and match them appropriately and efficiently so their homelessness may be ended, or prevented,
- Use a systematic and coordinated approach to assessment, information collection, and matching so that Network is more effective at addressing and ending homelessness.

2. Guiding Principles

- Use a **Housing First approach**: connect people to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements, and provide sufficient housing and service supports so they may sustain housing.
- **Lower barriers** with the goal to screen in, not screen out. People with severe service needs will be assessed, prioritized, and assisted appropriately, and not screened out due to perceived barriers related to housing or services
- **Prioritize the most vulnerable** for housing and services, matching them to the most intensive supports and providing repeated opportunities to succeed. The Network's priority is ending chronic homelessness. This approach has been proven to significantly reduce overall lengths of shelter stay, free up emergency shelter, reduce demand for emergency services, and result in better housing outcomes for the most vulnerable. In general, people with fewer housing barriers will receive less intense resources.
- Use a **person-centered approach**:
 - Use assessment tools and staff approach that is trauma-informed;
 - Provide people with choices whenever possible;
 - Present information and use processes that are simple and understandable;

- Keep data confidential within a coordinated, collaborative process;
 - Operate with a fair, transparent process that applies uniform decision-making, while accommodating individual needs and special circumstances;
 - Use an approach that ensures safety (see requirements below);
 - Strive to **reduce linguistic and cultural barriers** and to make resources **accessible to special populations** including, individuals with disabilities, immigrants, youth and lesbian, gay, bisexual, transgender, queer or questioning (LGBTQIA2S+) persons.
- Collect **accurate data** to match people more effectively to resources and to understand gaps and needs in order to pursue funds, reallocate resources, and do effective advocacy.
 - Decisions about modifications to Coordinated Entry will be **performance-driven**, focused on reducing entries to homelessness, reducing lengths of homelessness and repeated episodes, and achieving successful housing outcomes.

3. Requirements

Full Coverage

CE covers the geographic area for HUD CoC MA-511. The Network also extends CE access to homeless persons in the following towns in adjacent Norfolk and Bristol counties that operate as part of this Network for planning and delivery of homeless and prevention resources: Avon, Braintree, Canton, Cohasset, Dedham, Easton, Randolph, Stoughton, Westwood.

Safety Planning - People Fleeing/Attempting to Flee Domestic Violence and Victims of Trafficking

At present, there is one CoC-funded victim service providers in the Network, Family and Community Resources Inc. [FCR]. This victim service provider has access to the Network's CE, and the CE process provides safe and confidential access for people fleeing or attempting to flee domestic violence and to victims of trafficking (DV survivors). The CoC conforms to the rules and regulations of the Violence Against Women's Act [VAWA]. Participants are notified of their right and protections as outlined in the Notice of Occupancy Rights and follows all policies including the utilization of appropriate certification forms.

The process to ensure DV survivors have access to CE is as follows:

- As outlined in the Network's written standards (see CoC Policies & Procedures Manual), DV survivors will be provided with safe shelter, including by accessing non-victim emergency shelter.

- If someone feels unsafe in a non-victim emergency shelter, a safety plan will be made. A safety plan will consist of coordination with the following to arrange for alternate placement:
 - Local domestic violence service providers for DV shelter placement or other safe options, and/or
 - MA Department of Transitional Assistance domestic violence unit to arrange for alternate safe shelter, and/or
 - CoC partners for other non-victim shelter or other safe options.
- DV survivors will have safe and confidential access to CE resources, including ESG- and/or CoC-funded prevention, RRH, and/or PSH. These resources will be well advertised to DV service providers, and they may refer candidates. The CE will coordinate with the DV providers on completion of relevant assessment tools (e.g., prevention screening or VI-SPDAT).
- Data collection conforms to the applicable requirements of the VAWA and/or HMIS Data Standards. Assessors assist clients in connecting to the state network of victim service providers, if the client wishes to access referral/s to resources specific to victim services. After completing intake, assessors provide clients with a number of community resources tailored to their apparent needs; among these are services and hotlines for people experiencing domestic violence, dating violence, sexual assault, or stalking, including culturally and/or linguistically targeted services focused on Latino/a/x, Asian, and LGBTQIA2S+ populations.
- No person is ever denied access to the coordinated entry process on the basis that she or he is or has been a victim of domestic violence, dating violence, sexual assault or stalking.

Low Barrier

The Network provides low barrier emergency shelter and encourages CoC programs to be as low barrier as possible, so that homeless persons with the most severe challenges may be served. The Network's CE prohibits screening people out due to perceived barriers related to housing or services including, but not limited to: too little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record—with exceptions for state or local restrictions that prevent projects from serving people with certain convictions. A criminal record that may pose significant safety risks in housing will be reviewed, with opportunities to consider extenuating circumstances, but may make someone ineligible for PSH.

There are some non-CoC/ESG programs that participate in CE, but have funding restrictions which limit eligibility to certain criteria or subpopulations (for example, funds specifically to

serve persons who are HIV+). These programs are encouraged to be low barrier. However, programs that do not receive CoC- or ESG-funds, but opt to participate in CE, may deny housing based on tenant eligibility criteria in their grant agreements.

Affirmative Outreach and Marketing

Network CE providers must affirmatively market their CE housing and supportive services projects to eligible persons who are least likely to apply in the absence of special outreach. This outreach is regardless of race, color, national origin, religion, sex, age, familial status, marital status, handicap, actual or perceived sexual orientation, or gender identity. Section 2 – Coordinated Entry Access below provides details on how this is done.

Non-Discrimination

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 as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance; and
- Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

In addition, HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

Section 2 | Coordinated Entry Access

The Network's Coordinated Entry system serves the following five populations:

- Homeless adults without children (individuals),
- Homeless adults accompanied by children (families),
- Homeless unaccompanied youth, pregnant and parenting youth,
- Households fleeing or attempting to flee domestic violence, and
- Persons at-risk of homelessness.

Among the homeless populations served, chronically homeless persons have highest priority for most housing resources available through CE. See below, Section 4 – Prioritization: Permanent Supportive Housing - Order of Priority.

1. Coordinated Entry Access Points

<p>Individuals – without children</p>	<p>Father Bill’s Place Shelter – 38 Broad Street, Quincy (Father Bill’s & MainSpring - FBMS)</p> <p>MainSpring House Shelter – 54 North Main Street, Brockton (Father Bill’s & MainSpring - FBMS)</p> <p>Plymouth Taskforce to End Homelessness and FBMS Plymouth Housing Office – 1 South Spooner Street, Plymouth, Overnights of Hospitality (seasonal shelter)</p> <p>Wareham Turning Point - 6 Rogers Ave , Wareham], Nights of Hospitality (seasonal shelter)</p> <p>Veterans Affairs (VA) – Brockton VA walk-in clinic</p> <p>Unsheltered – Region wide access as detailed in section below: <i>Outreach to the Unsheltered Population</i></p>
<p>Families – with children</p>	<p>The Massachusetts Department of Housing and Community Development (DHCD) operates CE to emergency shelter and rapid rehousing for families through its Emergency Assistance (EA) offices.</p> <p>Brockton EA office – Serves as the main access point, with both DHCD and homeless service provider staff coordinating onsite CE assessment and services. Phone and in-person coordination is arranged for the Plymouth EA office.</p> <p>Coordinated entry for permanent supportive housing for chronically homeless families is available at the following agencies:</p> <p>Father Bill’s & MainSpring – 460 Belmont St, Brockton and all of its family shelter locations</p> <p>Old Colony Y – all of its family shelter locations</p> <p>Friends of the Homeless - South Shore, all of its family shelter locations</p> <p>NeighborWorks Housing Solutions – family shelter location</p> <p>Plymouth Area Coalition for the Homeless – family shelter location</p> <p>Carolina Hill Shelter – family shelter location</p>
<p>Unaccompanied, Pregnant and Parenting Youth</p>	<p>Youth may access the coordinated access points for adult individuals or families. In addition, both Father Bill’s Place and MainSpring House shelters offer a youth protocol to make emergency shelter more accessible to youth, and the Network conducts outreach to South Shore youth service providers to encourage referrals.</p>

Access Points (cont.)

<p>Households fleeing domestic violence</p>	<p>Households fleeing domestic violence may access the CE access points</p> <p>Brockton and Plymouth EA offices – Have Domestic Violence coordinators to assess and arrange for emergency shelter for DV survivors with children.</p> <p>Emergency Individual and Family Shelters – All of the above shelters provide access to CE resources for DV survivors staying in non-victim shelters.</p> <p>DV Victim Shelter and Service providers – Access via 24-hour crisis hotline</p> <p>DOVE/Quincy – CE access includes at shelter location</p> <p>Health Imperatives – Penelope’s Place/Brockton – CE access includes at shelter location</p> <p>Family and Community Resources/Brockton – service provider only</p> <p>South Shore Women’s Center/Plymouth - service provider only</p>
<p>Persons at risk of homelessness</p>	<p>Quincy Community Action Programs – 1509 Hancock Street, Quincy</p> <p>Father Bill’s & MainSpring – Households may contact the EA office (families) or the shelters for individuals without children – Father Bill’s Place, Quincy and MainSpring House, Brockton, Tenancy Preservation Program (persons with disabilities), or the Housing Information Hotline: 508-586-2348</p> <p>Volunteers of America – Veteran households may contact the VOA for eviction prevention and/or new unit lease-up assistance, including financial resources and case management. 1419 Hancock Street, Ste 200, Quincy: 617-390-0232 or veteran@voamass.org</p>

Advertising and access to Coordinated Entry Access Points

- CE access points are well advertised through Network general meetings and wider communication and coordination with social service, healthcare, educational and other partners in the South Shore region.
- In 2019, the CoC created a new website www.southshorecoc.org to expand advertisement of CE access points, provide an overview of how the CoC operates, provide a comprehensive list of network partners including links to their websites, resources including help for survivors of domestic violence, housing access links, social services links, archived trainings for CoC partners and an overview of HUD's Equal Access Rule and VAWA protections all available to educate the public at large.
- The Network provides 24/7 access to low barrier emergency services. The emergency shelters for individuals will provide shelter to someone in an emergency that arrives after intake hours. Families with children seeking emergency services when the EA offices are closed are directed to any of the shelter access points and assisted to obtain temporary emergency shelter until the EA offices re-open.
- Persons who access emergency services during hours when coordinated entry intake is not operating will be connected to CE as soon as intake and assessment processes are operating. For individuals, an intake at the shelter access points is completed the following day. For families, DHCD will assess for EA shelter the next day during EA intake office hours. Section 4.1 covers details on timing of the Network's CE assessment for housing: for individuals – within 30 days of shelter intake; for families – after 12 months in shelter; for unsheltered persons – once identified and engaged.

Outreach to the Unsheltered Population

The following Network stakeholders outreach to or otherwise interact with unsheltered individuals:

- Father Bill's & MainSpring (FBMS)
- Turning Point – Wareham (in coordination with FBMS)
- Plymouth Taskforce to End Homelessness (in coordination with FBMS)
- Eliot Community Human Services
- Network police departments
- Network hospitals, health centers, and other community organizations and faith groups
- Grassroots volunteer street outreach and feeding efforts

FBMS is the lead provider with staff trained to assess and enroll individuals in the Network's CE. The above stakeholders make referrals to FBMS to ensure all unsheltered people have CE access. FBMS conducts outreach in the Network's geography as follows:

- Outreach is concentrated in the four regional hubs with greatest numbers of unsheltered people: Brockton, Quincy, Plymouth, and Wareham
- FBMS outreach upon request when a potentially unsheltered person is identified elsewhere in the region

No Wrong Door

Households that present at any access point, regardless of whether it is an access point dedicated to the population to which the household belongs, can access an appropriate assessment process that provides the CoC with enough information to make prioritization decisions about that household. Households that are included in more than one of the five populations listed in the table above, for example, a parenting unaccompanied youth who is fleeing domestic violence, can be served at all access points for which they qualify.

Access Approach

Affirmative Marketing and Reasonable Accommodation

The Network's CE is especially intended to serve special populations, including persons experiencing chronic homelessness, veterans, adults with children, youth, and survivors of domestic violence. CE providers must do this by affirmative outreach, engagement, and lowering of barriers. As noted in the guiding principles, the Network's priority special population is persons experiencing chronic homelessness, with most PSH units dedicated to serving them.

CE staff will provide variation to the process, e.g., a different access point, when needed as a reasonable accommodation for a person with disabilities. For example, a person with mobility impairments may request a reasonable accommodation in order to complete the coordinated entry process at a different location. CE annual training includes training staff in recognizing when there is such a need and offering reasonable accommodations. Under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, the CoC is required to take appropriate steps to ensure that communications with individuals with disabilities are as effective as communications with individuals without disabilities. The CoC adopts the City of Quincy's (Collaborative Applicant) Communications Plan, which is summarized in the CoC Policy and Procedures Manual.

Limited English Proficiency

The Network strives to reduce barriers for persons with limited English proficiency. Nearly all access points include staff members that speak the prevalent foreign languages for the Network (e.g., Portuguese, Cape Verdean Creole, Haitian Creole, and/or Spanish). All access points also have the capacity to communicate with persons speaking other languages through a telephone-based interpreter service.

Participating Programs

The Network's CoC and ESG-funded programs are required to be part of the Coordinated Entry system. Other housing and service providers are encouraged to participate. FBMS operates several permanent supportive housing programs not funded by CoC resources that participate in CE. Currently, these are the only non-CoC/non-ESG programs participating in CE. The Network's participating housing programs can only be accessed through CE.

ESG helps to fund the Network's emergency shelters for individuals without children. These are low-barrier emergency services: they provide immediate crisis response to all seeking access.

All other resources listed below, except emergency shelter, are prioritized through CE.

Homelessness Prevention	Quincy Community Action Programs – ESG programs Father Bill's & MainSpring (FBMS) – ESG programs
Emergency Shelter	Father Bill's & MainSpring - ESG helps support shelter for individuals without children
Rapid Rehousing	Father Bill's & MainSpring – ESG RRH Family and Community Resources – CoC RRH for survivors of domestic violence
Permanent Supportive Housing	Father Bill's & MainSpring - CoC projects, some non-CoC included Old Colony Y – One CoC project for families with children

Section 3 | Prevention and Diversion

The Network seeks to prevent homelessness and divert households from shelter to stable housing whenever possible. The Network strives to provide assistance prior to shelter entry, recognizing that shelter stays can be destabilizing and traumatic.

1. Prevention

The Network offers services and financial assistance to households in order to prevent eviction or other housing displacement. The Network's Prevention Screening Form is used to determine degree of need and to prioritize assistance. Programs that provide prevention assistance and are funded with City of Quincy and/or DHCD ESG funds are required to use this form as a screening tool; prevention programs funded by other sources are encouraged to use the tool.

2. Diversion

Families seeking shelter at EA intake office are assessed to determine if they are EA-eligible or imminently EA-eligible. If so, diversion from shelter entry is attempted. The Network offers assessment, rapid rehousing funds, and case management services to help divert these families. They will be assisted to find alternate housing or to stabilize in their current housing arrangement. These non-CoC/ESG funded activities are funded by MA DHCD and conducted in collaboration with FBMS and NeighborWorks Housing Solutions.

Individuals seeking shelter are assessed and triaged at the shelter access points either to divert to housing or other systems of care or, if diversion is not appropriate, to provide shelter. ESG-funded assistance may be used for diversion of individuals.

Section 4 | Assessment Process - Homeless Households

1. Timing of Assessment

A homeless household may be assessed for coordinated entry at any time. The Network's goal is that assessment should take place, at a minimum, according to the following time frame:

- **For unsheltered persons:** at the first encounter with a person who conducts assessments – engagement begins, with CE assessment typically completed after multiple encounters as trust is developed
- **For individuals in shelter:** once the individual has been in shelter for more than 30 days or sooner at staff discretion – basic information is gathered at entry, but the CE assessment is done once the person's homelessness has not self-resolved (based on data, this is usually after 30 days)
- **For families in shelter:** once the family has been in shelter 12 months or more

2. Assessment Tool

Vulnerability Index-Service Prioritization Tool (VI-SPDAT)

The Network uses the standard assessment tool, **the Vulnerability Index-Service Prioritization Tool (VI-SPDAT)**. The Network uses the following two versions of the VI-SPDAT:

- Individual VI-SPDAT - for individuals without children
- Family VI-SPDAT - for families with children

The tool is intended to determine a household's:

- current housing situation,
- housing and service needs, and
- risk of harm (with a focus on housing)

The tool is not intended to determine psychological or physical health as is often done by assessments in clinical settings.

3. Release of Information Form (ROI)

At the time that the VI-SPDAT assessment is completed, the assessor should also request that the homeless individual sign a Release of Information (ROI) Form, if this was not already completed at shelter intake (e.g., unsheltered persons, referring programs). The signed ROI obtains participant consent to share and store participant information for purposes of assessing and referring them through the coordinated entry process. The ROI also informs participants

that they may file a nondiscrimination complaint. No personal information can be entered into HMIS or discussed during a case conferencing meeting unless the individual has signed the ROI Form.

Refusal and Participant Autonomy

Individuals who refuse to sign the ROI Form and/or refuse to be assessed using the VI-SPDAT can still be referred for housing assistance. A caseworker can discuss the individual at the case conferencing meeting, using initials or other non-identifying information. A caseworker may also complete a VI-SPDAT on behalf of the person, which is clearly marked as done without consent, so that these individuals may be prioritized alongside those on the regular prioritization list. The prioritization list also flags that there is no consent. The individual can be referred for a match based on this information, and the case manager can then connect directly with the housing provider to make the match. The homeless individual in this circumstance will still need to provide sufficient information to the housing provider so the provider can meet grant requirements.

4. Phased Assessment

Completion of the VI-SPDAT assessment may be phased over several engagements with the participant. Additional information for the Housing Information Form will be gathered and included as trust is built.

Housing Information Form

At the time of the VI-SPDAT assessment or at a later date, the assessor should collect the information for the Housing Information Form (HIF). The HIF is incorporated into HMIS and collects information about:

- **Housing preferences/needs by type** – SRO, one-bedroom, multi-bedrooms, congregate, scattered-site, etc.
- **Medical accommodations needed** (e.g., 1st floor unit, handicap accessible unit)
- **Geographic preferences** – Quincy, Brockton, Plymouth, Weymouth, Wareham, etc.
- **Factors that may impact eligibility for certain programs** Providers operate under Housing First principles, however some funding sources exclude persons with certain characteristics. Whenever possible, the Network directs individuals to programs that do not have these exclusions.

5. Person-Centered and Special Populations

The intent throughout the CE process is to serve people respectfully and appropriately and to engage and serve the most vulnerable populations. The guidance in prior sections regarding person-centered approach and affirmative marketing apply throughout the assessment and prioritization process.

6. Assessor Training

The Network will provide in-person training no less than annually to staff conducting assessments “CE Assessors.” Training will cover the following:

- learn and implement Equal Access policies and procedures;
- conducting assessments using the VI-SPDAT tools;
- doing a progressive and phased assessment - gathering information as trust is built;
- using trauma-informed protocols;
- doing safety planning – if the assessment uncovers safety issues such as domestic violence, sexual assault, child abuse or neglect, stalking, or trafficking; learn and implement VAWA policies and procedures;
- providing linguistic and cultural competency; and
- addressing and accommodating the needs of persons with disabilities.

Follow up in-person CE training will be provided every January. In 2021 Assessor trainings were facilitated via zoom due to the COVID crisis.

In addition, training videos available online provide guidance in using the VI-SPDAT assessment tools. Any CE Assessors who did not attend an in-person training in the last 12 months, are expected to review these videos for guidance:

- Individual VI-SPDAT: <https://vimeo.com/126548635>
- Family VI-SPDAT: <https://vimeo.com/126591317>

Section 5 | Prioritization

Once a person is assessed this information is captured in the HMIS-generated By-Name List (one for individuals and one for families) described in detail below. The Network then prioritizes people by VI-SPDAT score on the By-Name List.

1. Additional Prioritization Factors

VI-SPDAT assessment tools are self-measurement tools—they use an individual’s self-report to assess their vulnerability and needs. When an individual does not self-reveal information that indicates vulnerability or severity of service needs, the individual’s score may not accurately reflect the person’s level of need. During CE case conferencing meetings, additional information that would have yielded a higher score may be presented and factored into prioritization decisions.

Adjustments to prioritization are based only on information that indicates a type of vulnerability or service need observable by a caseworker or other person familiar with the individual, but not captured on the VI-SPDAT because of the participant’s unwillingness to reveal information. The Network permits the following factors to be used in addition to VI-SPDAT score to indicate high vulnerability/service needs.

Prioritization criteria in addition to VI-SPDAT score:

- significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities regardless of the type of disability, which require a significant level of support to maintain permanent housing
- high utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities
- the extent to which people are unsheltered;
- risk of continued homelessness;
- vulnerability to illness or death; or
- vulnerability to victimization, including physical assault, trafficking, or sex work.

2. By-Name List

The Network implements coordinated entry into PSH through use of by-name lists—one list for individuals (including unaccompanied youth ages 18-24), one for families, and one for veterans (however, veterans are also incorporated into both of the other two lists as well). These lists

include homeless individuals and families that are chronically homeless or at risk of chronic homelessness, sorted by the orders of priority determined by the CoC. Individuals without children and families with children are listed on separate by-name lists because virtually all resources in our CoC are targeted to one population or the other.

The by-name list (BNL) is generated from the Network's HMIS and downloaded to a spreadsheet. The BNL is a regularly updated list of people experiencing homelessness, which can be sorted by VI-SPDAT score and filtered by categories.

The purpose and benefits of a BNL are:

- Ensure all households experiencing homelessness within a community are identified and their housing needs are known;
- Track the status and progress toward permanent housing of each of these households;
- Coordinate housing and services for each household among community providers;
- Measure progress toward goals and how close a community is to reaching an end to homelessness among the subpopulation;
- Identify key barriers to goal attainment and opportunities to resolve them.

Privacy Protections

The Network's HMIS privacy and confidentiality protocols are followed when using the BNL. Electronic and paper copies of the BNL are for review in preparation for and during the case conference meetings, and are not otherwise distributed or shared. Names of individuals on the list are only shared among parties covered by the Release of Information form; otherwise HMIS case numbers are used and unique identifying information is not shared.

Inactive Status

If there is no contact with a person for at least 30 days the person becomes inactive on the BNL. If there is later contact with a person who is inactive, the person is immediately added back to the active list, based on same VI-SPDAT score and current length of homelessness. VI-SPDAT Assessments are conducted at least annually, but may be administered more frequently as deemed necessary to gather current and accurate scores for prioritization. The purpose for this inactive/active policy is to keep the list as up-to-date as possible and make sure that housing referrals are likely to be filled quickly.

3. Prioritization by Housing Type

The information below is also included in the Network's written standards found in the *CoC Policies & Procedures Manual*.

Housing Type 1 - Permanent Supportive Housing (PSH)

The Network provides CoC-funded Permanent Supportive Housing (PSH) to help homeless individuals and families with severe service needs and long-term homelessness move into permanent supportive housing and achieve stability in that housing. Most of this housing is dedicated to households experiencing chronic homelessness.

Prioritization

The Network has adopted an **Order of Priority** for all CoC Program-funded PSH that must be followed when filling CoC PSH. Below are definitions for the type of beds and eligibility, followed by the order of priority.

There are exceptions made for projects operated by a VAWA provider, which accept prioritized referrals **using a separate system of Coordinated Entry** operated through the state network for DV providers.

Beds for Chronically Homeless Persons

Dedicated PSH beds: CoC-funded PSH beds, which are required through the project's grant agreement to be used only to house persons experiencing chronic homelessness unless there are no persons within the Network that meet that criteria. Dedicated beds, filled prior to the dedicated designation, that are currently occupied by persons who were not chronically homeless at entry, upon turnover will be filled by chronically homeless persons.

4. Dedicated PLUS PSH beds

Effective with the CoC2017 project grant agreements, some projects have become Dedicated PLUS projects. DedicatedPLUS was created to enable communities to more efficiently and effectively serve persons who are experiencing chronic homelessness, persons with the longest histories of homelessness, and those with the most severe service needs. DedicatedPLUS provides a new strategy on targeting PSH resources to improve the overall effectiveness of our crisis response system in our community. Currently the South Shore CoC has a **Louis Consolidated Project** designated as DedicatedPLUS, so these criteria apply only when there's an opening in that project.

By definition, a DedicatedPLUS project is a permanent supportive housing (PSH) project where the entire project will serve individuals and families that meet one of the following criteria at project entry:

1. Experiencing chronic homelessness as defined in 24 CFR 578.3;
2. Residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project; At this time our CoC doesn't currently anticipate TH project closings that would meet this criterion.
3. Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
4. Residing in transitional housing funded by a Joint transitional housing (TH) and rapid re-housing (PH-RRH) component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project; At this time our CoC doesn't have this project type (Joint TH/RRH).
5. Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions;
6. Receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Eligibility

- Literally Homeless or Fleeing/Attempting to flee Domestic Violence, AND
- For CoC-funded units: chronically homeless for dedicated units, broader definition for dedicated PLUS units
- Some units, as per grant agreements, have a preference for veterans or for victims of domestic violence
- Some units have other funding sources that restrict eligibility to specific populations, as follows:
 - Veterans
 - HIV+
 - Eligible for services from MA Department of Mental Health (DMH)

5. Order of Priority

Below is the Network's order of priority for PSH. CoC-funded PSH providers must be familiar with the complete HUD Notice and follow the recommended recordkeeping requirements: [Notice-CPD-16-11-prioritizing-persons-experiencing-chronic-homelessness.pdf](#)

For all priority categories below, service needs are determined by VI-SPDAT score and, when relevant, by additional information that indicate severity of needs. Additional information may be presented at case conferencing meetings and must be based on allowable prioritization factors.

- 1. Priority 1: Chronically homeless with Severe Service Needs:** Severe service needs are determined by a score of 10 (individuals)/ 9 (families) or above and then by length of homelessness. Length of homelessness is measured by cumulative time, either continuous or combined occasions, of 12 months or more.
- 2. Priority 2: Chronically homeless with Less Severe Service Needs:** Score below 10 (individuals)/ 9 (families) and then by longest length of homelessness. Length is measured as above.

Priority in other situations:

- No chronically homeless persons in Network's geography at time of vacancy, or
 - Vacancy is a DedicatedPLUS bed
- 3. Priority 3: Prior PSH residency:** Score of 10 (individuals)/ 9 (families) or above, had been living in PSH within the last year and had been chronically homeless prior to entry but had been unable to maintain the housing placement.
 - 4. Priority 4: Episodes don't equal chronic homelessness:** Score of 10 (individuals)/ 9 (families) or above and then by longest homelessness but doesn't meet chronic definition for number of occasions. Homeless for a total of at least 12 months over the last four years, but not on at least four separate occasions.
 - 5. Priority 5: Long stayer, not chronic:** By assessment score and then by longest length of homelessness; no minimum length of homelessness required.

Additional Requirements for Order of Priority

- **Dedicated PSH beds:** retain this designation, even if filled by a non-chronic person due to lack of any chronic persons at the time of vacancy. When the bed becomes vacant again, a chronically homeless person must be housed based on the order above, unless there are still no persons who meet that definition within the Network's geography.

- **Target subpopulations:** When the PSH project’s grant agreement targets a particular subpopulation (e.g., persons with a serious mental illness), the Network will follow the order of priority above for persons whose assessment indicate they are eligible for and need the services of the project (consistent with non-discrimination requirements).

Tie-Breakers

Within each level of prioritization above, individuals with the same level of priority will be further prioritized as follows:

1. The person determined to have the highest level of service needs (score and additional factors) is given the highest priority.
2. Between persons with the same level of service needs, the person with longest length of homelessness will be prioritized first.
3. Between persons with the same level of service needs and same length of homelessness, a veteran will be prioritized.
4. Between persons with the same level of service needs, same length of homelessness, and the same veteran status, the person who presented to the Network’s CE system first (based on assessment date) will be prioritized first.

Special Considerations under VAWA

Households fleeing domestic violence who qualify for an emergency transfer from a CoC funded PSH project shall have priority over all other applicants for PSH provided that the household meets all eligibility criteria required by Federal law or regulation or HUD Notice of Funding Availability; and the household meets any additional criteria established in accordance with 24 CRR 578.93(b)(1)(4)(6), or (7). The household shall retain their original homeless status for purposes of the transfer. Please see ***South Shore CoC’s VAWA Emergency Transfer Plan*** for additional information. This information can also be found on the CoC’s website: www.southshorecoc.org.

Housing Type 2 - Rapid Rehousing (RRH)

- ESG-RRH:
 - Prioritized by a VI-SPDAT score of 9 (Individuals)/8 (families) or lower
 - Prioritized by a VI-SPDAT score greater than 9 (individuals)/8 (families), when there are factors indicating ability to sustain housing, or RRH is used as bridge funding until placement in PSH

- *Special Considerations under VAWA:* Households fleeing domestic violence who qualify for an emergency transfer from a CoC funded project shall have priority over all other applicants for RRH provided that the household meets all eligibility criteria required by Federal law or regulation or HUD Notice of Funding Availability; and the household meets any additional criteria established in accordance with 24 CRR 578.93(b)(1)(4)(6), or (7). The household shall retain their original homeless status for purposes of the transfer. Please see ***South Shore CoC's VAWA Emergency Transfer Plan*** for additional information.

Section 6 | Referral and Housing Placement

1. Referral

Once a person has been assessed and prioritized, they will be referred for housing, as there is housing available. The person's prioritization status (and other information from the assessment process) will determine where the person is referred.

As noted previously, the Network's CE uses a Housing First approach and is low barrier.

When a housing program has a vacancy or available subsidy slot, the household with the highest prioritization that also meets eligibility for the available unit is referred (see Housing Match Process below). Providers will strive to reduce barriers as they assist selected households with navigating the process, from referral to housing placement.

Some non-CoC funded projects that participate in CE have additional eligibility requirements set by their funding source, e.g., veteran status, HIV+ status. Providers are not required to waive these requirements, but are strongly discouraged from imposing additional eligibility barriers. There is one CoC-funded project with state Department of Mental Health (DMH) funding. The above prioritization process is followed, but at the time of eligibility determination, need for DMH services would be required.

2. Eligibility Determination

Determining eligibility is a project-level process governed by written standards as established in 24 CFR 576.400(e) and 24 CFR 578.7(a)(9) – see the *CoC Policies & Procedures Manual*. The coordinated entry system only refers persons to projects for which they are eligible. The process of collecting required information and eligibility documentation might occur at any point in the CE process, *i.e.*, after or concurrently with assessment and prioritization. Projects may be legally permitted to limit eligibility, *e.g.*, to persons with disabilities, through a Federal

statute which requires that assistance be utilized for a specific population (e.g., the HOPWA program), or through State or local preferences where Federal funding is not used and Federal civil rights laws are not violated. Programs are prohibited from restricting access to persons with a specific diagnosis unless it is a requirement of another funding source for the project.

3. Housing Match Process

When there is a housing opening, it will be offered to the highest prioritized, eligible person. The referral and match process is as follows:

The case manager assigned to assist the next prioritized person will be notified, and will attempt to make contact with the person for two [2] full weeks. Due diligence will mean at least three (3) attempts in-person, by phone or in writing to reach the person directly or via agencies known to have contact with the person. If the person cannot be reached within that time, then staff moves to the next person on the list. Once staff makes contact with the person, the person must decide whether to accept the unit. If the person accepts, the person moves forward to move-in (if a unit) and/or housing search process (if a subsidy).

4. Participant Refusal of Housing Offer

The Network's CE system respects participant choice. If an individual refuses a housing offer to which they are referred, the individual remains on the by-name list with the same priority status as before, based on VI-SPDAT score and current length of homelessness. The goal is to house people, especially those with severe service needs; there is no limit to the number of referrals that will be made for an individual.

5. Housing Provider Decline of a Referral

There may be unusual instances where programs do not to accept a CE referral. Refusals are permitted in limited circumstances, including:

- The person does not meet the program's eligibility criteria;
- The person would be a danger to others or themselves if allowed to stay at this program;
- The person has previously caused serious conflicts within the program (e.g. was violent with another consumer or program staff); and
- The person would seriously put the stability of the house at-risk due to the mix of current participants (e.g., congregate housing) or due to landlord requirements (e.g.,

limits on numbers of persons with active substance abuse). Such reasons will be documented and must be done within a framework of Housing First and striving to lower barriers.

If the program determines a consumer is not eligible, the homeless individual remains on the by-name list. The individual maintains the priority status they had prior to the referral.

CoC-funded programs that consistently refuse referrals will be reviewed for compliance with contract requirements and may risk suspension or loss of funding. Programs that are not CoC-funded and consistently refuse referral will be evaluated to determine if the program is appropriate to participate in CE.

Section 7 | Grievance Procedure

Any person participating in the coordinated entry process has the right to file a grievance regarding issues related to the coordinated entry system. Grievances should be brought to the relevant provider involved in the CE issues of concern (for example, how the assessment was conducted, how the match was made). The grievances should be addressed through that provider's grievance procedure. Appeals of the provider's decision should be forwarded to the South Shore Network for review and a final decision. The Executive Committee member who is the CoC Collaborative Applicant will conduct this review (the Community Development Director for the City of Quincy Community Planning Department).

Section 8 | Stakeholder Consultation

The Network will solicit feedback at least annually about the quality and effectiveness of the entire coordinated entry experience. Such feedback must be solicited from:

- participating projects and
- households that participated in CE – this must include individuals and families currently engaged in the CE process or who have been referred to housing through the CE process in the last year

Appropriate feedback methodologies include the following:

- surveys designed to reach the entire population served or a representative sample of participating providers and households;
- focus groups of five or more participants that approximate the diversity of the participating providers and households; and

- individual interviews with participating providers and enough participants to approximate the diversity of participating households.

The Network must use the feedback to make updates to the coordinated entry written policies and procedures. It completed its first round of stakeholder consultation in January 2019. The Network incorporated that feedback into the revised CE written policies and procedures and will continue this process on an annual basis

Section 9 | Privacy and Data Protections

CE operations and staff must abide by all state and federal privacy protections. Participant consent protocols, data use agreements, data disclosure policies, and any other privacy protections offered to program participants as a result of each participant's participation in HMIS will be the same as for CE. Identifying data of persons/households recently or currently experiencing any of the situations captured in the VAWA final rule are entered anonymously into HMIS.