

Ithaca/Tompkins County Continuum of Care
Coordinated Entry Policies and Procedures

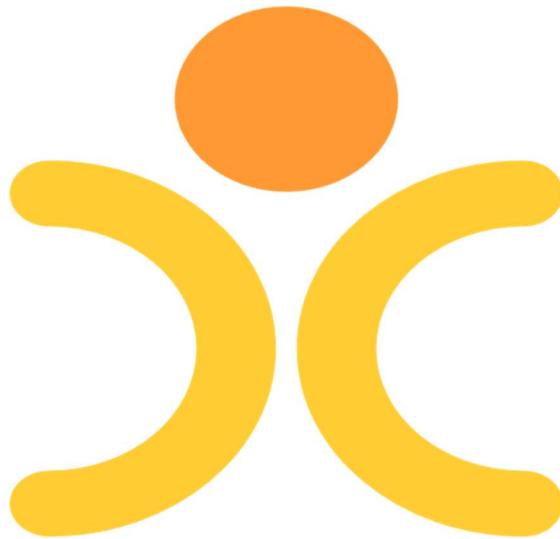


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OVERVIEW

The Coordinated Entry system is designed to identify, engage, assess and refer consumers who are experiencing homelessness or are at risk of becoming homeless.

Key Elements

No Wrong Door Approach to Services

Consumers can enter into any participating agency within the continuum of care and they are linked with a staff person trained to identify their needs, assess their situation and make the appropriate referral.

Standardized Assessment

The use of a standardized assessment tool to identify vulnerabilities and assist in placing consumers in the right interventions. The assessment has a section specific to youth and is aligned with the CoC's Order of Priority. Consumers with the highest vulnerability score are placed at the top of the wait list for all housing programs within the CoC for which they are eligible.

Referrals

Based on the results of the Vulnerability Index, a consumer will be referred to a homelessness assistance program, and other service providers when appropriate.

All housing and service providers who receive funding from the Department of Housing and Urban Development (HUD) through the Continuum of Care (CoC) or Emergency Solutions Grants (ESG) are required to participate in the Coordinated Entry system. The system is a proven national best practice and all housing and service providers in the county are encouraged to participate. When implemented effectively, coordinated entry can minimize the time and frustration consumers who are in crisis may face when trying to access services and also:

- Reduce new entries into homelessness through a coordinated system of diversion and prevention efforts;
- Prevent people experiencing homelessness from entering and exiting multiple programs before having their needs met;
- Reduce or erase entirely the need for individual provider wait lists for services;
- Foster increased collaboration between homelessness assistance providers; and
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and progress the goal of ending homelessness.

This Document

These policies and procedures will govern the implementation, governance and evaluation of the coordinated entry system in Tompkins County. These policies may only be changed by the approval of the Continuum of Care (CoC) Governance Committee based on recommendations from the Coordinated Entry (CE) of the CoC.

Basic Definitions

Housing Provider: An organization that provides housing to people experiencing homelessness or at risk of becoming homeless. The providers below are members of the Coordinated Entry Team of the CoC:

- Lakeview Mental Health
- Tompkins Community Action
- The Learning Web
- The Advocacy Center
- St. John's Community Services
- Second Wind Cottages
- Catholic Charities
- Opportunities, Alternatives, and Resources (OAR)

Service Provider: An organization that provides services to people experiencing homelessness or at-risk of becoming homeless. The providers on the list are trained in the Coordinated Entry system. Organizations can be added at any time after completing a Memorandum of Understanding (MOU) and training on the assessment tool.

- 211
- Tompkins County Department of Social Services
- Tompkins Community Action
- The Learning Web
- The Advocacy Center
- St. John's Community Services
- Second Wind Cottages
- Loaves and Fishes
- Family & Children Services
- Catholic Charities
- Opportunities, Alternatives, and Resources (OAR)
- Ithaca Health Alliance
- Southern Tier Care Coordination/STAP
- Child Development Council
- Soldier On
- Cayuga Medical Center
- County Office for the Aging

Cayuga Addiction Recovery Services
Alcohol and Drug Council of Tompkins County
Multicultural Resource Center
Ithaca Police Department
Tompkins County Sheriff Department

Program: A specific set of services or housing intervention offered by a provider.

Consumer: A person experiencing homelessness or at risk of becoming homeless; a person who is being assessed through the coordinated entry system.

- Adult- age 25+ use Individual tool (or Family tool, if more than one person in household)
- Youth- age 18-24- use Youth tool (or Family tool)
- Veterans- use age based tool but have immediate follow up to hot line numbers for immediate attention

Housing Interventions: Housing programs and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs.

Definition of Homeless

On January 4, 2012, final regulations went into effect to implement changes to the U.S. Department of Housing and Urban Development's (HUD's) definition of homelessness contained in the Homeless Emergency Assistance and Rapid Transition to Housing Act. The definition affects who is eligible for various HUD-funded homeless assistance programs. The full definition can be found in the final rule:

<https://www.govinfo.gov/content/pkg/FR-2011-12-05/pdf/2011-30942.pdf>

The definition includes four broad categories of homelessness:

Category 1: Literally Homeless

People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided if they were in shelter or a place not meant for human habitation before entering the institution.

Category 2: Imminent Risk of Homeless

People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing.

Category 3: Homeless under Other Federal Statutes

Families with children or unaccompanied youth who are unstably housed and likely to continue in that state.

Category 4: Fleeing/Attempting to Flee Domestic Violence

People who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening situations related to violence; have no other residence; and lack the resources or support networks to obtain other permanent housing.

Please see Appendix C for HUD Homeless Definition – Eligibility by Component table

Target Population

The Coordinated Entry system is intended to serve persons experiencing homelessness and those at imminent risk of homelessness. Homelessness will be defined in accordance with the official HUD definition of homelessness detailed on page three (3). Persons at imminent risk of homelessness are those who believe they will become homeless, according to the HUD definition, within the following 72 hours, documented with a three-day notice. Consumers not at risk of imminent homelessness should be referred to prevention resources available in the community.

This Coordinated Entry process was developed primarily for residents of Tompkins County.

The Ithaca/ Tompkins Coordinated Entry Forms can be found in Appendix B of this document. There are currently 4 parts:

1. Screening Questions
2. Adult/Individual Tool (VI-SPDAT)- assessment tool for ages 25+
3. Youth Tool (TAY-VI-SPDAT)- assessment tool for ages 16-24
4. Family Tool (VI-FSPDAT)- assessment tool for families of any age

Goals and Guiding Principles

The goal of the coordinated entry system is to provide each consumer with services and supports to meet their housing needs with a focus on a rapid return to permanent housing. Below are the guiding principles that will help Tompkins County meet these goals:

1. **Consumer Choice:** Consumers will be given information about the programs available to them and have some degree of choice about which programs they want to participate in.

2. **Collaboration:** Because coordinated entry is being implemented system wide, it requires a great deal of collaboration between providers within the CoC, other local service providers, mainstream assistance agencies, funders, and other key partners. Collaboration will be fostered through open communication and transparency, monthly meetings between partners and CE staff, and consistent reporting on the performance of the coordinated entry system.
3. **Accurate Data Collection:** CE staff are required to track the referrals made after a consumer is assessed and provide that information to the CoC Coordinator at the monthly CE meeting. Data collected will reveal what resources consumers need the most and will help in determining how best to allocate, or reallocate, resources. Consumers' rights regarding data collection will be made explicit, and no consumer will be denied services for refusing to share their information, however, consumers must be made aware that refusing to share some information may reduce their housing options.
4. **Performance-Driven Decision Making:** Decisions about, and modifications to, the coordinated entry system will be driven primarily by the need to improve the performance of homelessness assistance and system performance measures. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of waiting time for an assessment.
5. **Housing First:** Coordinated entry will support a "housing first" approach, and will thus work to connect consumers with an appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible, with little to no barriers to entry.
6. **Prioritizing the Hardest to House:** Coordinated entry referrals will prioritize consumers that appear to be the hardest to house or serve for program beds and services. This approach will ensure an appropriate match between the most intensive services and the consumers least likely to succeed with a less intensive intervention, while giving consumers with fewer housing barriers more time to work out a housing solution on their own. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all.

KEY COMPONENTS OF THE COORDINATED ENTRY PROCESS

Screening Overview

This section outlines and defines the key components of coordinated entry and how the coordinated entry process will work. Ithaca/Tompkins CoC uses a *No Wrong Door* approach to providing screenings and assessments.

With the No Wrong Door approach, there are multiple ways a consumer can access the system:

1. A consumer presents at a CAT organization and is assessed by a trained CE staff person
2. A consumer presents at an organization where there are no trained assessors, the staff person will contact 211 to begin an initial screening. 211 will guide the caller to a CE organization to complete the assessment in-person.
3. A consumer can call 211 directly to be screened and then referred; this is most likely to occur after regular business hours.

All consumers experiencing homelessness or at imminent risk of homelessness should be directed to one of the above options to be assessed prior to receiving any services or admission to any homelessness assistance program, with the exception of situations where assessment hours have ended for the day and the person needs emergency shelter, which the consumer would then present to the emergency shelter to receive assistance.

The CE organizations will have the capacity to conduct a full assessment in person, and consumers experiencing homelessness will be assessed and referred to homelessness assistance services. CE organizations are approved by the Coordinated Entry Team and sign the Tompkins County Coordinated Entry Participating Agency Memorandum of Understanding (MOU) agreeing to the operational guidelines of the coordinated entry process. A copy of this MOU can be found in attachment C of this document. The designated CE organizations in Tompkins County are:

- Lakeview Mental Health
- Tompkins Community Action
- The Learning Web
- The Advocacy Center
- St. John's Community Services
- Second Wind Cottages
- Catholic Charities
- Tompkins County DSS- Special Services Unit
- Tompkins County Mental Health Department
- Family and Children's Services – Street Outreach worker

This list will be updated if and when additional designated CE organizations are added or removed.

Coordinated Entry (CE) Organizations

The VI-SPDAT, used widely across the country, will be administered by trained assessment staff at each agency listed above.

Outreach staff whose agencies have been approved by CE will assess consumers living on the street or other places not meant for human habitation. The St. John's Community Services shelter staff and Tompkins County Department of Social Services (DSS) staff who work with consumers being discharged from jails and hospitals are included in this process.

All staff that administers assessments will receive training on the standardized assessment forms to be used, proper referral and prioritization procedures, and priority list management. Staff will also receive training in serving domestic violence survivors and other topics specific to special populations as needed. It is the responsibility of the CoC to ensure this training for staff is available and occurs on a regular basis (at least quarterly).

Throughout this manual, assessment staff will find instructions and guidance on how to conduct assessments, make referrals, and prioritize consumers for services. However, not every conceivable situation is covered in this manual. Assessment staff will need to rely on their judgment, their training, and their supervisor in exceptional situations.

CE Staff Responsibilities

CE staff will be responsible for all homelessness assistance assessments, including initial prevention/diversion assessments. CE organizations are required to notify the CoC of the availability of CE staff who will be administering assessments so the information can be provided to the consumer, who will then be able to make an appointment or be assessed during walk-in hours.

The CoC Coordinator, under the Human Service Coalition, will help to identify resources and programs available based on an individual basis as well as update the community-wide wait list, store the agency MOUs and consumer assessments, and provide housing agencies with consumer information when there are openings.

Each trained assessor at the CE organizations will be linked directly to a CE member who will provide support and technical assistance on an ongoing basis.

System Entry

Tompkins County will operate under the “no wrong door” approach outlined on page six (6). It is prohibited for any homelessness assistance organizations to admit or serve consumers without them having first gone through the coordinated entry process and received a referral to their agency. Emergency shelters and domestic violence shelters are excluded from this as appropriate.

Phone Calls

Staff at the CE organizations, 2-1-1, or other provider locations who answer phones may encounter consumers experiencing or at imminent risk of homelessness who are interested in being assessed or receiving services. All of these callers should be asked the pre-screening questions:

1. Are you currently homeless or do you think you will become homeless within the next 72 hours? *Homeless means living in a place not meant for human habitation, in emergency shelter, in transitional housing, or exiting an institution where you stayed for up to 90 days and were in shelter or a place not meant for human habitation beforehand. **Youth under age 25 who are couch surfing qualifies as homeless.***
2. Are you interested in receiving homelessness assistance services?
3. Have you met with anyone at DSS about your housing situation?
4. Are you under the age of 25? *If so, use the Youth VI tool*
5. Are you fleeing or attempting to flee domestic violence?

If the consumer answers yes to questions 1 and 2, they should then be informed of the nearest CE organization where they can be assessed. CE organizations are required to notify the CoC of their availability to assess consumers.

If the consumer answers yes to question 3, DSS Special Services should be contacted prior to Administering the tool to avoid duplication.

The Assessment Process

Assessment refers to the process of administering the applicable VI-SPDAT to determine which programs or services are most appropriate to meet the needs of the consumer and prioritize them for housing. Assessment staff will be trained on administering and scoring as well as client choice and privacy, and program eligibility.

Assessments will be administered at the following trained CE organizations:

Lakeview Health Services
Tompkins Community Action
The Learning Web
St. John's Community Services
Catholic Charities
Tompkins County DSS- Special Services Unit
Tompkins County Mental Health

While Assessment Staff Are On Duty:

1. Each consumer presenting at a CE agency, or other agency that works with consumers, will be asked the prescreening questions to determine if they should be assessed using the vulnerability tool that the consumer does not need homelessness assistance services, they will be directed to more appropriate resources.
2. If the consumer is eligible according to the pre-screening process, they will be directed to an available CE staff member. The CE member will then explain the assessment process and share and discuss data confidentiality documents with the consumer. If the consumer signs the **Tompkins County HMIS Data Collection Information** (Attachment B of this document) and the **NY-510 CoC Coordinated Entry Multiple Party Release Form** (Attachment F of this document) the CE staff member will begin the vulnerability tool. If the consumer is seeking domestic violence specific services, they will be referred immediately to the Advocacy Center or emergency shelter. If a consumer refuses to sign the release forms, the CE staff person should alert the consumer that homelessness assistance would potentially be limited.
3. Consumers who are eligible for diversion will be provided with a list of available resources to help them stay in housing, mediate disputes, or other resources for alternative housing as appropriate. The CE staff person will need to utilize judgment and knowledge of resources to assess what alternatives are available to the consumer at the time. CE staff are required to complete a referral form that will be passed to the CE team for review.
4. If the consumer is successfully diverted, they will end their engagement with the assessment worker, who will make a note in the assessment form and report to the CE that the consumer was diverted.

5. Consumers who are not eligible for diversion will continue with the assessment process. This process will prioritize the consumer for housing interventions and accompanying services, including transitional housing, rapid re-housing, and permanent supportive housing.

If Assessment Staff Are Off Duty (After Assessment Hours):

1. Consumers presenting with a need for emergency shelter should be offered a bed at the shelter or another available crisis housing center.
2. Shelter staff will conduct the assessment and provide the information to the CoC Coordinator.
3. If the consumer has called the 211 call center, the call center will provide the list of CE organizations and earliest available time for a full screening. 211 will also provide information on accessing the shelter after-hours.

Job Responsibilities of Assessment Staff

Coordinated Entry (CE) Staff Member Duties:

4. Administer assessments to consumers attempting to access the coordinated entry process
5. Report any capacity issues to the CE staff supervisor
6. Record assessment tool results on paper or electronically and enter into HMIS or send to Coordinated Entry Lead
7. Be knowledgeable of data confidentiality and consumer confidentiality rights and be able to explain these rights to each consumer
8. Obtain a signed data confidentiality agreement from each consumer whose information is collected
9. Refer consumers ineligible for homeless assistance services to other, more appropriate community resources

Coordinated Entry Staff Supervisor Duties:

In addition to the responsibilities listed above:

10. Ensure that CE staff are following all policies and procedures and help them address any obstacles to doing their jobs

Coordinated Entry Lead Duties:

11. Accept assessments
12. Monitor CE entries and exits in HMIS
13. Provide appropriate resources & linkages when needed

Data Collection

Data will be collected on everyone that is assessed through the coordinated entry process. This section, in addition to instructions embedded within the assessment tool, will detail when and how consumer information will be collected.

After the consumer has completed the pre-screening questions and is eligible to be assessed, the CE staff member will review, with the consumer, the confidentiality form and explain what data will be collected, how it will be shared, with whom it will be shared, and the consumer's rights regarding the use of their data. CE staff will be responsible for ensuring consumers understand their rights. When the forms are complete, the CE staff member will begin the assessment process using the VI-SPDAT. The assessment can be completed in hard copy format or on the computer. However, agencies are required to provide the client assessment score and information to the CE Lead within 24 hours for input onto the community wait list in HMIS. Agencies are also required to provide the signed ROI, in electronic format via secure upload or upload into HMIS for the monthly CE meetings, to the CE Lead for safe keeping.

Some consumers should never be entered into the spreadsheet. These include:

- Consumers who are fleeing or attempting to flee domestic violence should never have information shared unless it is with DV specific agencies and/or the consumer has agreed. The assessment should be done on a paper form and passed off to the appropriate provider (The Advocacy Center). If they are being served by a domestic violence provider, that agency may enter their information into a comparable database.
- Consumers who do not sign a data confidentiality form should also never have their data entered into HMIS. Consumers who do not consent to their information being shared would reduce their ability to access certain housing programs.

Access to parts of each consumer record or assessment form may be restricted for safety reasons or by consumer request.

Basis of Referrals

Referrals to additional services will be made based on the following factors:

- Results of the assessment tool process;
- Bed availability and size of intervention priority lists;
- Established system wide priority populations; and
- Program eligibility admission criteria, including populations served and services offered.

Each of these elements is discussed in more detail below.

The Vulnerability Tool has a built-in scoring mechanism that will prioritize households for access to different housing interventions. This will serve as a starting point for discussion between the CE staff member and the consumer about what Services will be most effective. The CE staff member will complete a full review and compile all appropriate resources available to the consumer. A list of resources is included in the tool.

Agencies must contact the CoC Coordinator by email regarding the number of available beds or units (specifying which bed or unit the population is for if they serve multiple populations) as units become available or at least monthly.

The community wait list will be maintained by the CoC lead organization, the Human Service Coalition. Housing providers will contact the CoC Coordinator for the information of the next consumer on the list that meets their program eligibility. Each housing provider will still utilize their program application and report to the CoC Coordinator on the outcome. If enrolled in the program, the HMIS information is to be collected (if a HUD funded program). If determined to be ineligible, the provider must inform the CoC Coordinator of the decision and provide written justification when a consumer is denied entry into a program.

The Coordinated Entry Team will review the wait list on a monthly basis. The Team will monitor trends and review the reports of eligibility determinations.

The Vulnerability Tool has a built-in points system which will facilitate the most vulnerable being placed highest on the list and connected with appropriate programs based on their score. The assessment process will be geared toward prioritizing consumers with the most intensive service needs and housing barriers (e.g. chronically homeless and households with multiple episodes of homelessness).

The Continuum of Care will revisit the Coordinated Entry System and vulnerability tool annually to ensure the tool is aligned with the CoC and HUD priorities. The vulnerability tool being used at intake will be updated to reflect any changes to the priority groups. The Coordinated Entry Team will be responsible for ensuring changes and updates are distributed to the CE agencies and larger CoC.

Referrals will be based on each program's eligibility criteria, including populations served. For example, programs that serve only single adult men will only receive single adult men as referrals. An outline of program eligibility will be used to assist providers in determining which programs a consumer may be eligible for based on their situation and assessment.

All housing providers receiving CoC and ESG funds are required to participate in the coordinated assessment process. Providers must submit program eligibility criteria to the Coordinated Entry Team before they can participate in the coordinated assessment process. Any changes to a program's eligibility criteria or target population must be sent immediately to the CoC Coordinator and the Coordinated Entry Team Chair to ensure referral protocol is updated accordingly. If the Team has a concern that a program's requirements may be contributing to "screening out" or excluding consumers from needed services, the Team may request to meet with the provider to discuss their criteria. If the Team can clearly show a link between underserved populations and eligibility criteria from a provider, and the provider is unwilling to modify the criteria, the Team may recommend to the CoC Governance Committee that provider be de-prioritized for CoC or other sources of funding.

Making Referrals and Prioritizing Consumers

The referral process will be standard across all assessment sites.

1. After the assessment process is complete, the CE staff will make an immediate referral to appropriate services, and submit the consumer's information to the CE Lead, through HMIS or secure upload, to be included on the wait list.
2. If the consumer was not prioritized for any interventions, the CE staff should explain why and what other services will be available to them (e.g., shelter case management, connection to mainstream resources, help connecting with family or friends). The Ithaca/Tompkins Vulnerability Tool Resource tab provides guidance. The consumer, if experiencing homelessness should be referred to the emergency shelter immediately where they will receive case management and other services to help them connect to housing.
3. If the consumer is first on the list for a particular intervention and there is an opening in a program they are eligible for (and it is during that program's business hours), a referral should be made directly to that program via the CoC Coordinator.
4. The CoC Coordinator will be responsible for coordinating the referrals from the assessing agency to the program which the consumer is eligible. The CE agency that assessed the client will be responsible for submitting the required documents to the CoC coordinator via fax, secure upload, or the monthly CE meeting.
5. If there is not currently an opening at an appropriate program within the intervention, the consumer should be referred to the appropriate emergency shelter or other housing resource. The CE staff should explain that once a spot opens up for them, they will be notified.

Priority List Management and Notification of Referral

The Human Services Coalition, via the CoC Coordinator will be responsible for maintaining the community wait list and providing service providers with eligible clients as openings become available. CE staff, during the assessment process, is responsible for making and documenting immediate referrals and submitting the referrals to the CE Team and CoC Coordinator.

Special Populations

Consumers with special needs who present to a CE agency may need to be directed to specific resources that are not covered in this manual or through the vulnerability assessment. CE staff

are encouraged to confer with their program supervisor and CE member to ensure proper referrals are made and documented.

It is extremely important that veterans are connected to the appropriate hotline phone numbers after hours. 211 should have these numbers on hand for immediate linkage.

Post-Referral Procedure

Once successfully placed in a program, the consumer should be connected to a case manager to assist in other service needs. The housing provider is responsible for notifying the CoC Coordinator in writing of the program placement and completing the appropriate HMIS data entry. The consumer will be removed from the spreadsheet and their placement reported to CE Team at the monthly meeting.

DECLINED REFERRALS AND GRIEVANCE PROCEDURES

Program Declines Referral

In the instance a program declines a referral from the CoC coordinator, the program must provide written justification that corresponds to one of the below stated reasons: 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 particular program; and
- The person has previously caused serious conflicts within the program (e.g. was violent with another consumer or program staff).

If the program determines a consumer is ineligible for their program after the referral from the CoC Coordinator, the consumer will be kept on the wait list, but will be encouraged to visit DSS special services for emergency placement, if necessary.

Programs that refuse more than three (3) consumers in a 12 month period will have their criteria reviewed by the Coordinated Entry Team.

Consumer Declines Referral

CE staff, through the administration of the vulnerability assessment and discussion with the consumer, should attempt to meet each consumer's needs while also respecting community-wide prioritization standards. Every effort should be made to engage the consumer in appropriate programs. However, consumers have the right to refuse interventions they feel do not fit their needs. While consumer choice will be honored, the CoC has the right to limit the number of program refusals any consumer can have per episode of homelessness. If a consumer continuously declines housing options the CE will try to identify and find solutions to the barrier.

Provider Grievances

Providers should address any concerns about the process to the CoC Coordinator unless they believe a consumer is being put in immediate or life-threatening danger, in which case they should deal with the situation immediately. The CoC Coordinator will discuss the issue with the Coordinated Entry Team Chair. If a solution cannot be determined the Chair will arrange for the provider's representative to attend the next CAT meeting to resolve the issue. If a more immediate resolution is needed, the Chair will be in charge of determining the best course of action. The Chair will provide a written summary of the Team's decision regarding the grievance that will be sent to the provider filing the grievance.

Consumer Grievances

The CE staff member or the CE staff supervisor will address any complaints by consumers as best they can when problems arise. Complaints that should be addressed directly by the CE staff member or staff supervisor include complaints about how the consumer was treated by assessment staff, assessment center conditions, or violation of confidentiality agreements. Any other complaints will be referred to the CoC Coordinator and the CE chair. The CE will be brought in to identify solutions as appropriate. Any complaints filed by a consumer will include the consumer's name and contact information so the Chair can contact them and ask them to attend a team meeting to discuss the grievance. The Chair will provide a written summary of the Team's decision regarding the grievance that will be sent to the consumer.

GOVERNANCE

Roles and Responsibilities

The coordinated entry process will be governed by the Coordinated Entry Committee of the CoC. This group will be responsible for:

- Investigating and resolving consumer and provider complaints or concerns about the process, other than declined referrals (which will be dealt with using the process described on page 12);
- Providing information and feedback to the CoC, CoC Governance Council, and the community at-large about coordinated entry;
- Evaluating the efficiency and effectiveness of the coordinated entry process;
- Reviewing performance data from the coordinated entry process; and
- Recommending changes or improvements to the process based on performance data, to the CoC and CoC Governance Committee.
- Review grievances received from providers and/or consumers.

Policies and Procedures

CE Composition

The Coordinated Entry Team will include the following seats:

- CoC Coordinator;
- 211 call center staff;
- emergency shelter staff representative;
- Permanent Supportive Housing Program Staff;
- Street outreach staff;
- veteran services representative;
- youth services representative;
- mental health representative;
- Tompkins County DSS Special Services representative

Other seats that may be included in future iterations of the committee are faith-based organizations, substance use service providers, school system representatives, and front-line staff in service organizations.

CE Chair

The Team will have a chair. The chair will be responsible for:

- Putting together an agenda for each meeting, based on communications or agenda items submitted by providers or consumers;
- Serving as the point of contact for anyone seeking more information or having concerns about the coordinated assessment process; and
- Ensuring minutes are taken at each meeting.

The CoC Governance Committee will appoint the chair from within the Coordinated Entry Team.

Expectations of Members

To remain in good standing and be allowed to vote and participate as members of the Coordinated Entry Team, all members must attend at least 75 percent of meetings. The chair must attend 90 percent of meetings. Meetings will take place at least once a month, more if determined necessary.

Term Length and Limits

Each organization listed above commits to having a member seated on the committee at all times.

Meeting Schedule and Agenda

The CE committee will meet at least monthly to review actual assessments and referrals made through coordinated entry and monitor the list placements and outcomes. CE will hold a special meeting once quarterly to conduct a review overall process.

Voting Procedures

Decisions made at meetings are made based on a majority vote by CE members present at the meeting the decision is required. Any decisions that would lead to a modification of the coordinated entry process, including changes to the vulnerability tool or policies and procedures, must be approved by majority vote by the Team AND approved by the CoC Governance Council.

Conflicts of Interest

If at any point a provider or consumer wishes to address a complaint or grievance with a provider or agency that is a representative on the CE, that particular representative must recuse themselves from participating in those proceedings or voting on the outcome of that particular issue.

Review of Coordinated Entry Committee Policies and Procedures

The policies and procedures governing the CE will be separated into a bylaw document that must be approved by the CoC Governance Committee. The CoC Governance Committee should review these bylaws bi-annually or at the request of the Coordinated Entry Team.

EVALUATION

The coordinated entry process will be evaluated on a regular basis to ensure that it is operating at maximum efficiency. Evaluation will be carried out primarily through the Coordinated Entry Team and any consultants or third Parties engaged to assist.

Evaluation mechanisms will include the following:

1. **A monthly review of the coordinated entry process.** The CE will review individual assessments and referrals monthly. The team will identify any barriers in the system and discuss potential solutions.
2. **Quarterly review of coordinated system metrics:** The CE will review system performance and metric quarterly. Data to be reviewed, and the thresholds that should be met, will be developed based on the document in Attachment ___.
3. **A verbal report will be issued to the community every six months on coordinated entry and homelessness assistance system outcomes.** This report will include trends from the month-to-month analysis of coordinated entry data, as well as the total number of assessments and referrals made, successes to be shared, and a note from the Chair on the progress of the system.
4. **An annual report on the homelessness assistance system with a section devoted to coordinated entry.** Major findings from this annual report should be presented at the CoC and Homeless & Housing Task Force meeting the month it is released by a member of the Team.

CONTACT INFORMATION

Questions about these policies and procedures should be directed to:

CoC Coordinator

Liddy Bargar
Continuum of Care Coordinator
Human Services Coalition of Tompkins County
118 N. Tioga St, Suite 304
Ithaca, NY 14850
[607-273-8686](tel:607-273-8686) phone
[607-273-3002](tel:607-273-3002) fax
lbargar@hsctc.org

Coordinated Entry Lead

Taylor Fellman
Accounting Manager & CE Lead
Human Services Coalition of Tompkins County
118 N. Tioga St, Suite 304
Ithaca, NY 14850
[607-273-8686](tel:607-273-8686) phone
[607-273-3002](tel:607-273-3002) fax
tfellman@hsctc.org

Coordinated Entry Team Chair

Danielle Harrington
Housing Services Director
Tompkins Community Action
701 Spencer Road
Ithaca, New York 14850
607-273-8816 phone
607-273-3293 fax
Danielle.harrington@tcaction.org

Attachment A

Project Background

Under the direction of HUD and the goals of NY-510 Ithaca/Tompkins CoC 10 year plan and mission to end homelessness, the Coordinated Assessment Team was created and charged with creating and implementing a system to best serve individuals and families at risk of or experiencing homelessness. The Coordinated Assessment Team developed a vulnerability tool and created policies and procedures to guide the implementation. Below is a timeline of the group's activities.

Timeline of Coordinated Assessment Activities

Activity	Date
Kick off Meeting	April 2016
Tool identification & Development	April & May 2016
Policy & Procedure writing	June 2016
Review and Approval of Coordinated Assessment Committee	July 2016
Present to CoC Governance Committee	August 2016
Present to full CoC	September 2016
Present to Homeless and Housing Taskforce	October 2016
Train community Partners	October 2016
Implement	November 2016 to March 2017
Meet with Full CoC for feedback	April 2017



CNYHMIS Client Consent Form

Client Name: _____ Date of Birth: _____

Agency: _____ Program: _____

I know that this agency is part of the CNY HMIS (Homeless Management Information System). The CNY HMIS is a system that uses computers to collect information about homelessness in order to help plan and pay for services to people who are homeless or requiring services to prevent homelessness. The CNY HMIS is administered by the Housing and Homeless Coalition of Central New York (HHCCNY).

With this written consent, CNY HMIS agencies that offer me services may enter, see, and update basic information about me and/or my children including name, gender, race, ethnicity, birth date, veteran status, proof of homelessness, income, insurance, disabilities (including HIV/AIDS status) and service transactions related to housing, food, and material goods.

The Agency shall only release client records to non-partner agencies with proper written consent by the client unless otherwise permitted by relevant laws or regulations. Any research performed with this data is completely de-identified. No personally identifying information will ever be revealed in research or public reporting from HMIS data.

Decisions to deny outreach, shelter, or housing will not be based solely on information in this system. My decision to sign or not sign this consent document will not be used to deny outreach, shelter, or housing services.

I may withdraw the consent except for information that has already been given out or actions already taken, by informing the agency in writing that I want to withdraw my consent. This consent will **end one year** from the date signed.

I have a right to see my CNY HMIS record, ask for changes, and to have a copy of my record from this agency upon written request.

Tompkins County Coordinated Entry Network:

The Advocacy Center, Catholic Charities, Family and Children's Service of Ithaca, Human Services Coalition of Tompkins County, Lakeview Health Services, The Learning Web, Opportunities and Resources (OAR), Soldier On, St. John's Community Services, Tompkins Community Action, Tompkins County DSS- Special Services Unity, and the United States Department of Veterans Affairs.

Dates of release _____ / _____ / _____ to _____ / _____ / _____
(Date of first service) (One year from date of first service)

Coordinated Entry Releases

- I authorize HSC to share my homelessness history as it is recorded in HMIS with _____ (Agency name) and other Coordinated entry Agencies
- I authorize _____ (Agency name) and HSC to record and share my medical information pertaining to my eligibility for housing programs. This information is only shared with Coordinated Entry Agencies, and the minimum necessary information is collected and shared.

Client Signature

Date

Agency Witness

Date

Only check if you are **rescinding** authorization to release information in HMIS.

- I rescind my authorization to the CNY HMIS. I do not want any future information to be shared with other agencies in the HMIS

Client Signature

Date

Consent on behalf of household members – An adult head of household may provide consent on behalf of their family members to share their information in the HMIS.

Head of household name: _____

Name _____ Date of Birth: _____

Client Signature

Date

Agency Witness

Date

Attachment C



NY-510 Continuum of Care (CoC)- Coordinated Entry Process

Participating Agency Memorandum of Understanding

Participating Agency:	Date:
Designee(s):	CE Trained Staff Person(s):

This document describes the roles and responsibilities of the Coordinated Entry Participating Agency within the Ithaca/Tompkins CoC:

Participating Agency: Any housing or service provider that receives funding through the Continuum of Care Program Competition, Ithaca/Tompkins NY-510 COC, Or Emergency Solutions Grant is required to participate in Coordinated Entry. Agencies that are not funded through the program competition are encouraged to participate.

Responsibilities of the Coordinated Entry Staff:

- Complete annual and ongoing training on use of the Vulnerability Tool and referral process
- Maintain a file containing hard copies of completed tool
- Provide information to CoC Coordinator within 24 hours after the client is assessed for entry into the CoC housing wait list using approved process
- Follow all policies and procedures outlined in the Coordinated Entry Policy and Procedure Manual.
- Attend regular monthly CE meetings

Confidentiality and Informed Consent

- Completion of the intake and tool will occur in a confidential environment with secure computer system to ensure that client's privacy is maintained.
- Workstations for CE users will be password protected.
- CE data will not be shared by participating agency with another provider without the client signing a release of information.

Participating Agency, Director/Designee

Coordinated Entry Lead

Date

Date

Attachment E

Coordinated Entry Metrics

Process Metrics

- Number of assessments completed
- Number of assessments completed weekly at each site/by each assessment staff member
- Percent of households receiving diversion assistance
- Number of households receiving diversion assistance
- Percent of declined referrals (provider)
- Number of declined referrals (provider)
- Percent of decline referrals (consumer)
- Number of declined referrals (consumer)
- Average amount of time spent per assessment
- Number of complaints filed with Coordinated Entry Committee (provider)
- Number of complaints filed with Coordinated Entry Committee (consumer)
- Average wait time for an assessment

Outcome Measures

- Percent of households exiting from homelessness to permanent housing
- Number of households exiting from homelessness to permanent housing
- Percent of households diverted but requesting shelter placement within 12 months
- Number of households diverted but requesting shelter placement within 12 months
- Average length of episodes of homelessness
- Number of repeat entries into homelessness
- Number of new entries into homelessness

