Eastern Pennsylvania Continuum of Care Coordinated Entry System Policies and Procedures Manual

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Connect to Home Coordinated Entry System Policies and Procedures

Table of Contents

CONNECT TO HOME COORDINATED ENTRY SYSTEM OVERVIEW 4

THE EASTERN PENNSYLVANIA CONTINUUM OF CARE 4
CONNECT TO HOME: COORDINATED ENTRY SYSTEM OF EASTERN PA 5
CONNECT TO HOME COORDINATED ENTRY SERVICES 6
GUIDING PRINCIPLES 6
THE BENEFITS OF COORDINATED ENTRY 8
HUD COORDINATED ENTRY REQUIREMENTS 9
COORDINATED ENTRY AND HOUSING FIRST 9
KEY COORDINATED ENTRY SYSTEM TERMS AND DEFINITIONS 10
INTEGRATION OF VETERANS SERVICE ORGANIZATIONS INTO CES 14
EASTERN PA COC COORDINATED ENTRY COMMITTEE 15
COORDINATED ENTRY REGIONAL MANAGERS 15
COORDINATED ENTRY SPECIALISTS 15
COORDINATED ENTRY REFERRAL PARTNERS 16
COORDINATED ENTRY CONSULTANT 16
RESPONSIBILITIES OF ALL COORDINATED ENTRY SYSTEM PARTNER ORGANIZATIONS 17

COORDINATED ENTRY WRITTEN STANDARDS 18

ELIGIBILITY 18
MINIMUM STANDARDS 19
VI-SPDAT SCORE BY NAME LIST PLACEMENT GUIDELINES 20
PERFORMANCE BENCHMARKS 21

COORDINATED ENTRY POLICIES 22

CONSUMER GRIEVANCE POLICY 22
DEFINITION OF FAMILY POLICY 22
DENIAL OF SERVICE POLICY 23

Connect to Home Coordinated Entry System Policies and Procedures

EMERGENCY TRANSFER PLAN FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, STALKING, AND/OR HUMAN TRAFFICKING 23
HOUSING FIRST POLICY 24
INCLUSION AND NONDISCRIMINATION POLICY 24
REFERRAL ZONE POLICY 25

COORDINATED ENTRY PROCEDURES 27

COORDINATED ENTRY INTAKE – FLOW CHART (COUNTY EVICTION MORATORIUM IN EFFECT) 28
COORDINATED ENTRY INTAKE – FLOW CHART (NO COUNTY EVICTION MORATORIUM IN EFFECT) 30
COORDINATED ENTRY INTAKE FOR LITERALLY HOMELESS HOUSEHOLDS (HUD CATEGORIES 1 & CAT 4 DV/PUBLIC) 32
COORDINATED ENTRY INTAKE FOR HOUSEHOLDS AT IMMINENT RISK OF HOMELESSNESS (HUD CATEGORIES 2 & 3) 66
COORDINATED ENTRY INTAKE FOR A HOUSEHOLD FLEEING DOMESTIC VIOLENCE THAT WISHES TO REMAIN ANONYMOUS (NO PERSONALLY IDENTIFYING INFORMATION ENTERED INTO PA HMIS) 95
SAMPLE DOMESTIC VIOLENCE NOTES 132
CONNECT TO HOME COORDINATED ENTRY OPEN AND EXITED ENROLLMENT TASKS 136

APPENDIX A: CONNECT TO HOME COORDINATED ENTRY SYSTEM OF EASTERN PA PARTNERSHIP AGREEMENT 137

I. GUIDING PRINCIPLES 137
II. ROLES 138
III. RESPONSIBILITIES 138
IV. TERMINATION OF AGREEMENT 139
V. EXPENSES 139
VI. AGREEMENT 140

APPENDIX B: CONNECT TO HOME COORDINATED ENTRY REFERRAL ZONE MAP 141

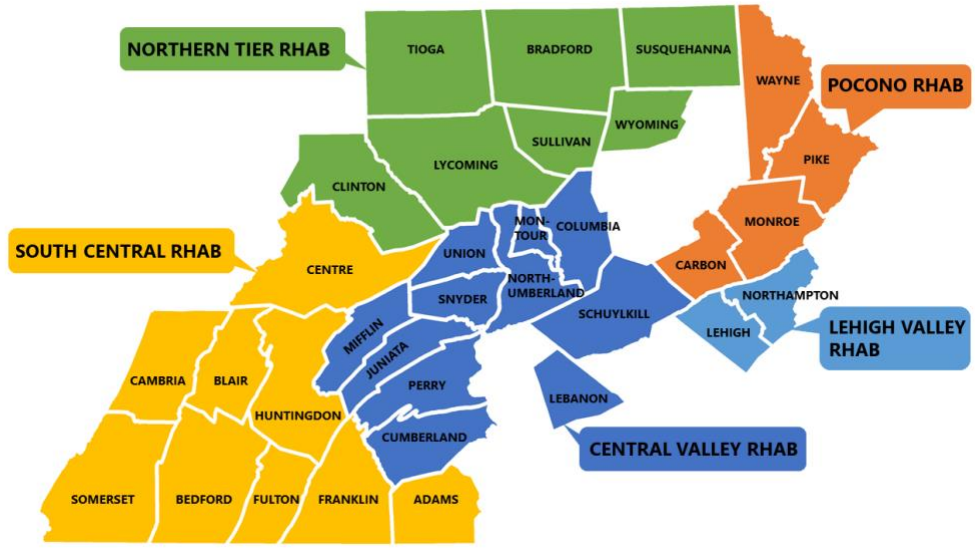
APPENDIX C: CONNECT TO HOME CES OF EASTERN PA NOTICE AND CONSENT FOR NON-HMIS PARTICIPANTS 142

Connect to Home Coordinated Entry System Policies and Procedures

Connect to Home Coordinated Entry System Overview
The Eastern Pennsylvania Continuum of Care

The mission of the PA-509 Eastern Pennsylvania Continuum of Care is to end homelessness in a thirty-three-county region of Eastern Pennsylvania. CoC membership is free and open to any individual or public, private, or nonprofit organization that is committed to making homelessness rare, brief, and non-recurring. Led by a member-elected Governing Board, the CoC advances its mission by:

1. Promoting effective and efficient community-wide solutions to ending and preventing homelessness for all persons.
2. Securing and administering funding from the U.S. Department of Housing and Community Development's (HUD) Annual Continuum of Care Grant Program.
3. Regularly convening cross-sector partners at both the CoC and regional levels.
4. Gathering, analyzing, and distributing data from an Annual Homeless Point-In-Time Count and the CoC's Homeless Management Information System (HMIS).
5. Establishing and enforcing policies and procedures for CoC-funded housing and service projects; and,
6. Providing training and technical assistance to maximize system performance and outcomes.



The CoC is subdivided into five geographic regions overseen by Regional Homeless Advisory Boards (RHABs) that are responsible for locally identifying needs and operationalizing CoC goals, projects, and policies.

Connect to Home Coordinated Entry System Policies and Procedures

Connect to Home: Coordinated Entry System of Eastern PA

The Connect To Home: Coordinated Entry System of Eastern PA (CES) coordinates and manages access, assessment, prioritization and referral to housing and services for any person(s) experiencing or at imminent risk of homelessness in the Eastern PA CoC, including the following counties: Adams, Bedford, Blair, Bradford, Cambria, Carbon, Centre, Clinton, Columbia, Cumberland, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Lehigh, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Schuylkill, Somerset, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne and Wyoming.

Participation in CES is required for all projects funded by HUD Continuum of Care or Emergency Solutions Grants (including those administered by the Commonwealth of Pennsylvania) and strongly encouraged for all other housing and service providers to ensure equitable and coordinated access for all.

Leadership and management of the Coordinated Entry System is provided by the following organizations:

Governance: Eastern Pennsylvania Continuum of Care (CoC) Governing Board

Oversight: Eastern Pennsylvania CoC Coordinated Entry Committee

HMIS Administration: Pennsylvania Department of Community & Economic Development

Technical Assistance Provider: Capacity for Change, LLC

HUD CoC Project Grant Recipient: Housing Alliance of Pennsylvania
Call Center Operator: PA 211

CES Regional Managers: Central Valley Region - Cumberland County Housing and Redevelopment Authority, Lehigh Valley Region - United Way of Lancaster, Northern Tier Region - Clinton County Housing Authority, Pocono Region - Pocono Mountains United Way, South Central Region - Blair County Community Action Agency

Domestic Violence Survivor CE Specialist: Transitions PA

Connect to Home Coordinated Entry System Policies and Procedures

Connect to Home Coordinated Entry Services

Connect to Home provides services, including screening, assessment, and referral, to people experiencing or at-risk of homelessness in the Eastern PA CoC region based on their current housing situation.

Current Housing Situation	**Screening and Assessment Based on Current Housing Situation**	**Referral To Housing and Emergency Services Based on Need, Vulnerability, Program Eligibility Criteria, and CoC Prioritization Standards**
Household (family or individual) is at risk of becoming homeless based on HUD Category 2, 3, 4 or At-Risk Definitions.	➔ Pre-Screen to confirm HH is in CoC region. ➔ Safety Planning (Warm Transfer to 911, DV Hotline, Human Trafficking Hotline, if needed) ➔ HMIS Household Record Creation/Update ➔ Homelessness Prevention Screening and Eligibility Tool	➔ Referrals to Homelessness Prevention Programs (e.g., ESG, CSBG, HAP, SSVF, etc.) ➔ Referrals to Emergency Shelter (Imminent Risk HHs) ➔ Referrals to Food, Legal, Public Benefit Access, and Other Community Services As Needed
Household (family or individual) is experiencing literal homelessness based on HUD Category 1 and/or 4 Definitions.	➔ Pre-Screen to confirm HH is in CoC region. ➔ Safety Planning (Warm Transfer to 911, DV Hotline, Human Trafficking Hotline, if needed) ➔ HMIS Household Record Creation/Update ➔ HMIS Triage Assessment ➔ Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)	➔ Placement on the By Name List (BNL) in PA HMIS for Rapid Re-Housing or Permanent Supportive Housing Enrollment ➔ Referrals to Street Outreach, Emergency Shelter, and/or Transitional Housing as needed ➔ Referrals to Food, Legal, Public Benefit Access, and Other Community Services As Needed

Guiding Principles

Connect to Home Coordinated Entry System Policies and Procedures

Connect To Home: Coordinated Entry System of Eastern PA is guided by the following principles:

- Every person experiencing homelessness should be treated with dignity, respect, and kindness, and have their rights to privacy, confidentiality and safety honored.
- By coordinating entry to housing and services for people experiencing homelessness, more families and individuals can exit from homelessness to permanent housing with stability as quickly, efficiently, and effectively as possible.
- Coordinated entry is inclusive of all populations experiencing homelessness, including families, youth, veterans, survivors of domestic violence, people with disabilities, people with mental illness, recent immigrants and people identifying as LGBTQIA.
- Coordinated entry protects the safety and confidentiality of people fleeing/attempting to flee and survivors of domestic violence while simultaneously providing them with access to housing and services.
- Coordinated entry embraces a housing first approach to ending homelessness in which people are housed as quickly as possible without preconditions or service participation requirements.
- People experiencing homelessness are prioritized for appropriate housing and services based on their vulnerability and severity of need using an evidence-based assessment tool rather than on a “first come, first served” basis.
- People experiencing homelessness are not denied access to coordinated entry assessment and referral based on perceived barriers to housing and services such as sobriety, income level, mental health status or other factors.
- Coordinated entry should be aligned with affordable housing, veteran affairs, child welfare, health, mental health, education, legal, judicial, and other public systems to the greatest extent possible allowed by law and policy.
- Coordinated entry is a continually evolving system that requires a commitment to ongoing learning, evaluation, and quality improvement.
- Ongoing coordinated entry planning efforts strive to incorporate diverse stakeholder voices and needs, including those of people with the lived experience of homelessness.
- The long-term financial sustainability of coordinated entry requires the commitment and alignment of federal, state, local and private funding sources.

Connect to Home Coordinated Entry System Policies and Procedures

The Benefits of Coordinated Entry

Uncoordinated Entry Systems	Coordinated Entry Systems
For People Experiencing a Housing Crisis or Homelessness	
• Geography, transportation, language and/or culture are barriers to access • Navigating the system is difficult • Housing and services are often available on a "first come, first serve" basis • Referrals are often inappropriate • People in crisis often make/complete multiple calls, agency visits and assessments to obtain help • Assessment and referrals are project-centric, designed to meet program requirements	• Promotes easier, fairer, and more equitable access • Streamlines system navigation • Prioritizes housing and services based on vulnerability and severity of need • Increases number of appropriate referrals • Reduces the number of times people must tell their story • Assessment and referrals are person-centric, considering consumer agency and goals, while also being uniformly guided by written CoC standards
For Service Providers	
• Significant amount of time spent on intake and referral (often unfunded) • Unreliable or missing client information • Inconsistent information on availability of housing and services • Lack of a common language and assessment tools among service providers • Inability to demonstrate need for additional investments in housing and services to meet community needs • Out of compliance with federal and state policy and funding requirements	• More time to focus on their mission of ending or preventing homelessness • Better access to client information and history • More complete knowledge of all available housing and services • Common language and assessment score to guide case management and communicate with other service providers • Systemic data to advocate for funding and programs to meet community needs • Alignment with federal and state policy and funding requirements
For Public and Private Funders	
• Hard to know if investments are making a difference • Lack of data to make informed planning, policy, and budget decisions • Funding in silos	• Ability to assess community/collective impact of investments • Data-driven planning, policy, and budget decisions • Funding aligned across sectors and sources

Connect to Home Coordinated Entry System Policies and Procedures

HUD Coordinated Entry Requirements

The 2009 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act consolidated several of HUD's separate homeless assistance programs into a single grant program, the Continuum of Care Program (CoC Program). The CoC Program interim rule requires that CoCs establish and operate a "centralized or coordinated assessment system" and defines coordinated entry as a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals (24 CFR part 578.3).

On January 23, 2017, HUD published Notice CPD-17-01: Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. The notice established the minimum requirements for Coordinated Entry and required them to be in place in every CoC by January 23, 2018. According to the notice, CoC Coordinated Entry Systems must:

- Cover the entire geographic area claimed by the CoC.
- Be easily accessed by individuals and families seeking housing or services.
- Be well-advertised.
- Include a comprehensive and standardized assessment tool.
- Provide an initial, comprehensive assessment of individuals and families for housing and services; and,
- Include a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

The Eastern PA CoC CES is fully compliant with these requirements.

Coordinated Entry and Housing First

Coordinated Entry supports a "Housing First" approach to ending homelessness. According to the United States Interagency Council on Homelessness:

"Housing First is a proven approach, applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers. It is based on overwhelming evidence that people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate level of services. Study after study has shown

that Housing First yields higher housing retention rates, drives significant reductions in the use of costly crisis services and institutions, and helps people achieve better health and social outcomes."

Coordinated, unified, and streamlined entry into a community's housing crisis response system is essential to a Housing First approach to ending homelessness. Once a family or individual in crisis is safe and in housing, it is easier for them to concentrate on their stability goals related to education, employment, health, and economic self-sufficiency. Adopting a Housing First approach challenges housing and service providers to lower barriers to program entry and remove conditions attached to securing permanent housing. A Housing First approach ultimately achieves better outcomes at costs equal to or less than traditional approaches to ending homelessness.

According to the National Alliance to End Homelessness:
"A Housing First approach can benefit both homeless families and individuals with any degree of service needs. The flexible and responsive nature of a Housing First approach allows it to be tailored to help anyone. As such, a Housing First approach can be applied to help end homelessness for a household who became homeless due to a temporary personal or financial crisis and has limited-service needs, only needing help accessing and securing permanent housing. At the same time, Housing First has been found to be particularly effective approach to end homelessness for high need populations, such as chronically homeless individuals."

Connect To Home: Coordinated Entry System of Eastern PA incorporates Housing First into its system design while still providing local communities and organizations with the flexibility to operate a wide variety of housing interventions and homeless services that contribute to the goal of ending and preventing homelessness. Further, the CES is designed to align and connect with other mainstream systems of care, including child welfare, domestic violence, economic self-sufficiency, education, employment and job training, health, legal, mental/behavioral health, and public benefits access, among others. Coordinated Entry is the key to connecting these systems together in a person-centered, trauma-informed way.

Key Coordinated Entry System Terms and Definitions

Coordinated entry is an approach to coordination and management of a crisis response system's resources that allows users to make consistent decisions from available information to connect people efficiently and effectively to interventions that will rapidly end their homelessness.

Connect to Home Coordinated Entry System Policies and Procedures

Crisis response system denotes all the services and housing available to persons who are at imminent risk of experiencing literal homelessness and those who are homeless, whereas homeless system refers specifically to the services and housing available only to persons who are literally homeless.

Emergency services for a person experiencing homelessness or a housing crisis include, but are not limited to, homelessness prevention, domestic violence and emergency services hotlines, drop-in service programs, domestic violence shelters, emergency shelters, hotel/motel voucher programs, transitional housing and other short-term crisis residential programs.

An **Emergency Shelter** (ES) refers to any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

Homeless Management Information System (HMIS) is the database used to confidentially aggregate data on homeless populations. The system allows for a record of client-level information about the characteristics and services needs of homeless persons.

The term **household** is intended to cover any configuration of persons in crisis, whatever their age or number (adults, youth, or children; singles or couples, with or without children).

Homeless(ness) Prevention includes financial assistance, rental assistance, and services provided to individuals and families who are at imminent risk, or at risk of homelessness.

Housing interventions are permanent housing programs and subsidies, including, Rapid Re-Housing and Permanent Supportive Housing programs, as well as permanent housing subsidy programs such as Housing Choice Vouchers. People in a housing crisis who are accessing or being assessed by coordinated entry are referred to as **people** or **persons**; once they are referred to and enroll in housing or supportive services, they are **program participants** (or consumers).

HUD is the United States Department of Housing and Community Development whose mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. HUD oversees the Continuum of Care (CoC) and Emergency Solutions Grant (ESG) programs that fund housing and services for people experiencing homelessness, including coordinated entry.

Connect to Home Coordinated Entry System Policies and Procedures

People who are literally homeless (HUD Category 1 Homeless Definition) include any individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or
(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (24 CFR 578.3).

People imminently at risk of homelessness (HUD Category 2 Homeless Definition) include any individual or family who will imminently lose their primary nighttime residence, provided that:
(i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
(ii) No subsequent residence has been identified; and
(iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing (24 CFR 578.3).

People who are homeless under other Federal statutes (HUD Category 3 Homeless Definition) include unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
(i) Are defined as homeless under the other listed federal statutes;
(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
(iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
(iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers**.**

People fleeing domestic abuse or violence (HUD Category 4 Homeless Definition) include any individual or family who:
(i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or life- threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
(ii) Has no other residence; and
(iii) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing (24 CFR 578.3).

A person who is **chronically homeless** is an individual who:
(i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
(ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions totaling 12 months or more in the last 3 years; and
(iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless. (24 CFR 578.3).

Permanent Supportive Housing (PSH) is a model that combines low-barrier affordable housing, health care, and supportive services to help individuals and families lead more stable lives. PSH typically targets people who are homeless or otherwise unstably housed, experience multiple barriers to housing, and are unable to maintain housing stability without supportive services. This model has been shown to not only impact housing status, but also result in cost savings to various public service systems, including health care.

Rapid Re-Housing (RRH) provides short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self- sufficiency, and stay housed. It is offered without preconditions (such as employment,

income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the needs of the person. The core components of Rapid Re-Housing are housing identification, rent and move-in assistance, and rapid re-housing case management and services.

Transitional Housing (TH) has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months). Transitional housing includes housing primarily designed to serve deinstitutionalized homeless individuals and other homeless individuals with mental or physical disabilities and homeless families with children.

Veteran means a person who served in the active military, naval, or air service.

Integration of Veterans Service Organizations into CES

In addition to Veterans Affairs Medical Center (VAMC) integration into CoC initiatives, Supportive Services for Veteran Families (SSVF) program guidance expects grantees to be fully engaged with their local CoC possible. Grantees must work in close partnership with their local CoC to establish a community-wide plan to prevent and end homelessness among Veterans. SSVF grantees are expected to engage as active members in each CoC where they are approved to provide assistance. SSVF grantees are expected to formally participate in the planning of local coordinated intake and assessment processes (i.e., "coordinated entry"), which each CoC establishes for itself. This system creates a centralized or coordinated means for all households experiencing homelessness to access homeless assistance services and matches them with the best fit shelter, housing, and relevant services. SSVF grantees are responsible for ensuring that SSVF is formally integrated into this local CoC process and, where necessary, for taking a lead role in developing and implementing such processes for Veterans. This includes situations where a grantee's service area is covered by multiple CoCs, SSVF where providers are responsible for participating in each CoC's coordinated entry system and planning.
On October 17, 2017, the U.S. Department of Veterans Affairs (VA) Deputy Under Secretary for Health for Operations and Management released a memo to the VA Network Directors, VA Network Homeless Coordinators, and VA Medical Center (VAMC) staff which issued guidance regarding the roles and responsibilities of the VA medical center homeless programs in each of the local Continuum of Care (CoC) and the CoC’s Coordinated Entry Systems (CES). This guidance from the VA to the VA medical centers is meant to support community planning and CES efforts within CoCs by clearly outlining the expectations of VA medical center involvement. In many ways, this guidance codifies what has already been occurring in local communities. Where new partnerships are needed, it provides the opportunity for engagement. Within the guidance, VA recognizes that coordinated entry systems are a critical element in our collective and continued efforts to end Veteran homelessness and homelessness for all populations. Coordinated Entry ensures coordination of community-

wide services for Veterans experiencing homelessness, system-wide awareness of the availability of housing and services, and easy access to and appropriate prioritization for these resources by Veterans who are in critical need.

Eastern PA CoC Coordinated Entry Committee

The Eastern PA CoC Coordinated Entry Committee, a standing committee of the CoC, is responsible for CES planning, budgeting, policies and procedures, selection of operational partners, training, evaluation and oversight. The Committee solicits input from service providers, funders, community partners and consumers to ensure its recommendations and decisions are inclusive of diverse voices. The CoC Governing Board, which is elected by the CoC membership, has final approval of all CES policies.

Coordinated Entry Regional Managers

Coordinated Entry System Regional Managers are dedicated staff members employed and supervised by a public or nonprofit organization operating within each of the five regions that comprise the Eastern PA CoC. The CoC also have a CES Call Center Manager and a CES Domestic Violence Coordinated Entry Specialist. The responsibilities of CES Regional Managers include to:

- Manage the By Name List (BNL) prioritization list for housing
- Interpret and enforce Coordinated Entry policies and procedures
- Facilitate By Name List meetings
- Review and distribute PA HMIS CES reports
- Provide ongoing feedback to the CoC Governing Board and CES Committee
- Serve as liaisons to the HMIS administrator
- Conduct community outreach and education

Coordinated Entry Specialists

Coordinated Entry Specialists are trained staff members employed by CES partner organizations to deliver uniform coordinated entry intake, assessment and referrals to people experiencing or at imminent risk of homelessness. The major steps in coordinated entry include:

- Triage, Safety Planning and Diversion: Asking basic questions to determine whether the person is fleeing/attempting to flee and survivors of domestic violence, is literally homeless or at imminent risk of homelessness, and, if homeless, whether they could be diverted from entering shelter.

- HMIS Client Record Search/Creation: Creating or updating the person's data and information in the Pennsylvania Homeless Management Information System (PA HMIS).
- Pre-Screen Interview: Obtaining client data sharing consent and asking questions about the person's current housing situation and veteran status.
- VI-SPDAT Assessment: Determining a literally homeless household's vulnerability and prioritization for appropriate housing interventions.
- Referral: Making direct referrals to homeless prevention and emergency services (including Homeless Prevention, Street Outreach, Emergency Shelter and Transitional Housing) and placement on the By Name List in PA HMIS for Rapid Re-Housing and Permanent Supportive Housing interventions.

Coordinated Entry Referral Partners

Coordinated Entry Referral Partners accept appropriate program referrals from the Coordinated Entry System. Coordinated Entry Specialists make direct referrals to homeless prevention and emergency services, including Emergency Shelter and Transitional Housing (both of the latter through HMIS). Rapid Re-Housing and Permanent Supportive Housing providers obtain their referrals from the By Name List in HMIS. The By Name List has special protocols for veterans, people fleeing/attempting to flee and survivors of domestic violence, and people who do not consent to share their information in HMIS, to ensure they are connected to appropriate housing and services.

Coordinated Entry Consultant

The Coordinated Entry Consultant reports to the CoC Governing Board and is responsible for Coordinated Entry System policy, procedure, and PA HMIS workflow design, planning, updates, training, reporting, partner recruitment, marketing, communications, and support for the CE Committee, CE Regional Managers, and CE Specialists.

Connect to Home Coordinated Entry System Policies and Procedures

Responsibilities of all Coordinated Entry System Partner Organizations

Connect To Home: Coordinated Entry System of Eastern PA partner organizations share the following responsibilities as agreed to upon signing the Connect to Home CES Partnership Agreement (see Appendix A):

- Comply with all CES processes, policies and procedures detailed in the Eastern PA CoC Coordinated Entry System Policies and Procedures, including policies related to referral, grievance, prioritization, data sharing, and client confidentiality, among others.
- Comply with all PA HMIS privacy, security and data sharing processes, policies, and procedures.
- Ensure that people experiencing or at imminent risk for homelessness understand how the CES system works.
- Make appropriate staff available for regular CES trainings and meetings.
- Distribute CES marketing and outreach materials.
- Maintain accurate and up-to-date agency and program information, including program eligibility requirements, in PA HMIS and the PA 211 database. (This information should be provided to the CES Call Center Manager and/or the appropriate CES Regional Manager).
- Comply with a non-discrimination policy which states that no discrimination of any person or group of persons on account of race, ethnicity, national origin, disability status, religion, marital status, sex, sexual orientation, actual or perceived gender identity, or age.

Connect to Home Coordinated Entry System Policies and Procedures

Coordinated Entry Written Standards (excerpted from the Eastern CoC Written Standards 11.16.20)

The Connect to Home: Coordinated Entry System of Eastern PA (CES) coordinates and manages access, assessment, prioritization, referral to emergency services, and enrollment into permanent housing from the By Name List (BNL) in PA HMIS. CES is accessible through a toll-free Call Center operated by PA 211, which provides a 24/7 live voice as well as a texting option and dedicated language translation and Deaf/Hard of Hearing services. In addition, CES Access Sites are operated by a wide variety of providers that deliver face-to-face screening and referral. A list of current CES Access Site locations, hours of operation, policies and marketing materials are available online here: https://pennsylvaniacoc.org/balance-stateeastern-pa-coc/connect-home-coordinated-entry-system-eastern-pa.

Five dedicated Coordinated Entry Regional Managers, a 211 Call Center Manager, and a Domestic Violence Coordinated Entry Specialist oversee implementation of CES across the CoC's regions (RHABs).

Call Center and Access Site Coordinated Entry Specialists (Specialists) provide uniform services for people experiencing homelessness or a housing crisis:

- Triage and Safety Planning to assure the person is eligible for Eastern PA CoC services and not in immediate danger. If the person is in immediate danger, they will be connected to 911, Domestic Violence (DV) Hotline, Human Trafficking hotline, etc.
- PA HMIS record creation/update.
- Pre-Screen Interview to determine HUD Category of homelessness (1, 2, 3, 4 or At Risk) and identify appropriate intake process (Prevention or Literal Homeless).
- Prevention Intake, including problem-solving diversion conversations, for Category 2, 3 or At Risk, leading to direct referral to appropriate Homeless Prevention and community services (e.g., food pantries, health clinics, legal aid, etc.); and,
- Literally Homeless Intake, including use of VI-SPDAT Screening Tool and placement on the BNL for TH-RRH, RRH or PSH, in addition to use of Diversion Tool and, if necessary, direct referral to Emergency Shelter or Transitional Housing for Category 1 and 4.

Eligibility

HUD Categories 1, 2, 3, 4 and At-Risk.

Connect to Home Coordinated Entry System Policies and Procedures

Minimum Standards

All Coordinated Entry providers must comply with the full Eastern PA CoC Written Standards. The current version of the Written Standards is available online here: https://pennsylvaniacoc.org/sites/default/files/attachments/2020-12/Eastern%20PA%20CoC%20Written%20Standards%20Revised%2011.16.20.pdf.

1. Specialists connect people in danger to appropriate police, fire, rescue, DV, child welfare, Human Trafficking, and other emergency response services.
2. Specialists provide or connect participants to language translation and/or deaf and hard of hearing services if needed.
3. Specialists refer veterans to the nearest SSVF provider.
4. Specialists obtain written or verbal permission from participants to enter and share their data in PA HMIS.
5. If a participant is a Domestic Violence Survivor, the Specialist will ask if they prefer to be entered into PA HMIS anonymously to protect the confidentiality. If a non-DV Survivor requests anonymity, the CE Specialist will honor that request. Any participant enrolled in PA HMIS anonymously will have a numeric ID to navigate the homeless system and a confidential password that the participant creates themselves.
6. Specialists practice diversion and related problem-solving strategies to help participants avoid entering Emergency Shelter.
7. Specialists use the Pre-Screen Interview questions in PA HMIS to determine whether a participant qualifies for HP, ES, TH, TH-RRH, RRH or PSH.
8. Specialists provide direct referral information to participants who meet the Category 2, 3 and At-Risk categories to HP, SO and community services.
9. Specialists conduct the appropriate version of the VI-SPDAT Screening Tool (VI-SPDAT) and ask additional CoC screening questions related to existence of a mental health diagnosis and Chronic Homeless status in PA HMIS only on the Head of Household (the person who is presenting to Coordinated Entry as Category 1 or 4 and who would sign the lease if enrolled in an RRH or PSH housing program):
   - VI-SPDAT for Single Adults – Use this version with adults aged 25 or older with no children in the household, regardless of whether they are presenting as a single- person household or as the head of a household with one or more family members (e.g., spouses, partners, and/or adult children);
   - VI-SPDAT for Families – Use this version with households with at least one child under the age of 18, even if the Head of Household is aged 18 – 24: or,
   - TAY-VI-SPDAT – Use this version with transition age youth (age 18 – 24) and unaccompanied minors, regardless of whether they are presenting as a single person household or as the head of a household with one or more family

members (e.g., spouses or partners) unless the youth Head of Household also has a child aged 0 – 18 (in which case, use the VI-SPDAT for Families).

10. Specialists allow, with the participant's express verbal permission, Mental Health or Domestic Violences Case Managers to participate in the intake and assessment process, but all questions must be answered by the participant, not the Case Manager.
11. Specialists add information about all other household members (e.g., spouses, partners, adult children, children aged 18 – 24) to the Head of Household's PA HMIS client record in accordance with the HUD Equal Access Rule definition of family.
12. Specialists place participants who meet the Category 1 and 4 definitions of homelessness on the By Name List (BNL) in PA HMIS depending on their VI-SPDAT score.
13. Specialists inform all participants that CES is not a guarantee of housing or services.
14. HP, SO, ES and TH providers accept referrals from CES.
15. TH-RRH, RRH and PSH providers enroll all eligible CES participants into their housing programs from the By Name List and will only enroll other households in units restricted for use by other County or Municipal contracts.
16. TH-RRH, RRH and PSH providers update participant PA HMIS BNL records when they engage, enroll, or move participants into housing, including the addition of detailed notes in the PA HMIS client record. They should also send an email to their CES Regional Manager informing them when the household has been housed.
17. Regional Managers monitor the BNL daily to help ensure participants are enrolled in housing programs by priority (based on VI-SPDAT score), length of time waiting for enrollment, and in accordance with program eligibility guidelines.
18. Regional Managers facilitate regular By Name List (BNL) meetings with housing providers and other community partners to case conference the highest priority participants currently on the BNL in their region.
19. Regional Managers and Coordinated Entry Specialists distribute CES marketing materials throughout their community with an emphasis on 1) populations in need that would otherwise not know about Coordinated Entry and 2) places where people experiencing homelessness (e.g., encampments, day centers, etc.) or housing instability (e.g., food pantries, soup kitchens, public assistance offices, etc.) often gather.

VI-SPDAT Score By Name List Placement Guidelines

The VI-SPDAT is intended to help Coordinated Entry Specialists and Referral Partners determine whether the recommended housing intervention for a family or individual is Joint Transitional Housing - Rapid Re-Housing, Rapid Re-Housing or Permanent Supportive Housing. TH-RRH and RRH providers may enroll eligible program participants who score for a different housing intervention but should always prioritize the most vulnerable households who will succeed in

their program. The VI-SPDAT score may also be a valuable tool for Emergency Shelter and Transitional Housing Case Managers receiving direct referrals from CES to guide program-level prioritization and enrollment.

If a housing Case Manager has a question about whether to enroll a participant in their program based on their VI-SPDAT score or BNL placement, they should contact their CES Regional Manager for guidance.

Performance Benchmarks

CES will be evaluated using HMIS data on an annual basis by the CoC Coordinated Entry and Data Committees. Results will be published on the CoC website, after they have been reviewed by the CES Committee. The CES Committee has selected the following as key outcomes for CES:

1. Reduction in the length of time homeless (system and project level).
2. Reduction in the number of persons experiencing first-time homelessness (system and project level).
3. Increase in percentage of placements into permanent housing (system and project level).

The CES Call Center and Access Site performance standards include:

1. Percent of participants were satisfied with CE as measured by Customer Satisfaction question asked at the end of intake and entered in PA HMIS.
2. Percent of complete (all questions answered unless participant refuses) PA HMIS Coordinated Entry Intake Pre-Screen Interviews and VI-SPDATs.

Connect to Home Coordinated Entry System Policies and Procedures

Coordinated Entry Policies

Consumer Grievance Policy

A consumer with a grievance about their experience with a Coordinated Entry Specialist may present their grievance in writing to the appropriate CES Regional Manager (or the CES Committee Chair in a region that does not have a staffed CES Regional Manager). The person has the right to be assisted by an advocate of his/her choice (e.g., agency staff person, co-worker, friend, family member, etc.) at each step of the grievance process. The person has the right to withdraw his/her grievance at any time. Any grievance paperwork filed by a participant should note his/her name and contact information so the CES Regional Manager (or CES Committee Chair) can contact him/her to discuss the issues.

A consumer with a grievance about their experience with a Coordinated Entry System Referral Partner organization or representative of that organization should follow that organization's grievance procedure. Neither the CoC nor CES have the authority or responsibility to address client grievances with any housing or emergency service program(s) they are enrolled in as a participant.

Definition of Family Policy

The Eastern PA CoC Coordinated Entry System complies with the HUD's Equal Access Rule as applied to CoC and ESG funded programs. Under this definition, family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether a member of the household has a disability. A child who is temporarily away from the home because of placement in foster care is considered a member of the family.

According to HUD:

"What this means is that any group of people that present together for assistance and identify themselves as a family, regardless of age or relationship or other factors, are considered to be a family and must be served together as such. Further, a recipient or subrecipient receiving funds under the ESG or CoC Programs cannot discriminate against a group of people presenting as a family based on the composition of the family (e.g., adults and children or just adults), the age of any member's family, the disability status of any members of the family, marital status, actual or perceived sexual orientation, or gender identity."

Denial of Service Policy

If a housing or emergency service provider wishes to deny a person enrollment into their program (either from a direct referral or from the By Name List), the rationale for denial must include at least one of the following criteria:

- Person does not meet the program's eligibility criteria
- Person cannot be reached after three attempts over the course of five days
- Person is not following through with the referral process after initial contact
- Referral Partner does not have the capacity or expertise to meet the person's disability needs and a service partnership is not currently available
- A conflict of interest between the person and the Referral Partner

If the Referral Partner denies the referral, the person will receive a new referral for emergency services or will remain on the By Name List (since they are not removed until after enrollment in a Rapid Re-Housing or Permanent Supportive Housing program).

Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, Stalking, and/or Human Trafficking

The Eastern PA CoC has developed this Emergency Transfer Plan so that participants in homeless assistance projects who are victims of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking can be safe and have stable housing.

In accordance with the Violence Against Women Act (VAWA),1 Eastern PA CoC homeless assistance programs providing housing or rental assistance must allow participants who are victims of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking to request an emergency transfer from the participant's current unit to another unit. This requirement applies to programs receiving Continuum of Care (CoC) funding, as well as DCED Emergency Solutions Grant (ESG) funding, in accordance with DCED policies and requirements.

The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.2 Homeless assistance providers will work with **Connect to Home**, the Eastern PA CoC's Coordinated Entry System to enact an emergency transfer through resources beyond those available within the providers own organization.

This plan identifies participants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to participants on safety and security. This plan is based on a model emergency transfer plan published by HUD, which is the Federal agency that oversees VAWA compliance of CoC/ESG-funded programs.

The current version of the complete Emergency Transfer Plan Policy is available online here: https://pennsylvaniacoc.org/sites/default/files/attachments/2020-12/Eastern%20PA%20CoC%20-%20VAWA%20Emergency%20Transfer%20Plan%20Policy.pdf.

Housing First Policy

Like all CoC Program-funded projects, Connect to Home operational partner organizations are required to operate projects using a housing first approach.

The current version of the complete Housing First Policy is available online here: https://pennsylvaniacoc.org/sites/default/files/attachments/2020-12/Eastern-PA-CoC-Housing-First-Policy-Final-approved-by-Board-12-19-16.pdf.

Inclusion and Nondiscrimination Policy

The Eastern PA CoC's Inclusion and Nondiscrimination Policy promotes programming that provide the highest quality of services, without bias, and are delivered in an equitable, trauma-informed manner.

NON-DISCRIMINATION: Each provider must have a zero-tolerance policy prohibiting *intentional* discrimination regarding staff, clients, and the public based on actual or perceived race, ethnicity, color, sex, sexual orientation, gender identity and expression, religion, national origin, ancestry, disability, marital status, age, source of income, familial status, or domestic or sexual violence victim status, ensuring that all participants are afforded equal opportunities. In instances where the discrimination was an *unintentional* first offense, the CoC supports using the isolated instance as a teachable moment, both for personal and organizational growth.

INCLUSION: Providers must not only have a policy against discrimination, they must also take positive, concrete steps toward inclusion. To this end, providers must have inclusionary policies related to general programming, housing and facilities (as applicable), and language (paperwork, names, and pronouns). The CoC recognizes that individuals have the right to be called by their chosen name and referred to by the gender pronoun that they designate and that matches their gender identity as they know themselves to be.

EQUAL ACCESS: Programs must affirmatively provide equal access to their housing and supportive services in a nondiscriminatory manner that ensures that all persons are afforded equal opportunities. The CoC acknowledges that additional services/support may be needed in order to provide equal access to housing opportunities. For example, some populations may need additional assistance locating housing and executing a lease.

The current version of the complete Inclusion and Nondiscrimination Policy is available online here: https://pennsylvaniacoc.org/sites/default/files/attachments/2020-12/Eastern%20PA%20CoC%20Non-Discrimination%20Policy%20APPROVED%2010.14.20.pdf.

Referral Zone Policy

CES is intended to connect people experiencing or at imminent risk of homelessness to housing and emergency services regardless of their residency status or current location within the CoC's thirty-three county service region. However, there are two types of geographic limitations that restrict the ability of certain providers to enroll people in programs that they would otherwise be prioritized and eligible for:

1. Rapid Re-Housing programs restricted by funding source(s) to serve residents of a specific county.

2. Transportation barriers for people experiencing homelessness to access programs for which they are eligible.

Note that ESG and some other funding sources may restrict programs to deliver service in their county, as opposed to serving only residents of their county. Note also that programs partially funded by a source that has residency requirements should only restrict access to the portion of the program funded by that source.
Regarding transportation barriers, CES Operational and Referral Partners should make every effort to provide people with access to transportation if funding allows.

Connect to Home Coordinated Entry System Policies and Procedures

The CoC recognizes that in some cases, CES Referral Partners will need to restrict enrollment of people on the Community Queue based on geographic limitations. The Community Queue has a Referral Zone filter for this purpose. CES Referral Zones are subdivisions of the CoC defined by their proximity to each other. If need be, providers may filter the CQ by Referral Zone to identify people on the prioritization list in or near their county. See Appendix B: Eastern PA CoC CES Referral Zone Map.

Connect to Home Coordinated Entry System Policies and Procedures

Coordinated Entry Procedures

Coordinated Entry Managers, Specialists, and Referral Partners should use the following procedures for Coordinated Entry Intake, Assessment, Prioritization, and Referral.

The most recent version of these procedures, as well as the most current version of the Coordinated Entry Referral Partner Matrix, are online here: https://drive.google.com/drive/folders/1oxXPaBvw_F7kX3ORJSKerbnfbsUjKrYT.

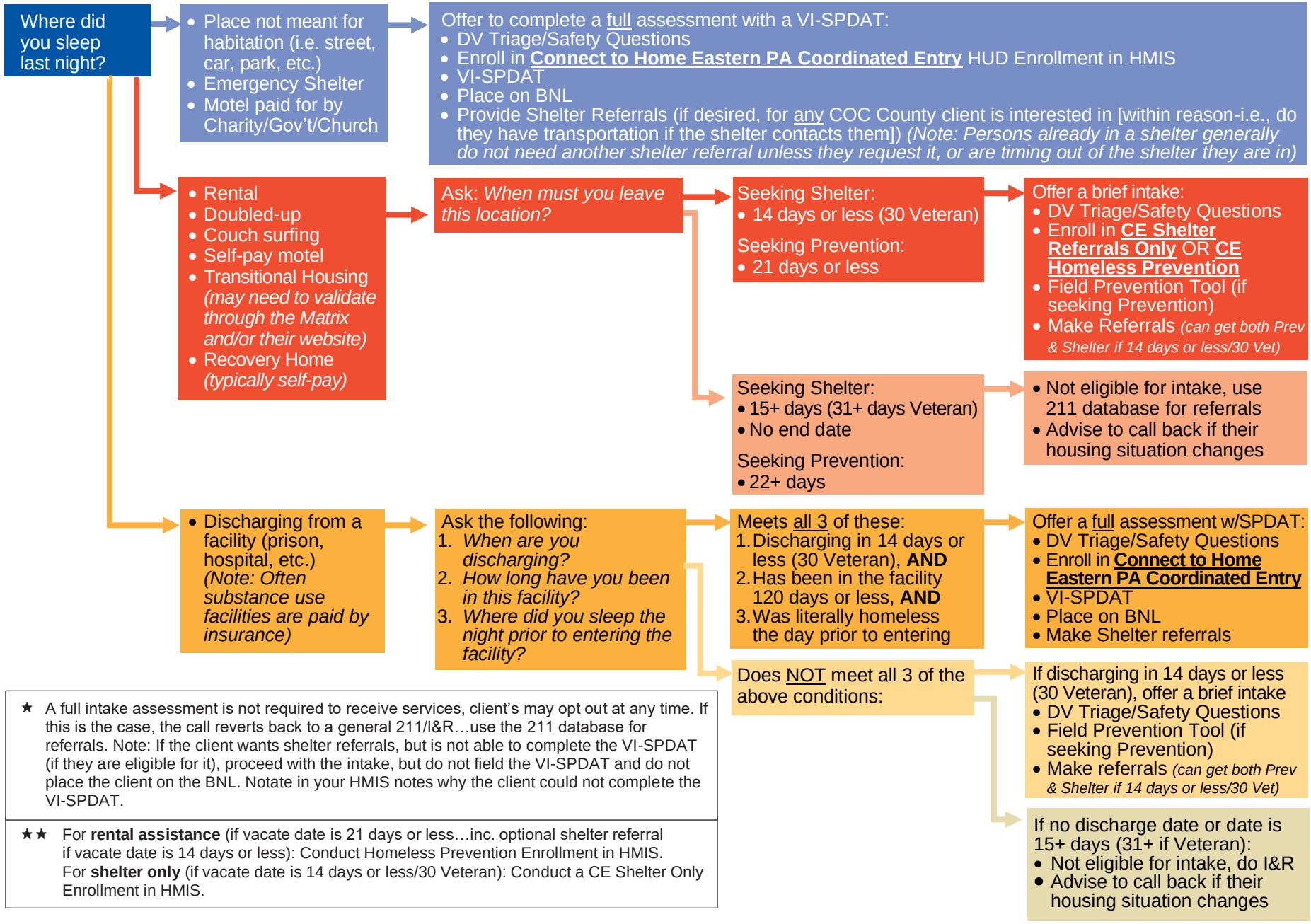
In addition, the Eastern PA CoC Coordinated Entry Consultant hosts virtual office hours twice monthly, virtual brown bag lunches monthly, manages a subscription-based email list, and hosts a Coordinated Entry Slack Channel. The CE Consultant is also responsible for Coordinated Entry System reporting and data analysis.

To receive up-to-date information, subscribe to the email list, and/or request CE data reports on Connect to Home, please email the Coordinated Entry Consultant at jason@capacityforchange.com.

Coordinated Entry Intake – Flow Chart (County Eviction Moratorium In Effect)

LITERALLY HOMELESS (CATEGORY 1) • AT-RISK OF HOMELESSNESS (CATEGORY 2 OR 3)

*This flow chart is only relevant to those whom have **NOT** indicated that they are a survivor of Domestic Violence or are fleeing violence in their primary nighttime residence*



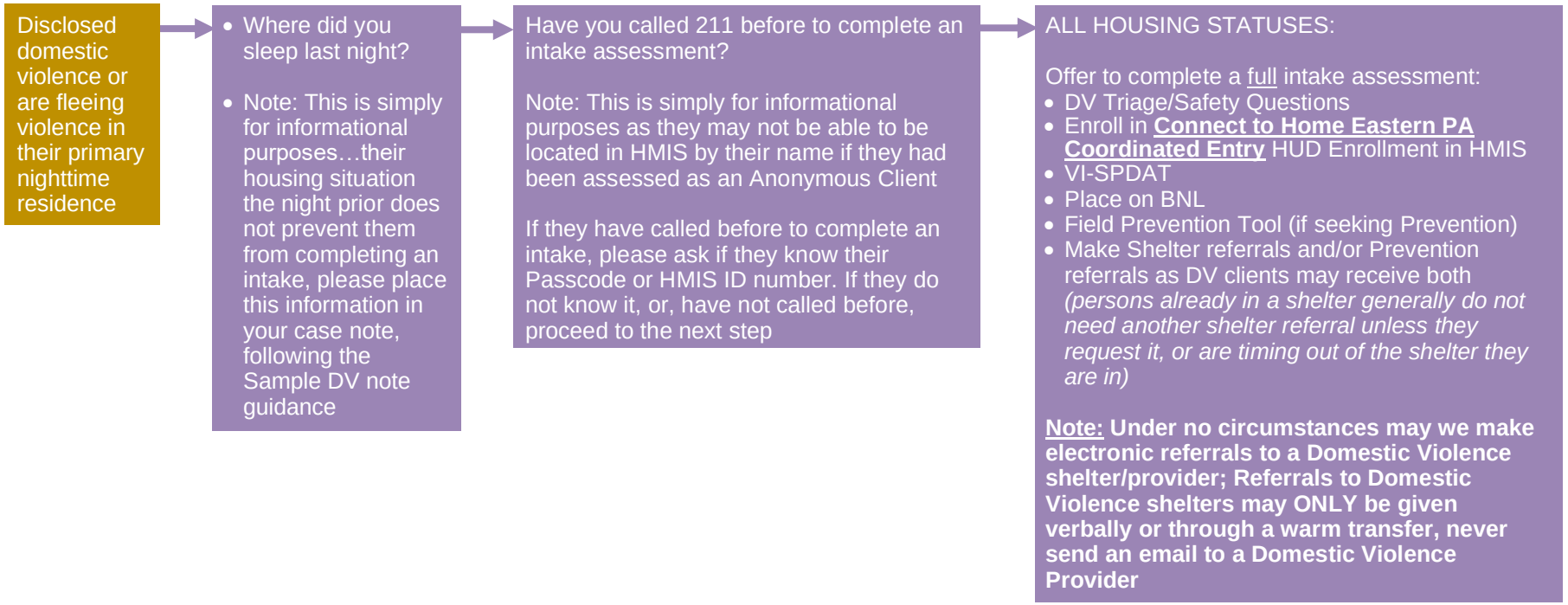
★ A full intake assessment is not required to receive services, client's may opt out at any time. If this is the case, the call reverts back to a general 211/I&R…use the 211 database for referrals. Note: If the client wants shelter referrals, but is not able to complete the VI-SPDAT (if they are eligible for it), proceed with the intake, but do not field the VI-SPDAT and do not place the client on the BNL. Notate in your HMIS notes why the client could not complete the VI-SPDAT.

★★ For **rental assistance** (if vacate date is 21 days or less…inc. optional shelter referral if vacate date is 14 days or less): Conduct Homeless Prevention Enrollment in HMIS. For **shelter only** (if vacate date is 14 days or less/30 Veteran): Conduct a CE Shelter Only Enrollment in HMIS.

COORDINATED ENTRY INTAKE – FLOW CHART (IF EVICTION MORATORIUM)

DOMESTIC VIOLENCE SURVIVORS AND OTHERS FLEEING VIOLENCE IN THEIR NIGHTTIME RESIDENCE

*This flow chart is only relevant to those whom **HAVE** indicated that they are a survivor of Domestic Violence or are fleeing violence in their primary nighttime residence*



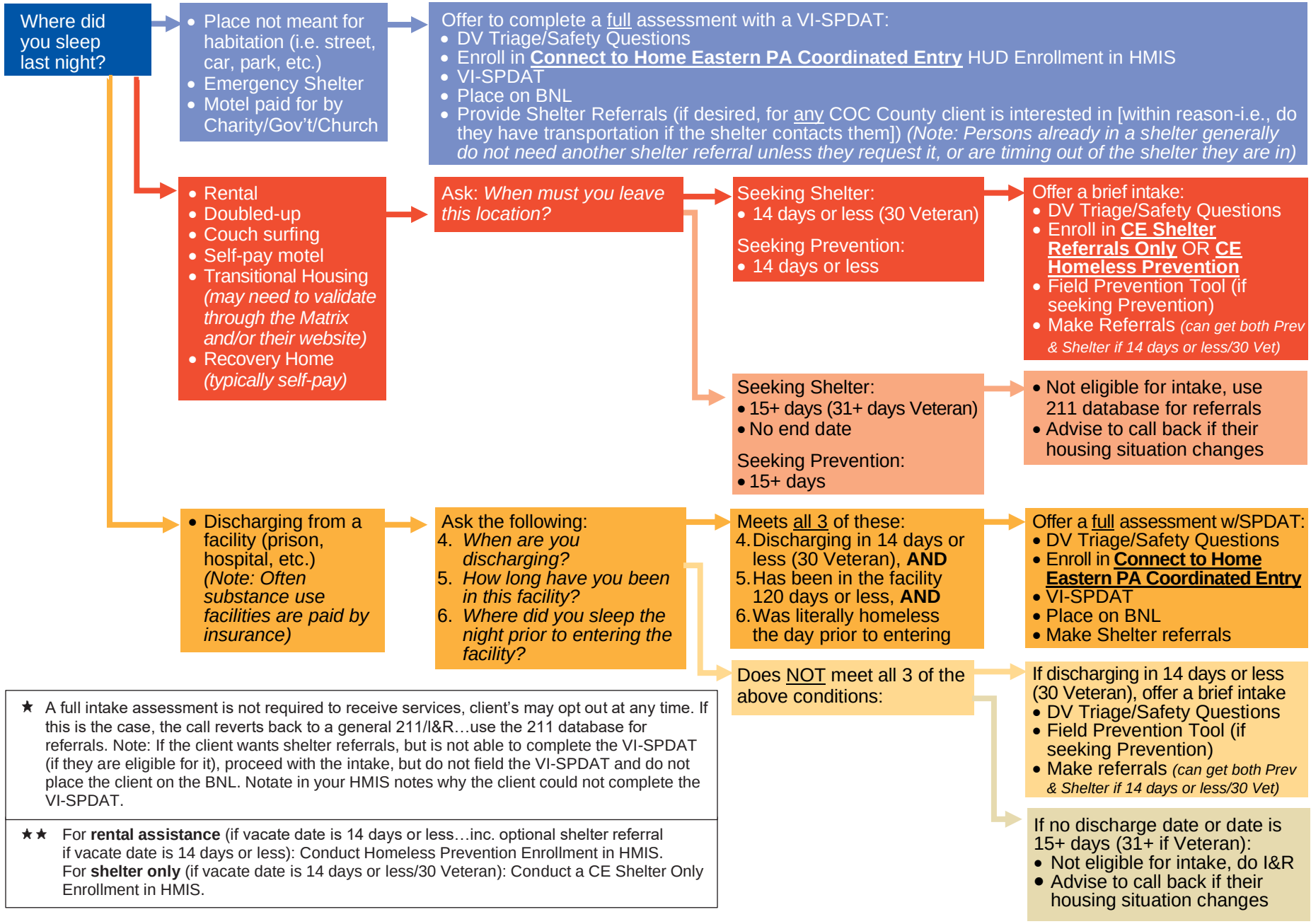
★ In order to receive services, a full intake assessment is not required, client's may opt out of our intake at any time. if this is the case, the call reverts back to a general 211/Information and Referral call…simply use the 211 database for referrals. Please keep in mind that if the client wants shelter referrals, but does not want to complete the VI-SPDAT (if they are eligible for it—sometimes they may not have the time to complete it), proceed with the intake through HMIS, but do not field the VI-SPDAT and do not place the client on the BNL.

Connect to Home Coordinated Entry System Policies and Procedures

Coordinated Entry Intake – Flow Chart (No County Eviction Moratorium In Effect)

LITERALLY HOMELESS (CATEGORY 1) • AT-RISK OF HOMELESSNESS (CATEGORY 2 OR 3)

*This flow chart is only relevant to those whom have **NOT** indicated that they are a survivor of Domestic Violence or are fleeing violence in their primary nighttime residence.*



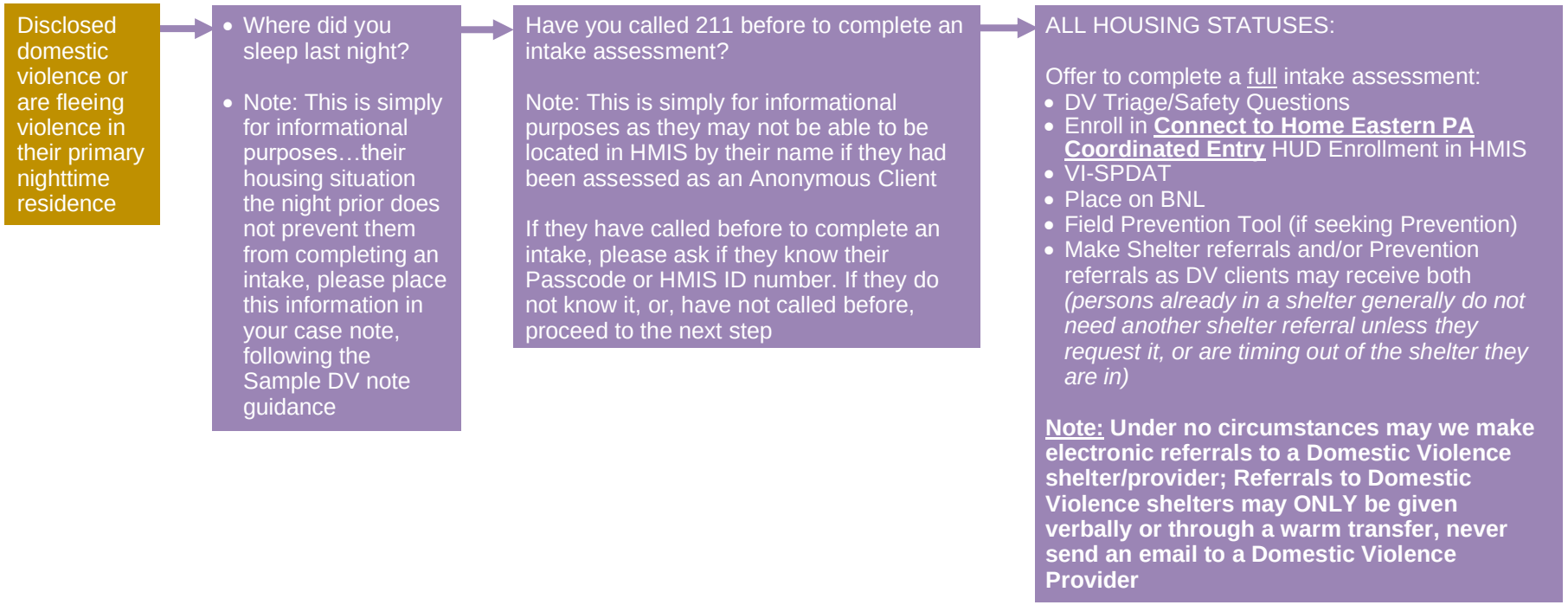
★ A full intake assessment is not required to receive services, client's may opt out at any time. If this is the case, the call reverts back to a general 211/I&R…use the 211 database for referrals. Note: If the client wants shelter referrals, but is not able to complete the VI-SPDAT (if they are eligible for it), proceed with the intake, but do not field the VI-SPDAT and do not place the client on the BNL. Notate in your HMIS notes why the client could not complete the VI-SPDAT.

★★ For **rental assistance** (if vacate date is 14 days or less…inc. optional shelter referral if vacate date is 14 days or less): Conduct Homeless Prevention Enrollment in HMIS. For **shelter only** (if vacate date is 14 days or less/30 Veteran): Conduct a CE Shelter Only Enrollment in HMIS.

COORDINATED ENTRY INTAKE – FLOW CHART (IF NO MORATORIUM)

DOMESTIC VIOLENCE SURVIVORS AND OTHERS FLEEING VIOLENCE IN THEIR NIGHTTIME RESIDENCE

*This flow chart is only relevant to those whom **HAVE** indicated that they are a survivor of Domestic Violence or are fleeing violence in their primary nighttime residence*

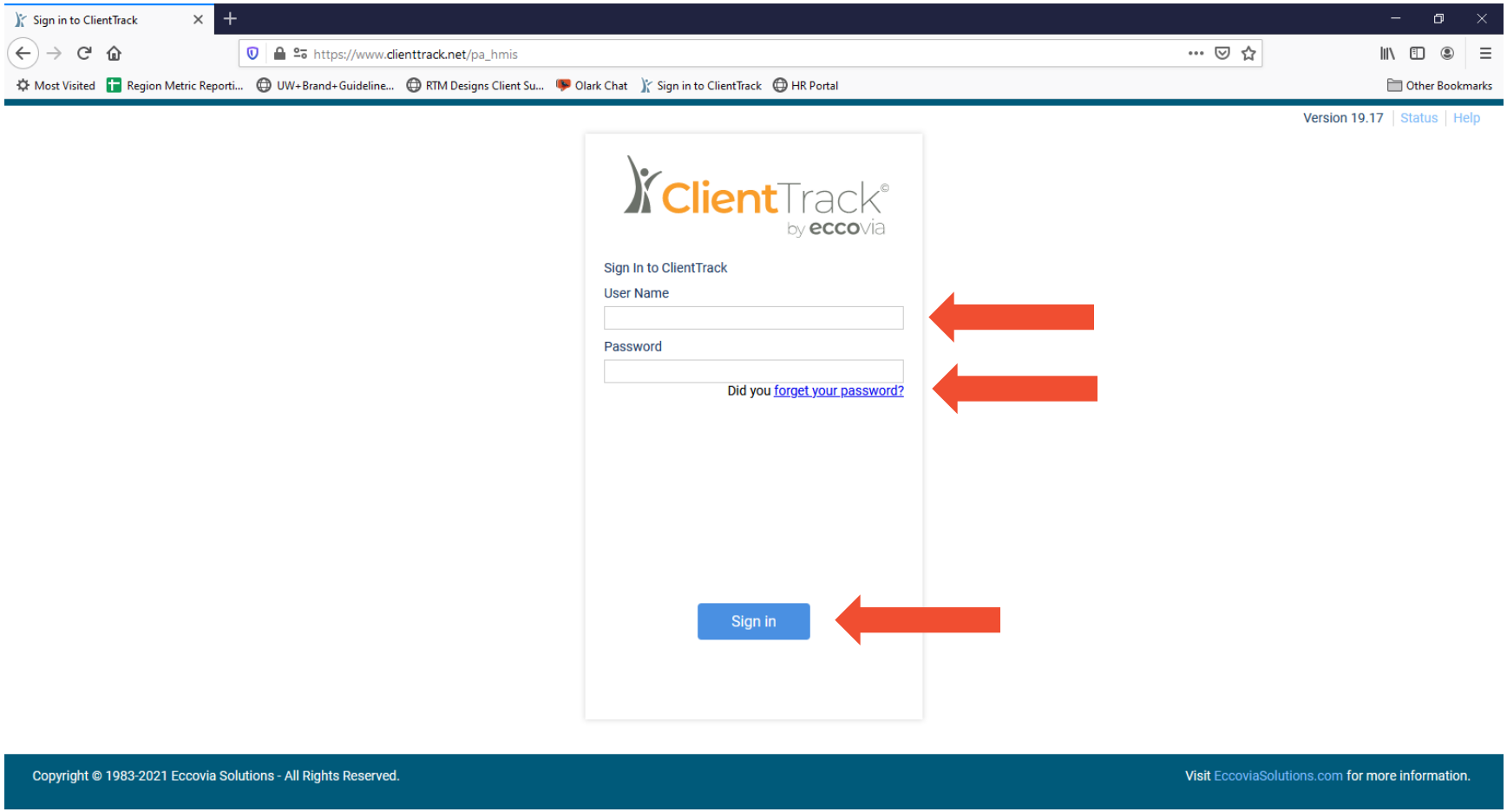


★ In order to receive services, a full intake assessment is not required, client's may opt out of our intake at any time. if this is the case, the call reverts back to a general 211/Information and Referral call…simply use the 211 database for referrals. Please keep in mind that if the client wants shelter referrals, but does not want to complete the VI-SPDAT (if they are eligible for it—sometimes they may not have the time to complete it), proceed with the intake through HMIS, but do not field the VI-SPDAT and do not place the client on the BNL.

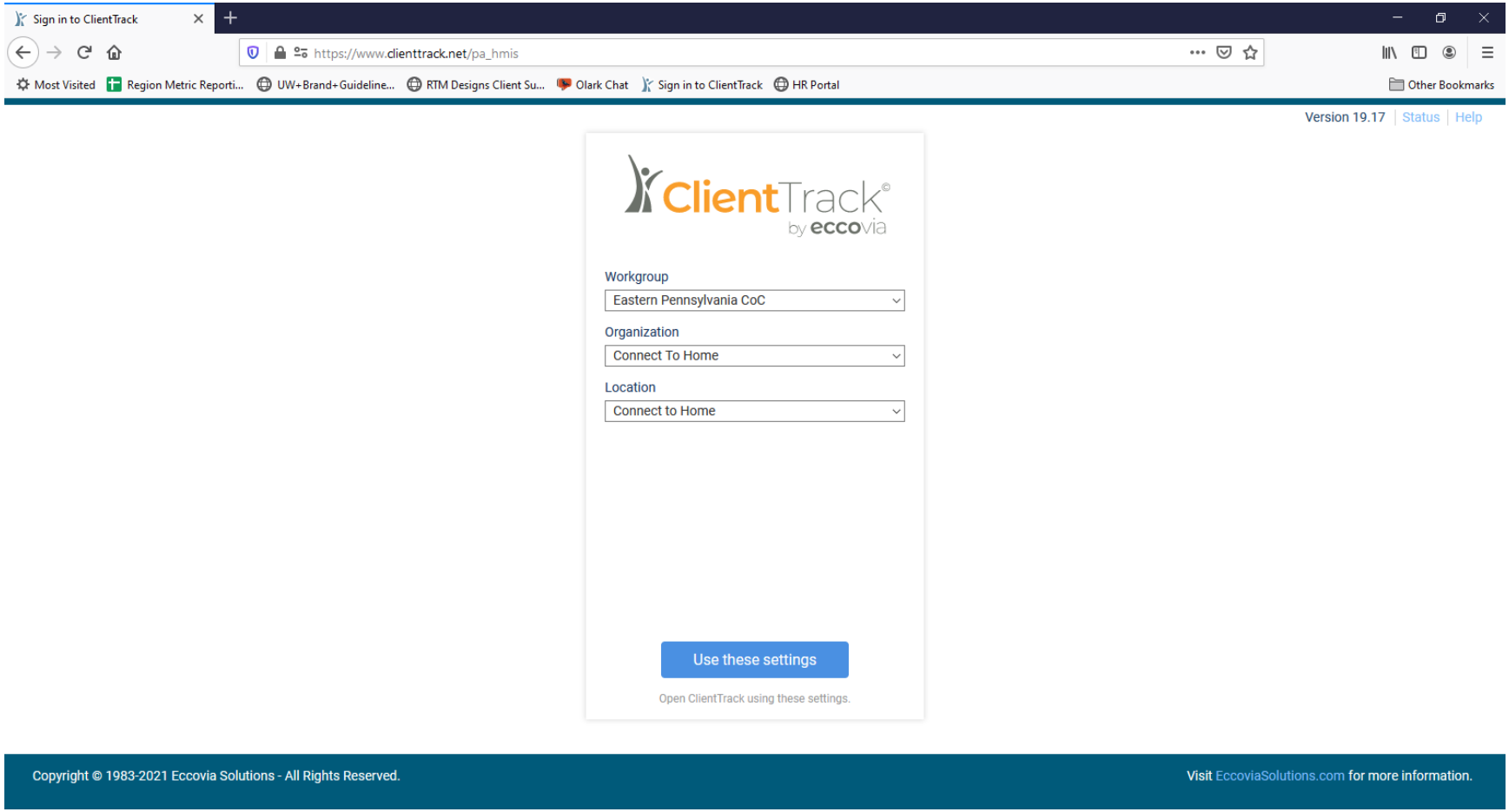
Connect to Home Coordinated Entry System Policies and Procedures

Coordinated Entry Intake for Literally Homeless Households (HUD Categories 1 & Cat 4 DV/Public)

1. Log-in with your Username and Password, click Sign-In

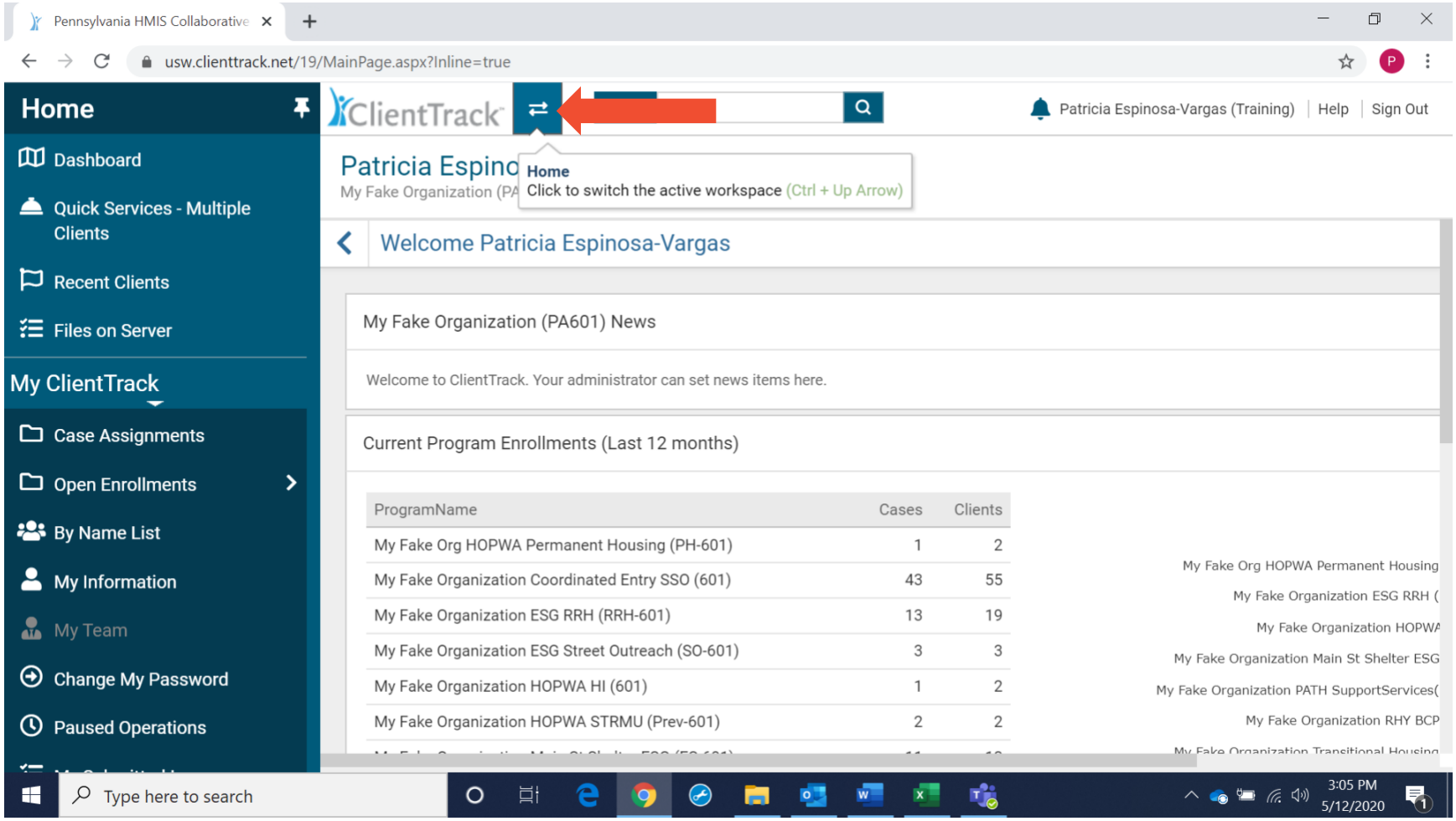


2. Be sure to be logged in to, then click Use these settings:
   - Workgroup: Eastern Pennsylvania COC
   - Organization: Connect To Home
   - Location: Connect To Home



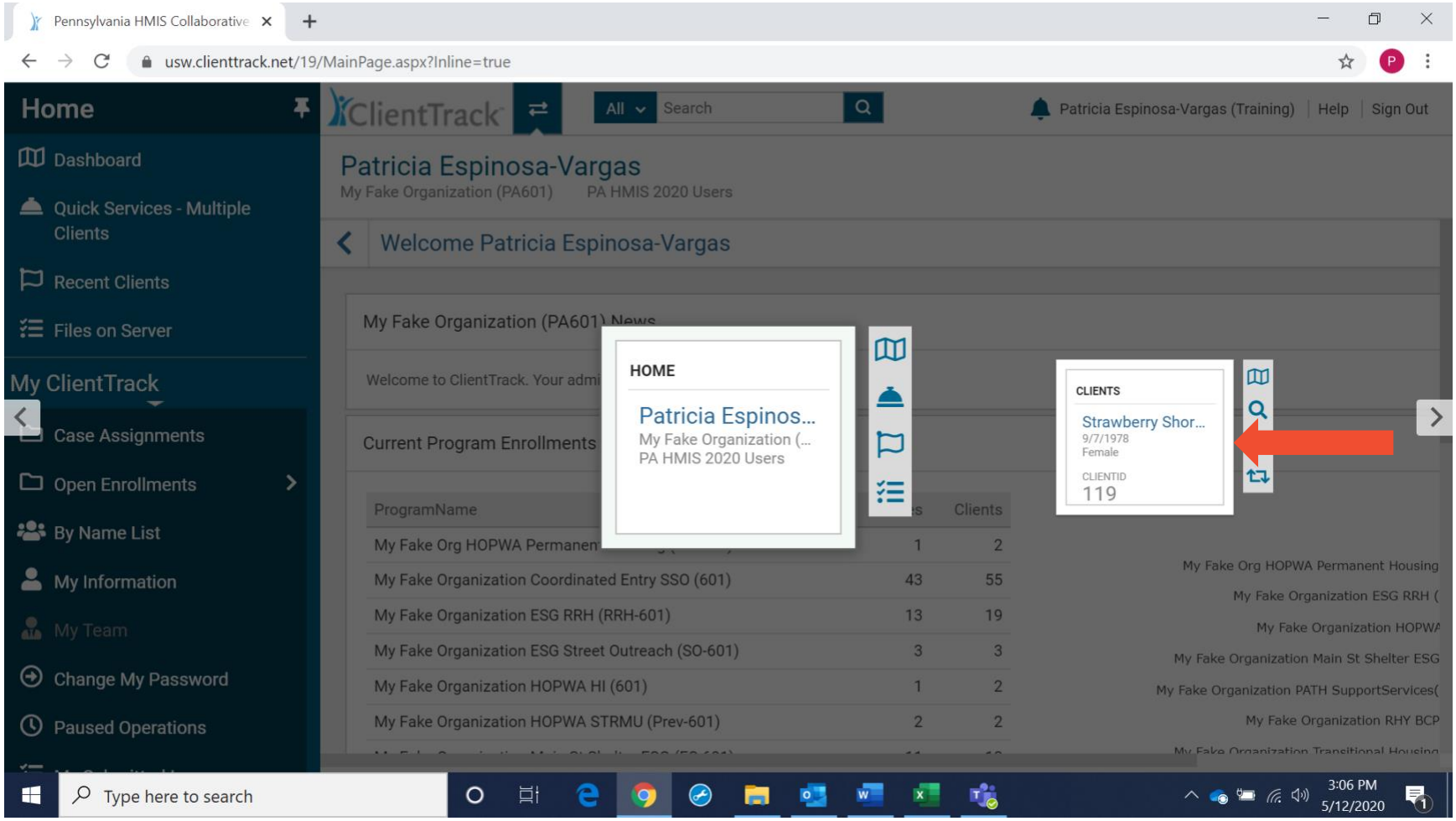
Connect to Home Coordinated Entry System Policies and Procedures

3. While on the Home screen, click to Double Arrows to switch to a different Workspace

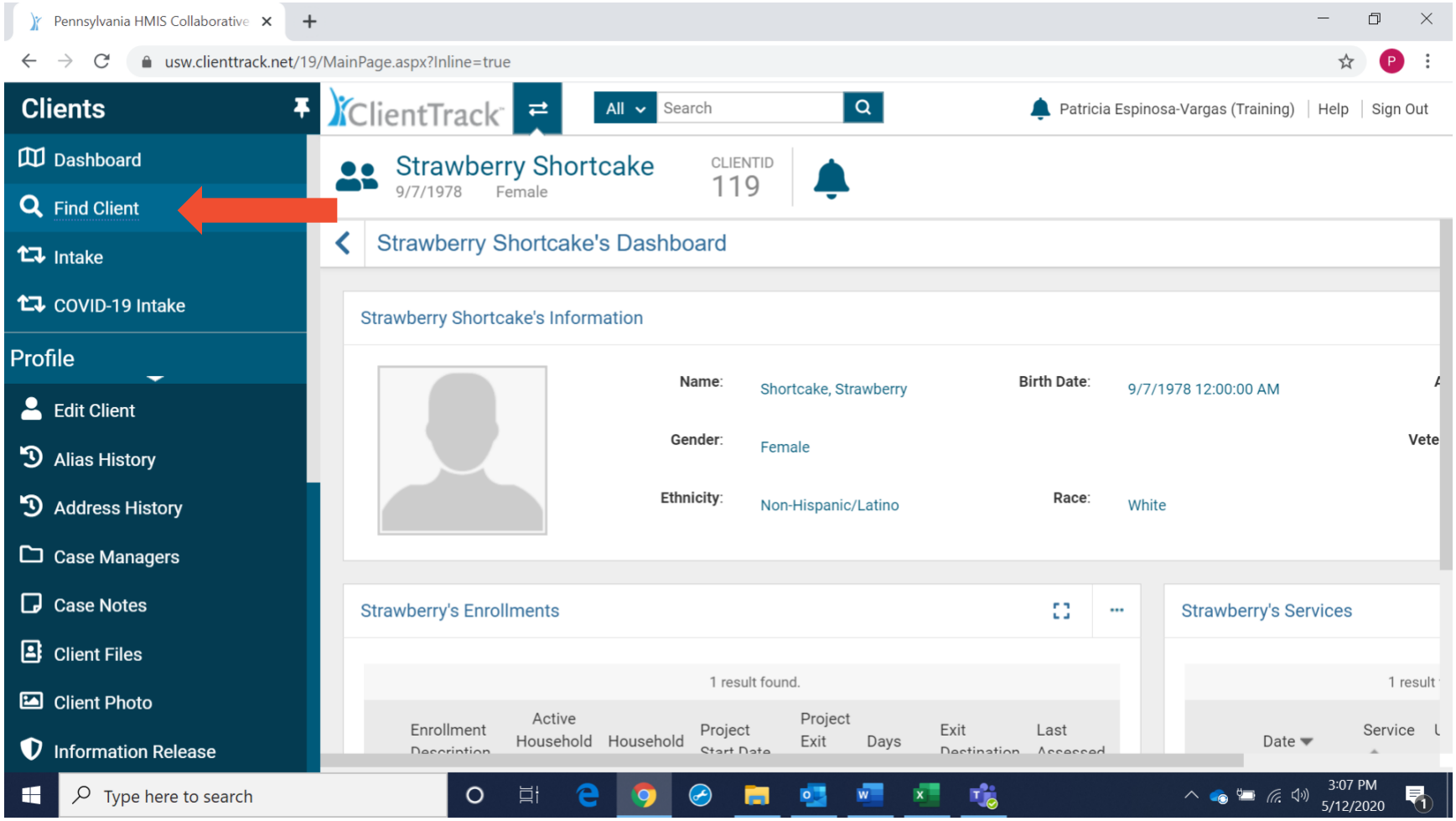


Connect to Home Coordinated Entry System Policies and Procedures

4. Click the Clients Workspace (you should see a snapshot of the previous client you searched for)

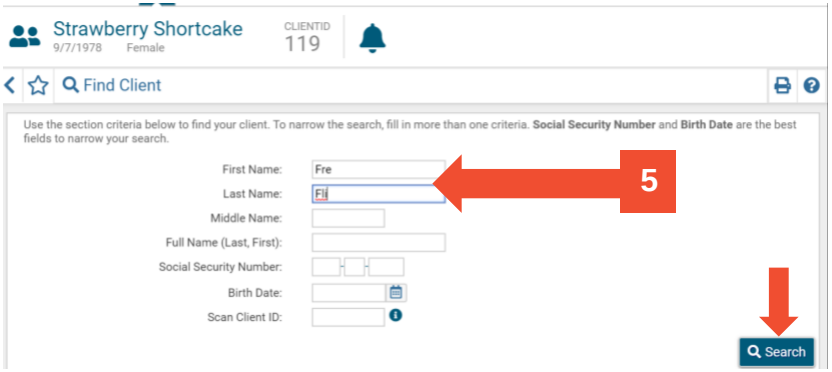


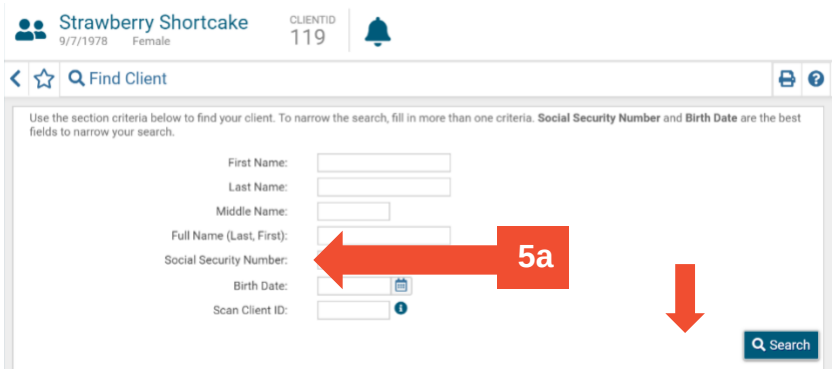
5. While at the Client Dashboard screen, click Find Client

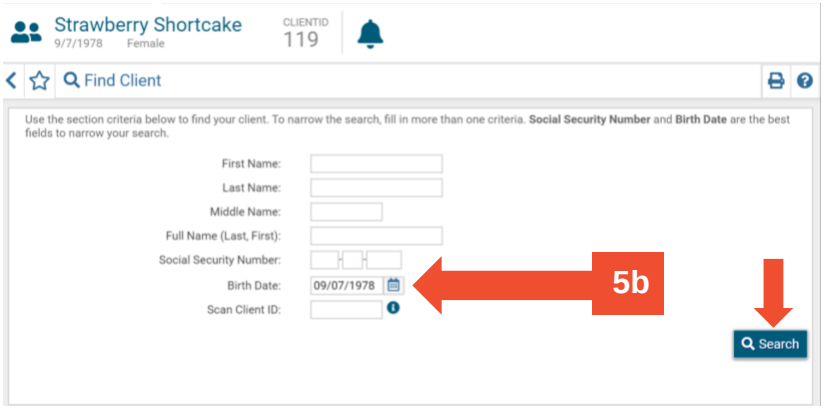


Connect to Home Coordinated Entry System Policies and Procedures

6. Search for the client by the first 3 letters of their First and Last names
   - If no results, please clear the letters of their name and search by their Social Security Number
   - If still no results, clear their Social Security Number and search by their Date of Birth

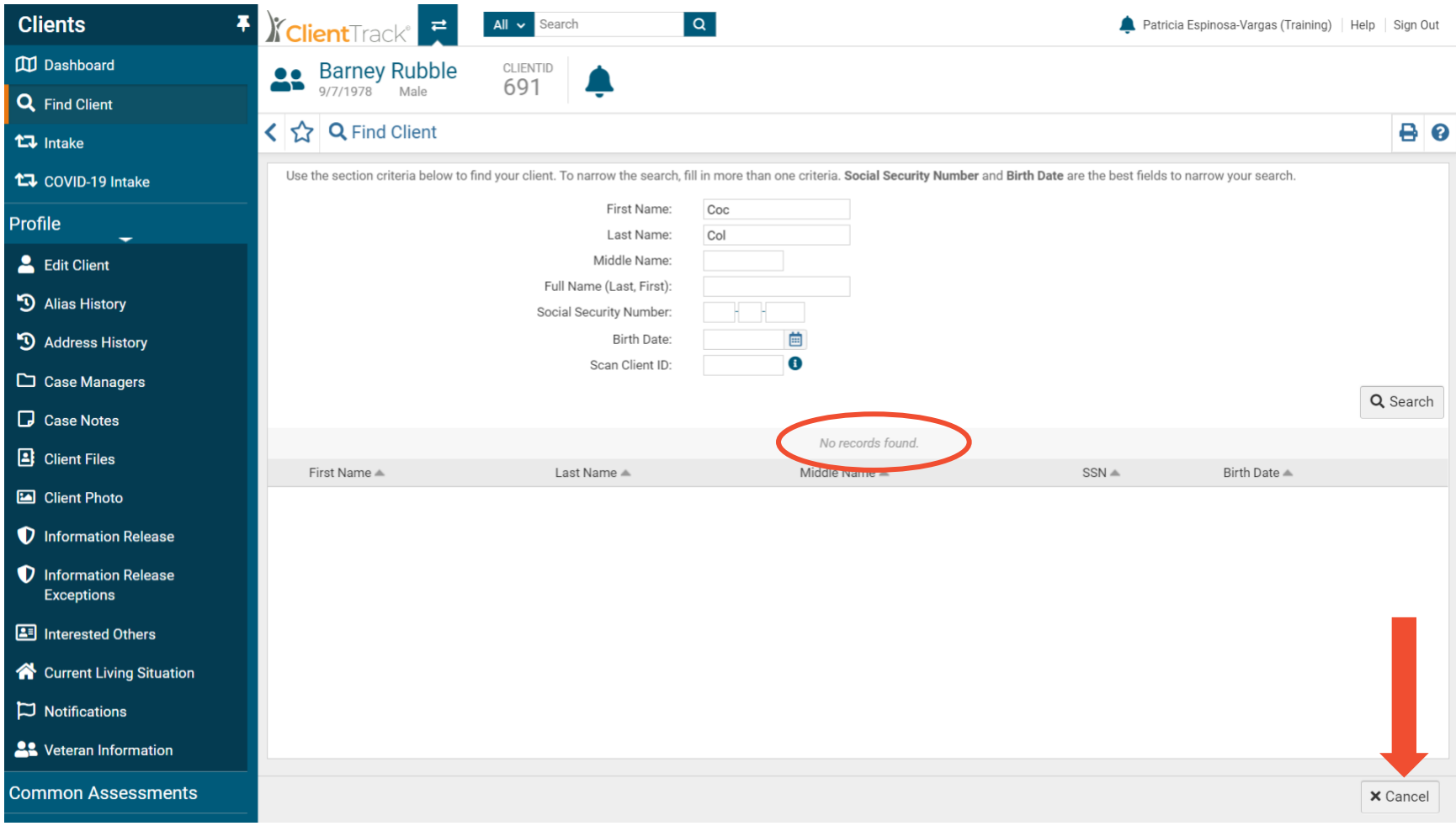




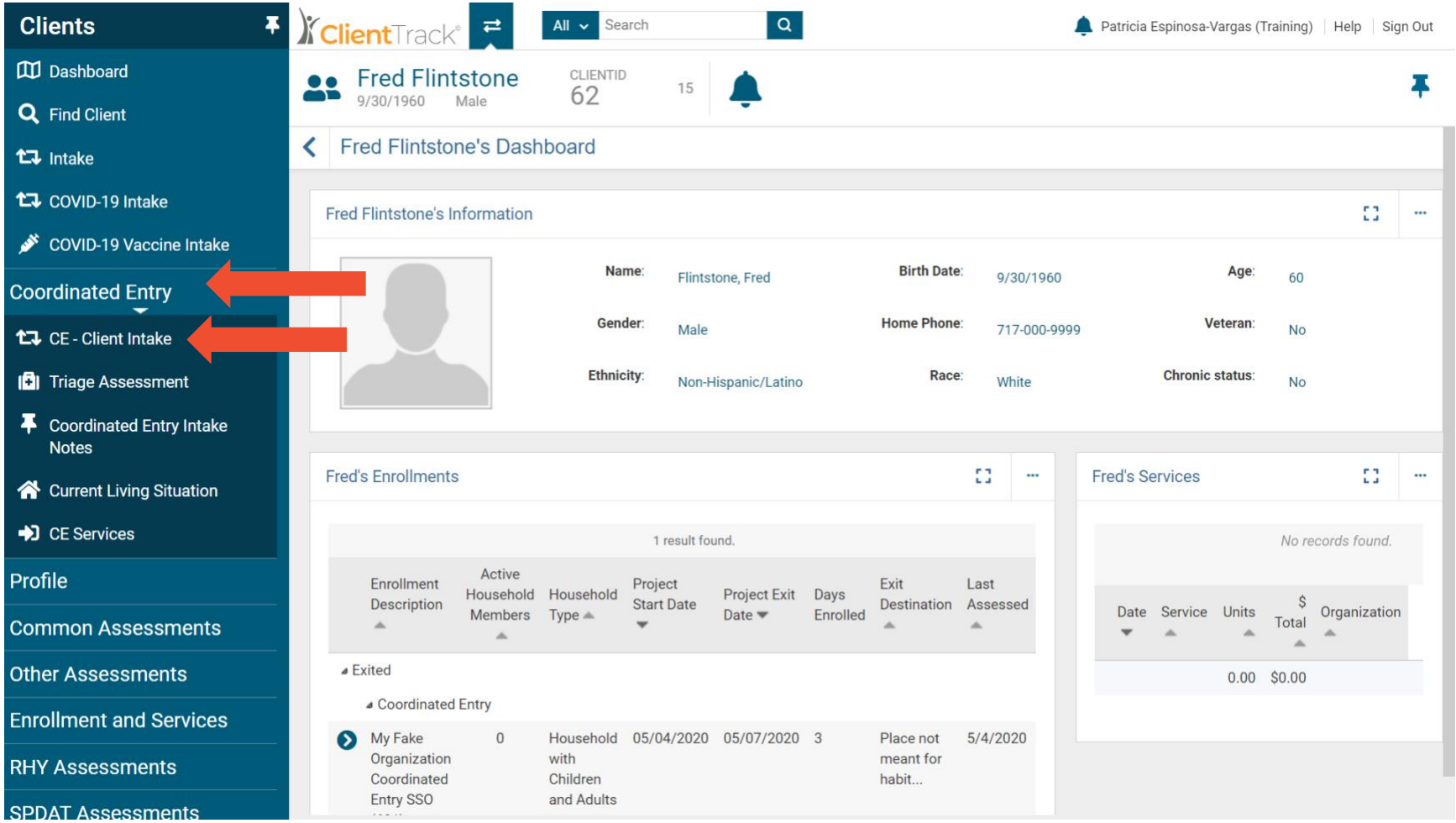


Connect to Home Coordinated Entry System Policies and Procedures

7. If the client is NOT the system, click Cancel to return to the Dashboard
   - **Note: If the client is already in the system**, click their name to load their profile, view their case notes and active enrollments to ensure that they are not currently on the By Name List (unless they are Category 4/DV which may be referred to Homeless Prevention while being active on the BNL); additionally, complete a "profile check" to validate/confirm existing information including phone number and current household members if any…then, proceed to Step 8

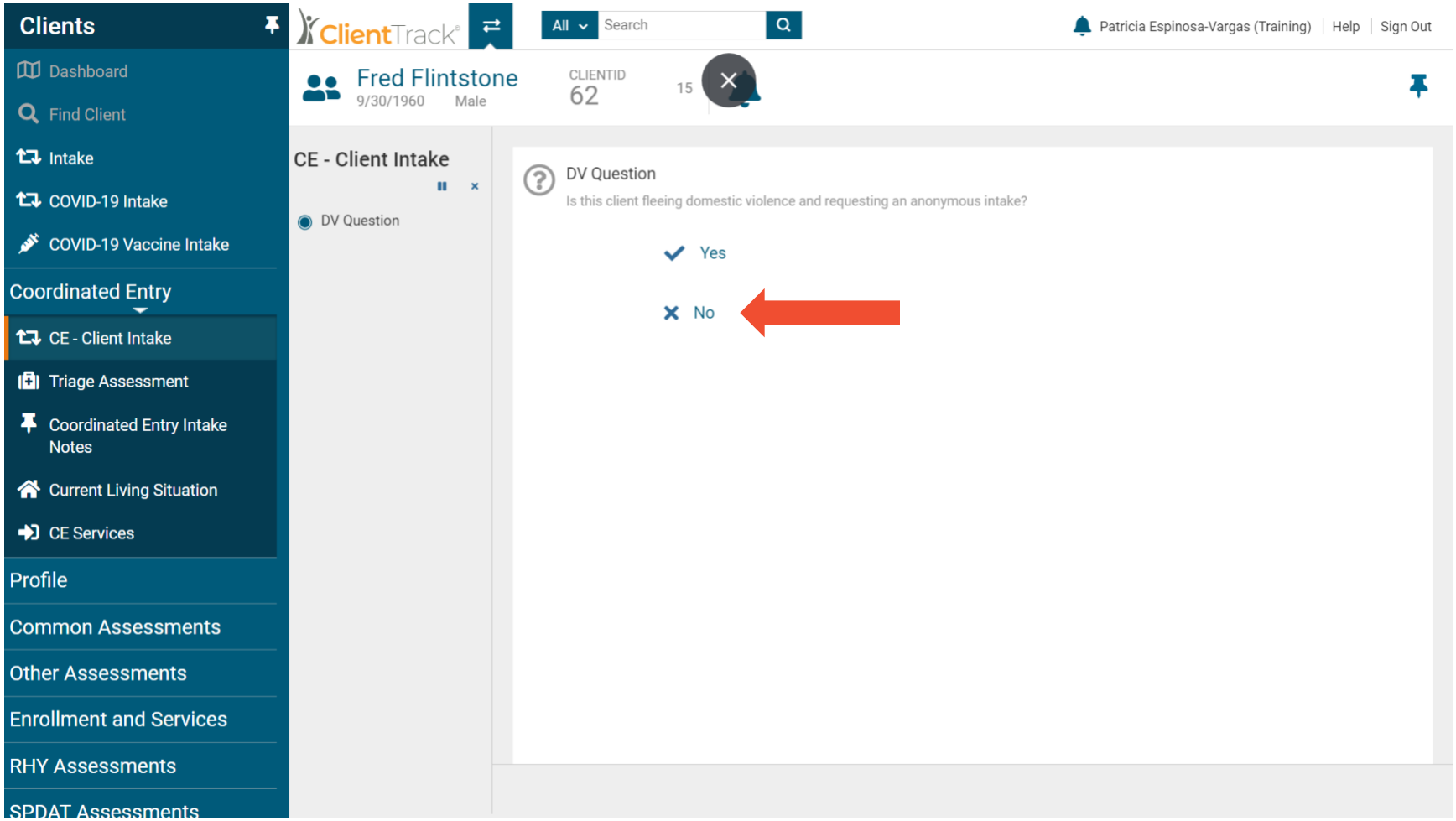


8. Click Coordinated Entry, then click CE - Client Intake



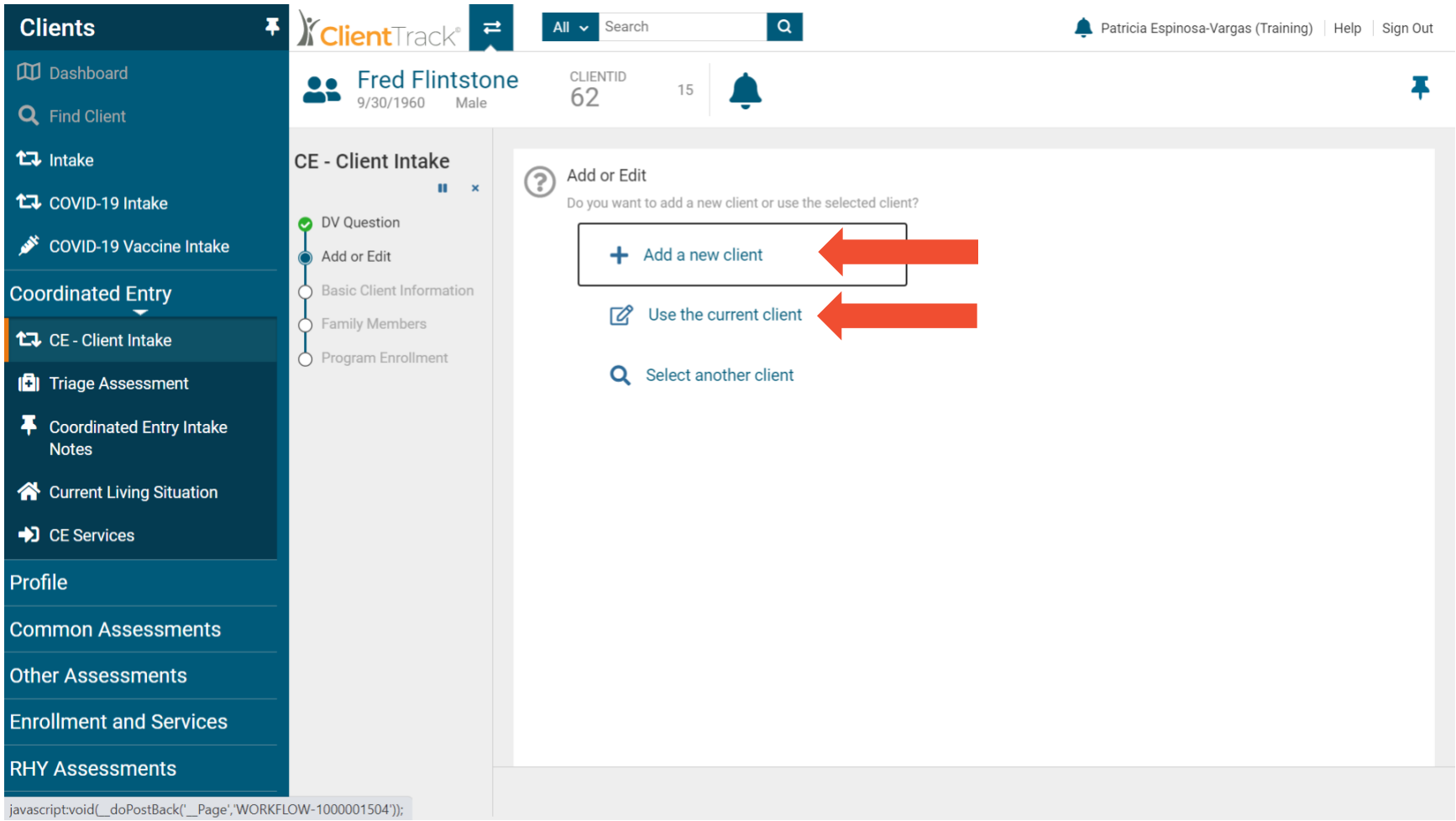
Connect to Home Coordinated Entry System Policies and Procedures

9. Answer the Domestic Violence (DV) question
   - Note: In this tutorial it is assumed that the client is NOT fleeing DV, as such the answer will always be No
     - If the client IS fleeing and is looking to be entered into HMIS **ANONYMOUSLY**, this tutorial does NOT apply, please view the DV-Anon Tutorial

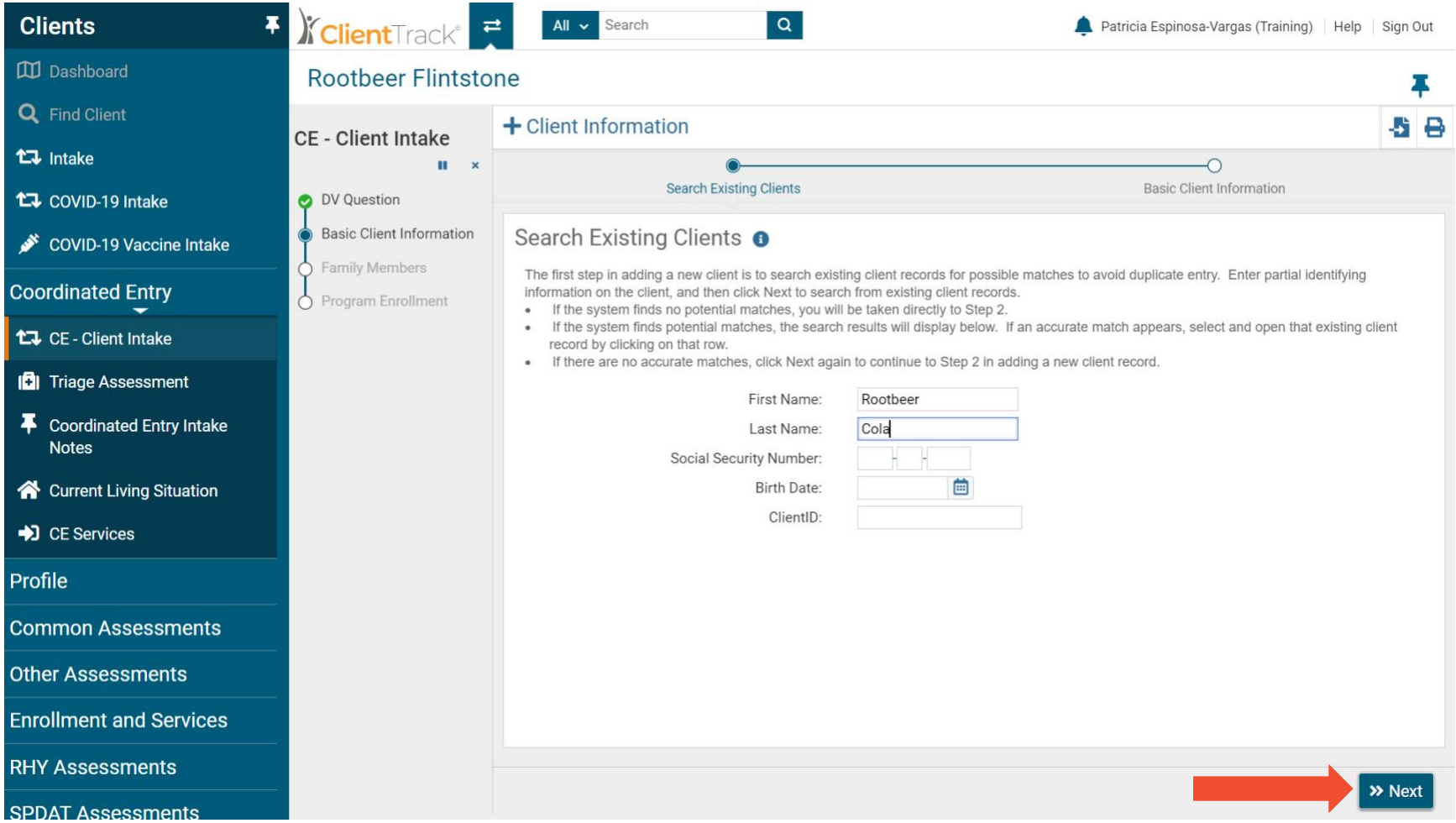


Connect to Home Coordinated Entry System Policies and Procedures

10. If the client was not in the system as you searched previously, click Add New Client
    - If they were, and you already loaded their client dashboard, click Use the Current Client

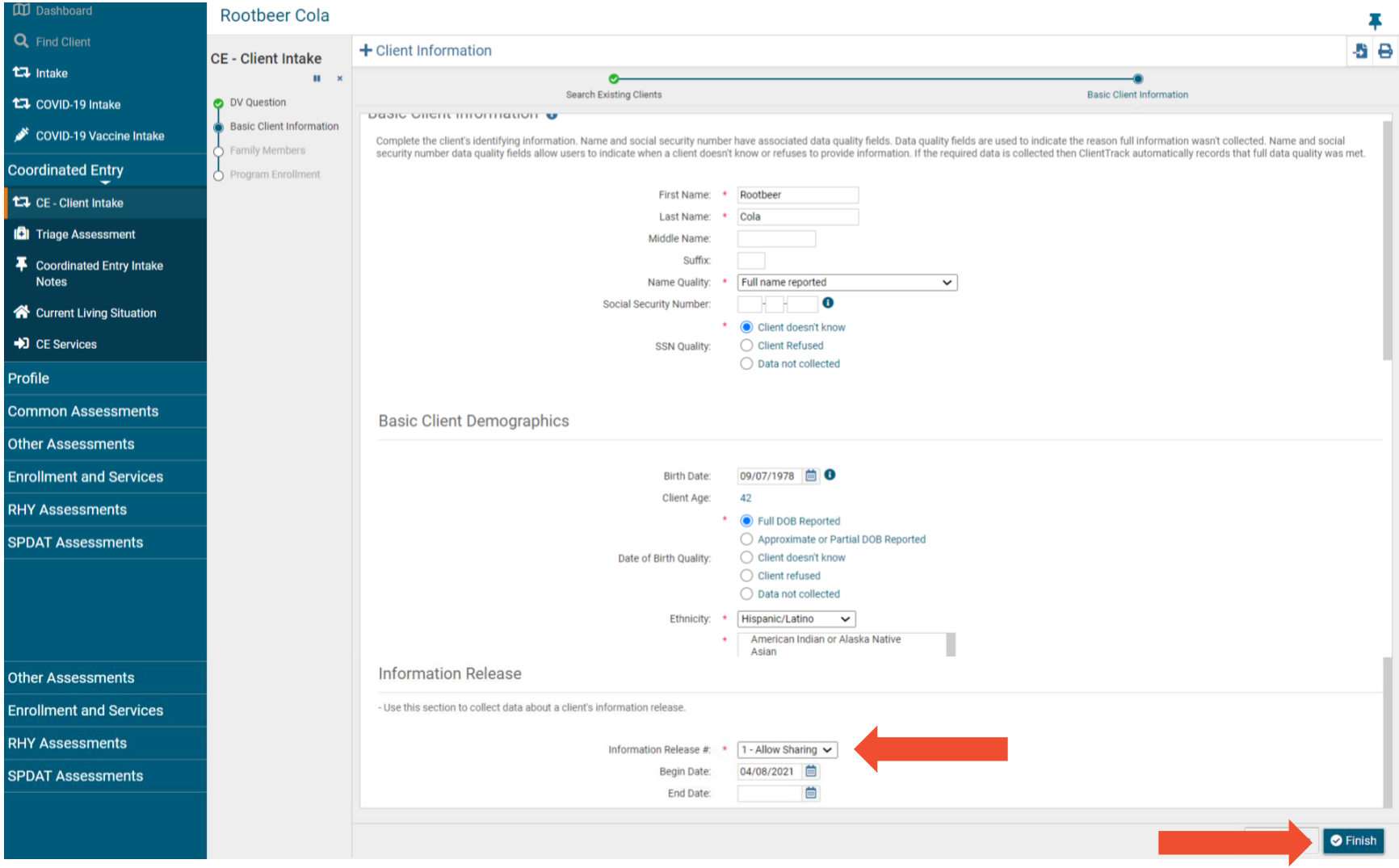


11. Search for the client once more, then click Next



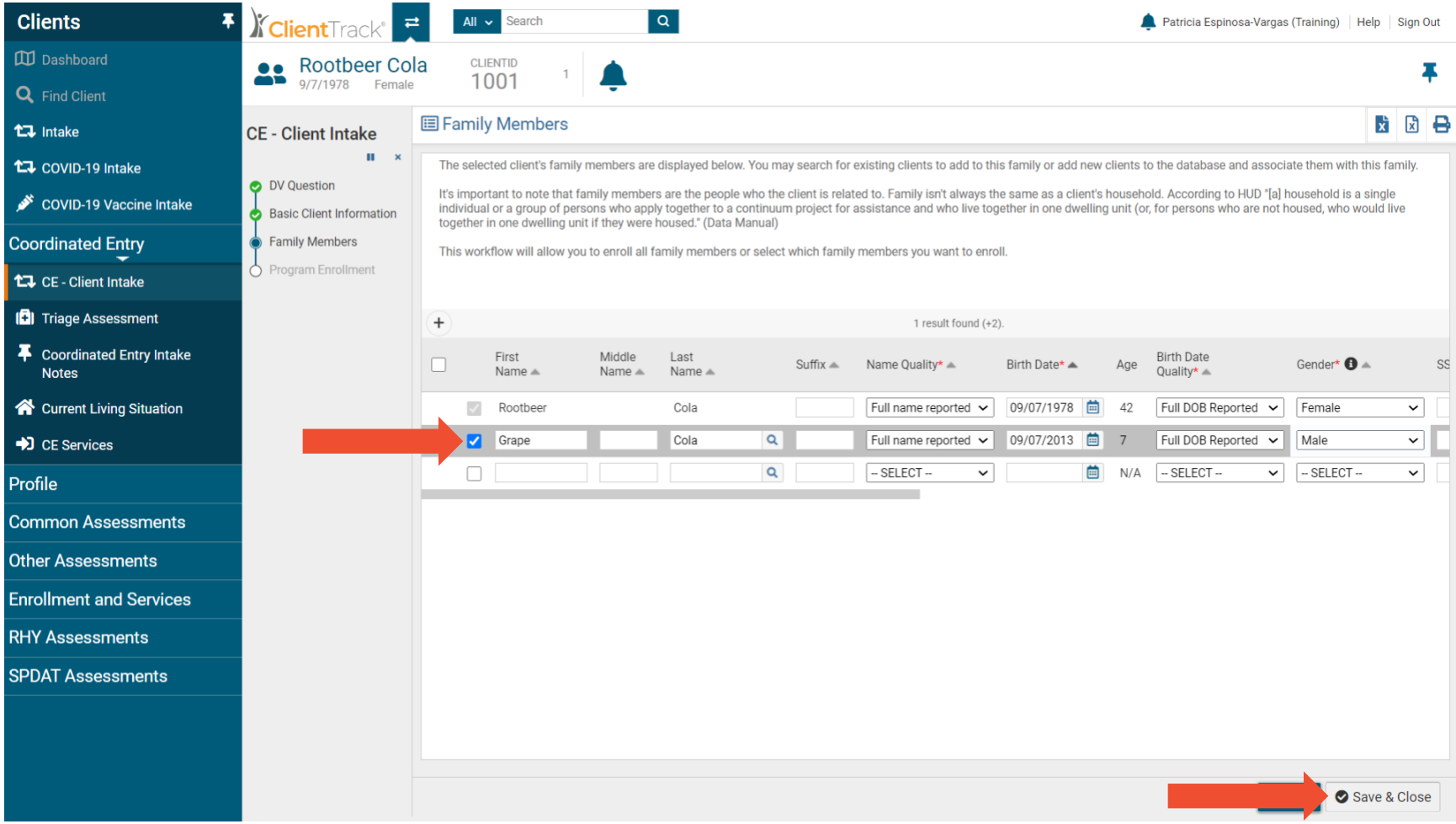
Connect to Home Coordinated Entry System Policies and Procedures

12. Complete the Client/Head of Household's profile, then click Finish to move on to the next screen
    - Be sure to read the following before moving on as it relates to Consent/Information Release: *"Do I have your permission to enter your information into the Eastern Pennsylvania secure data system called HMIS?"*



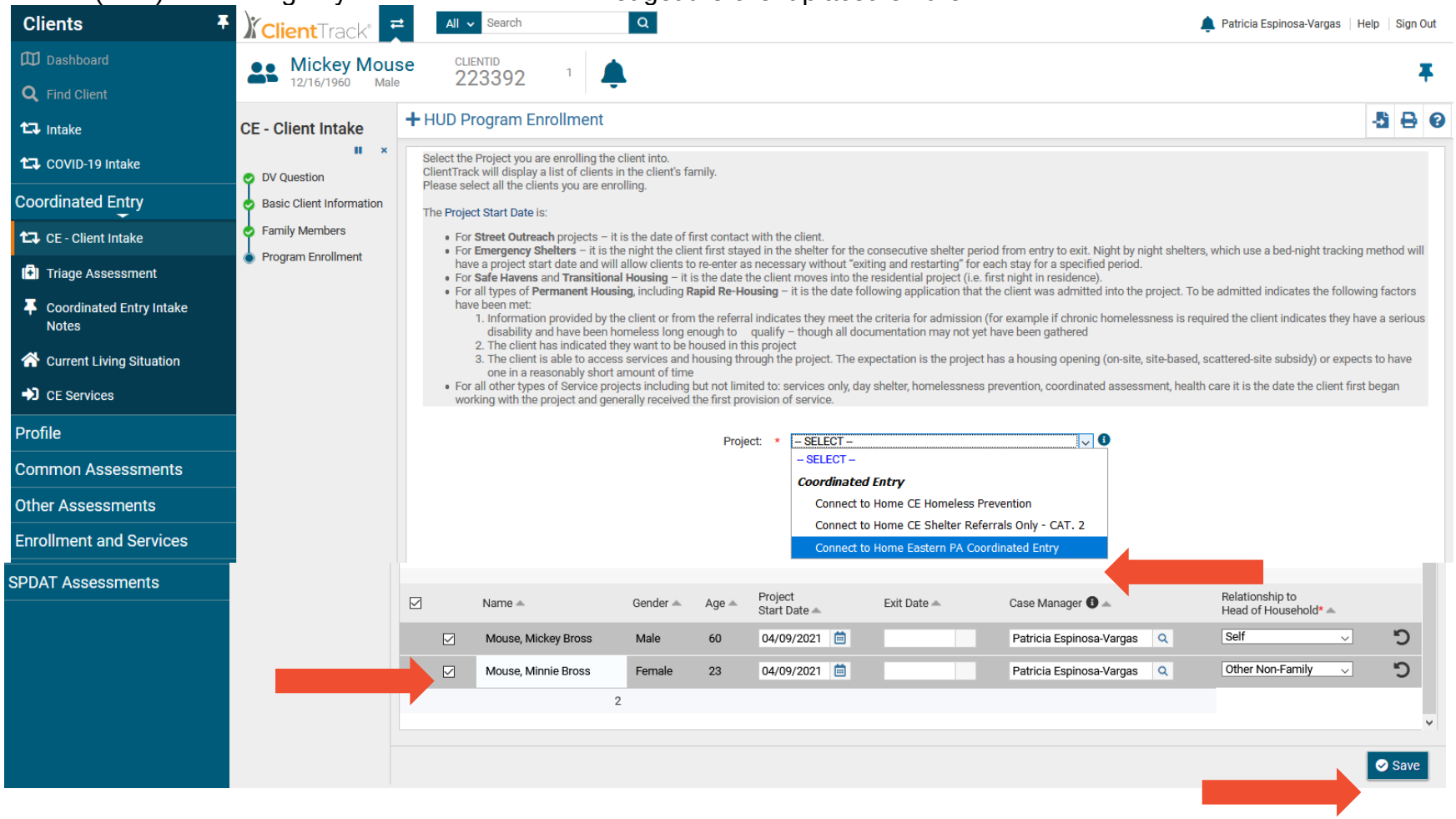
Connect to Home Coordinated Entry System Policies and Procedures

13. Add any additional Household members, then click Save & Close when complete



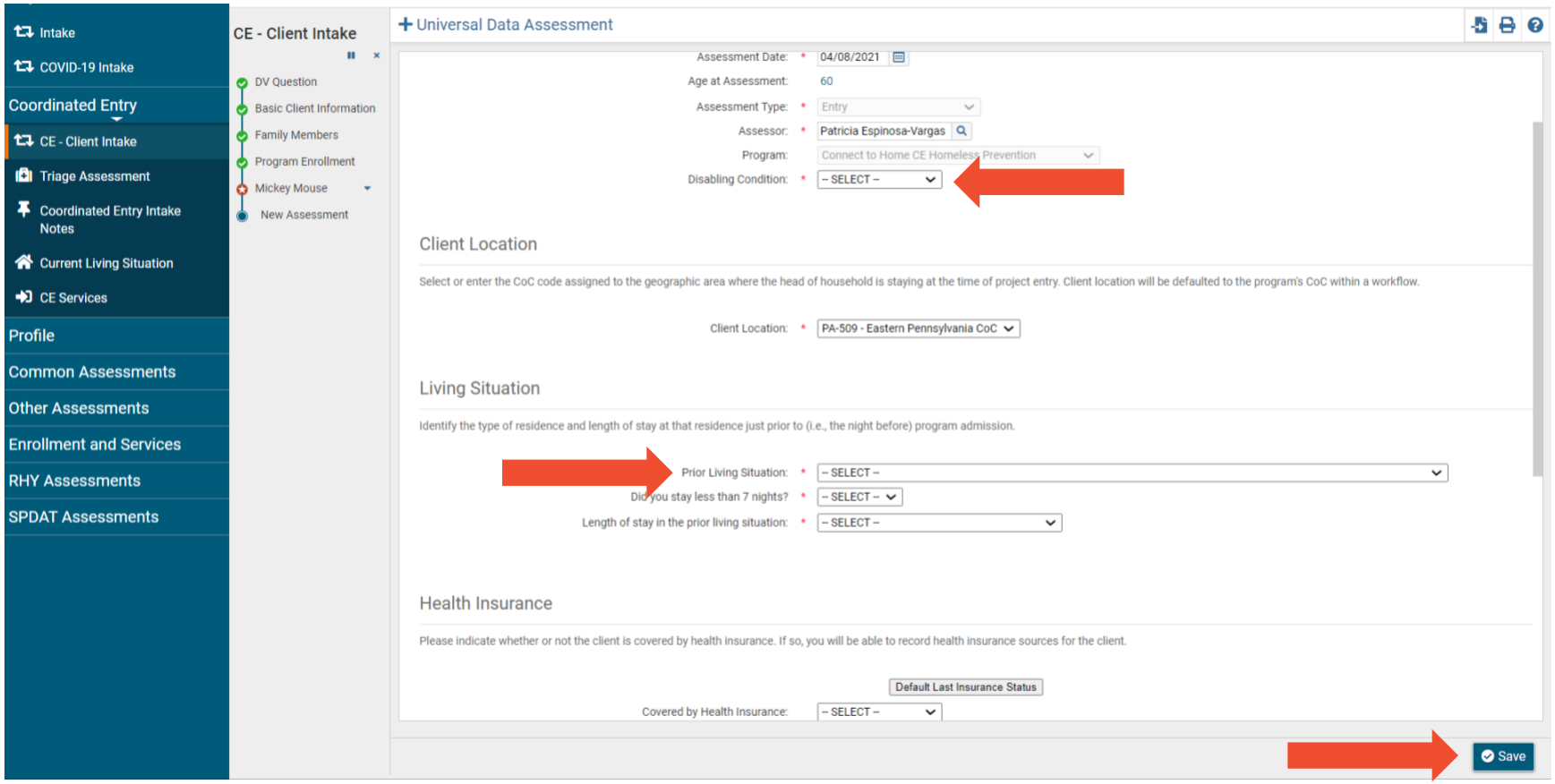
Connect to Home Coordinated Entry System Policies and Procedures

14. Choose the **Connect to Home Eastern PA Coordinated Entry** project to enroll the client in to, then select all Household Members needing assistance/enrolled, Click Save when complete
    - Note: You MUST select this enrollment for those eligible for a VI-SPDAT/Placement on the By Name List (BNL)…selecting any other enrollment will not get the client placed on the BNL

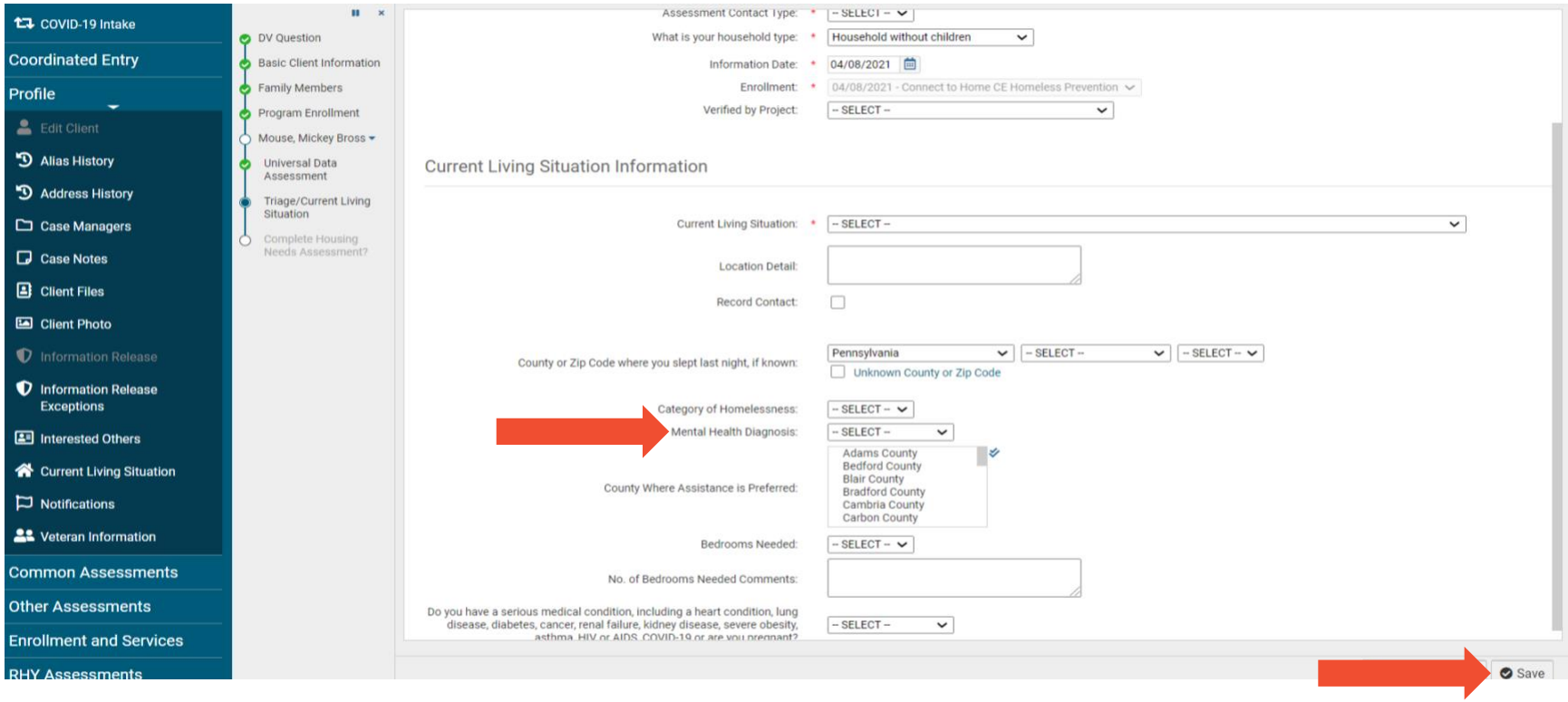


Connect to Home Coordinated Entry System Policies and Procedures

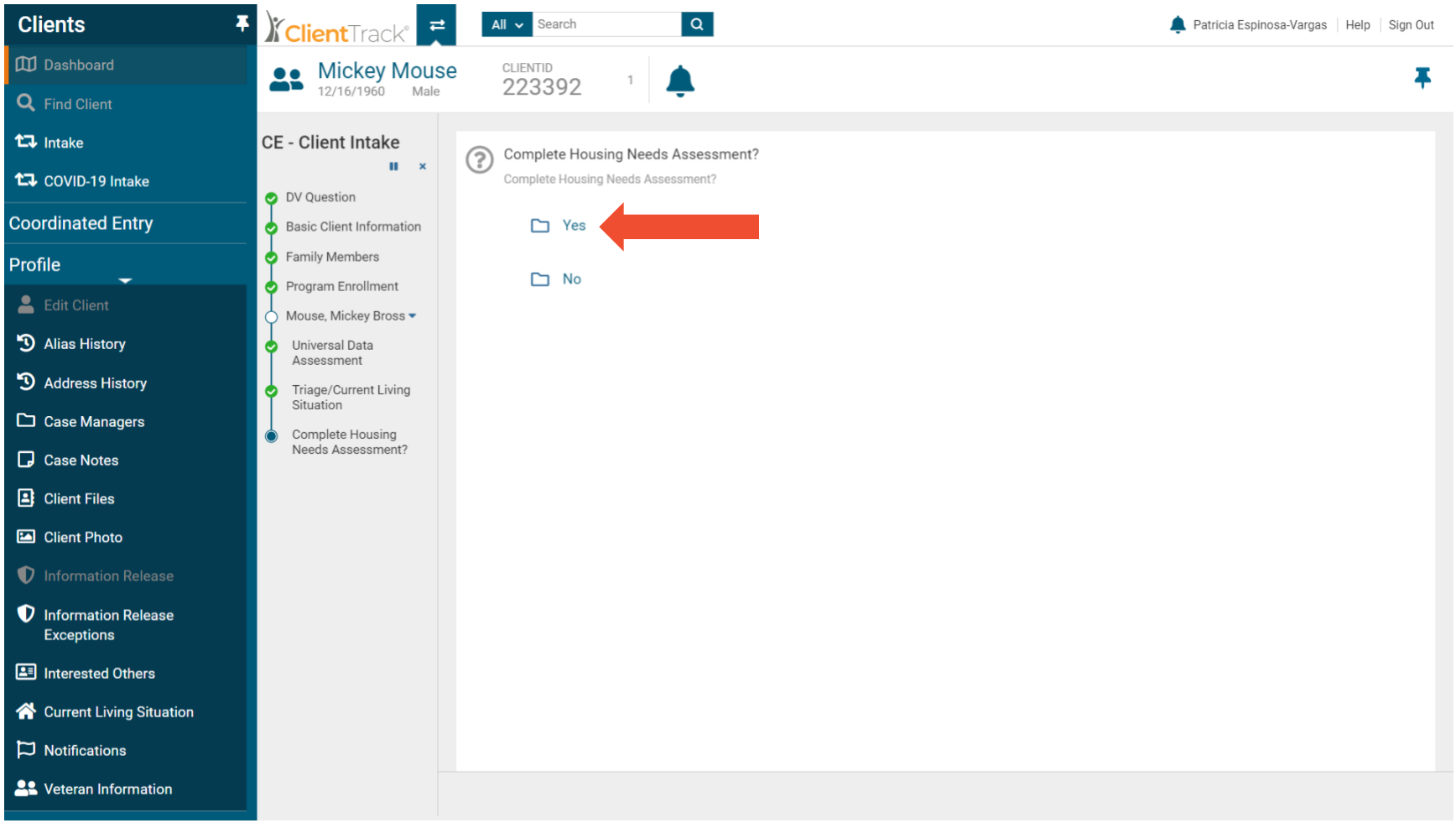
15. Complete the Universal Data Assessment, click Save when complete
    - Disabling Condition: Read the following and answer accordingly…*"Do you have a disabling condition which consists of any physical, mental, or emotional impairment, including an impairment caused by drug or alcohol disorder, or brain injury that impedes your ability to maintain housing or employment?"*
    - Prior Living Situation: This response to this question should reflect where the client slept last night
        - Note: depending on their housing situation last night, different fields/questions will populate that are required to be answered
    - Health Insurance: This question is not required, as such, please skip it



16. Complete the Triage Assessment, click Save when complete
    a. Assessment Contact Type: For 211, the response should always be Phone, For Access Sites it will likely be In-Person
    b. Current Living Situation: Where the client expects to sleep **tonight** (depending on the response, additional questions will populate)
    c. Category of Homeless: Leave this Blank, this is not a field that the Eastern COC uses
    d. Mental Health Condition: Please read the following, then choose the appropriate response…*"Do you have a mental health diagnosis that impedes your ability to maintain housing or employment?"*
    e. County or Zip Code if known: Please enter the client's current city/county/zip code
    f. County where assistance is preferred: Client's may opt to be housed in their current county of residence, or another county, if a client states that they are willing to be housed anywhere, please attempt to narrow it to their surrounding counties, or at least, counties in which it is realistic for them to relocate to (do they have transportation to get there if offered assistance?)
    g. Bedrooms Needed: Please ask and respond accordingly (you may enter comments if appropriate)

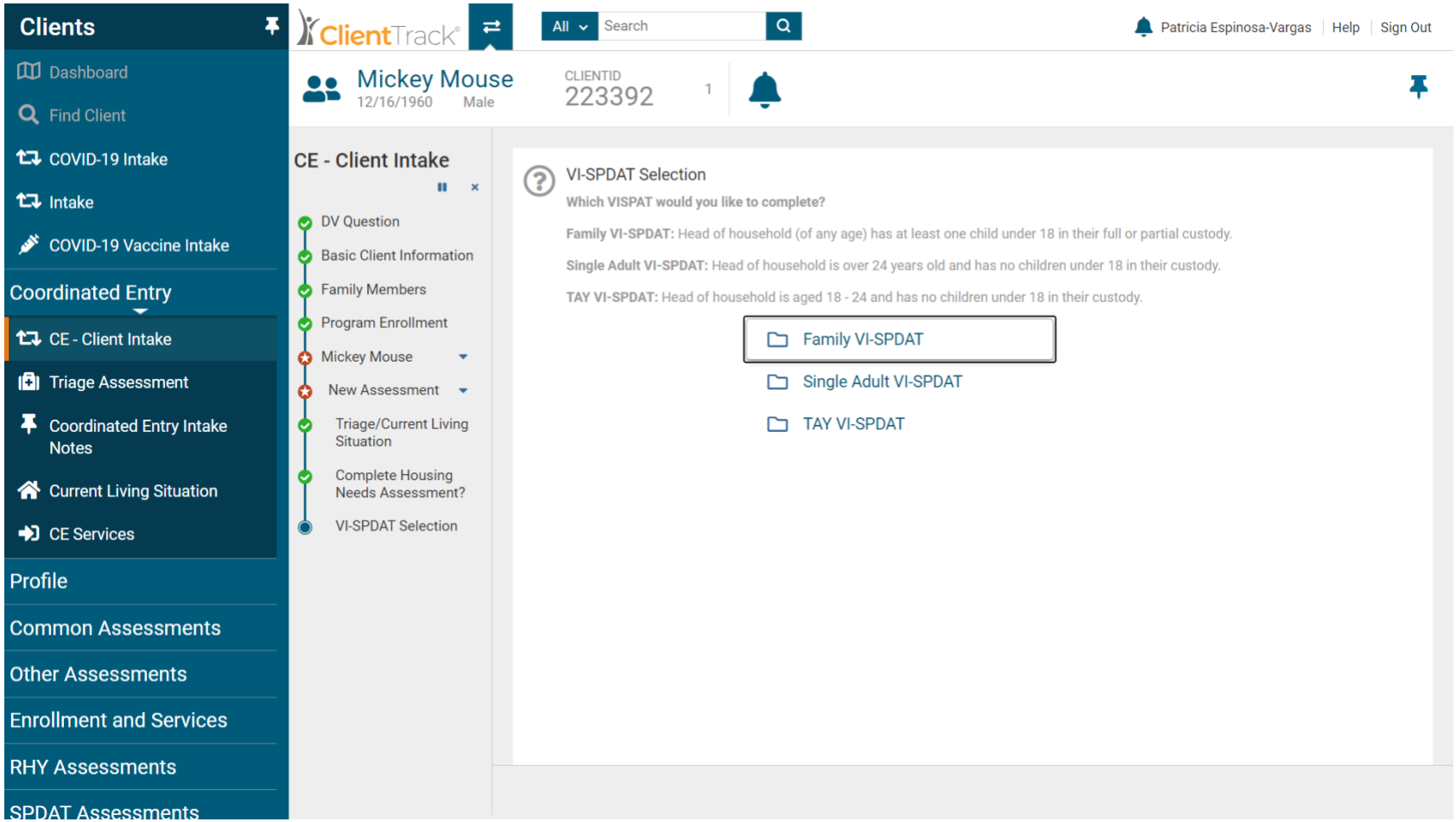


17. Click Yes to completing a Housing Needs Assessment



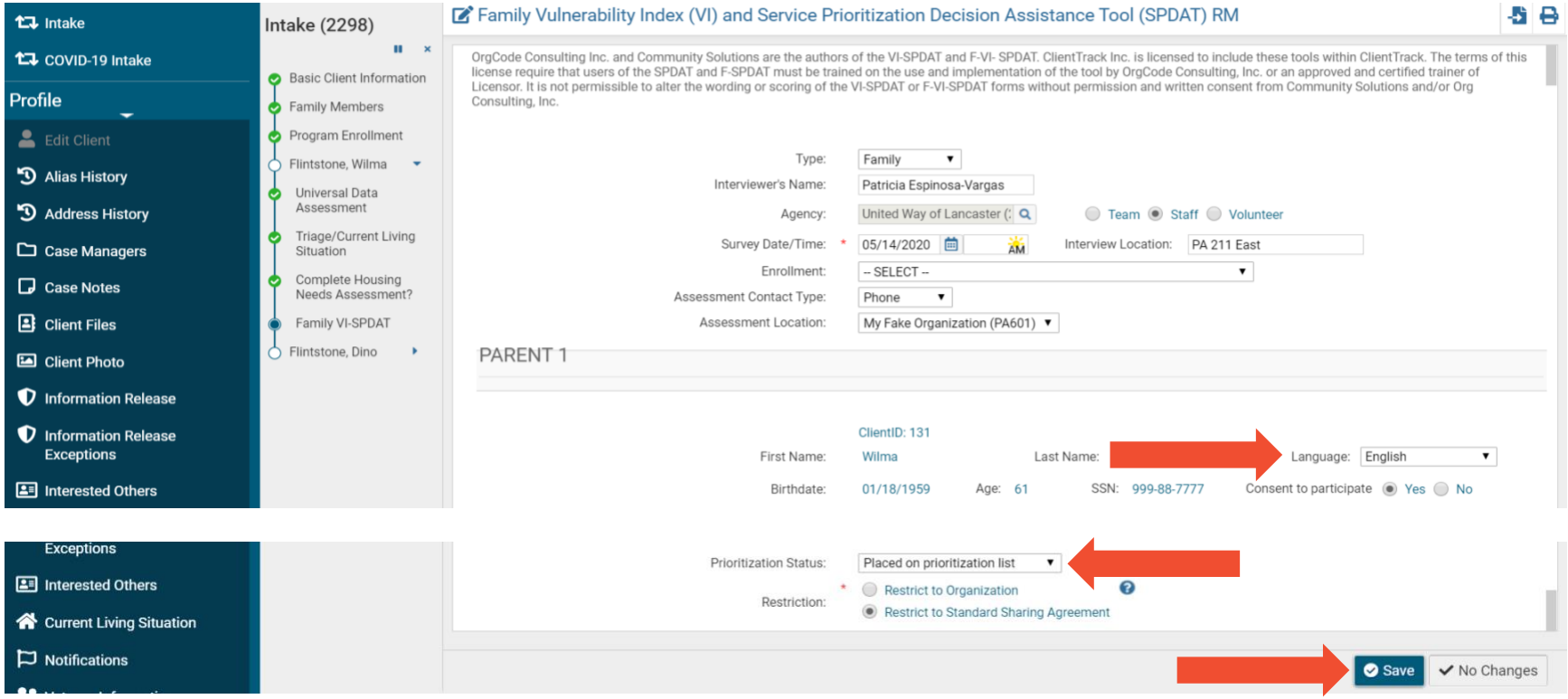
Connect to Home Coordinated Entry System Policies and Procedures

18. You will be prompted to choose the correct VI-SPDAT, please choose accordingly
    - Single: Single individual, or Adult (ages 25 and older) only households, this includes adult couples with no minor children
    - Family: Households with a minor child in the household, ages 17 and younger
    - TAY (Single Youth): Unaccompanied youth/young adult (ages 24 and younger)



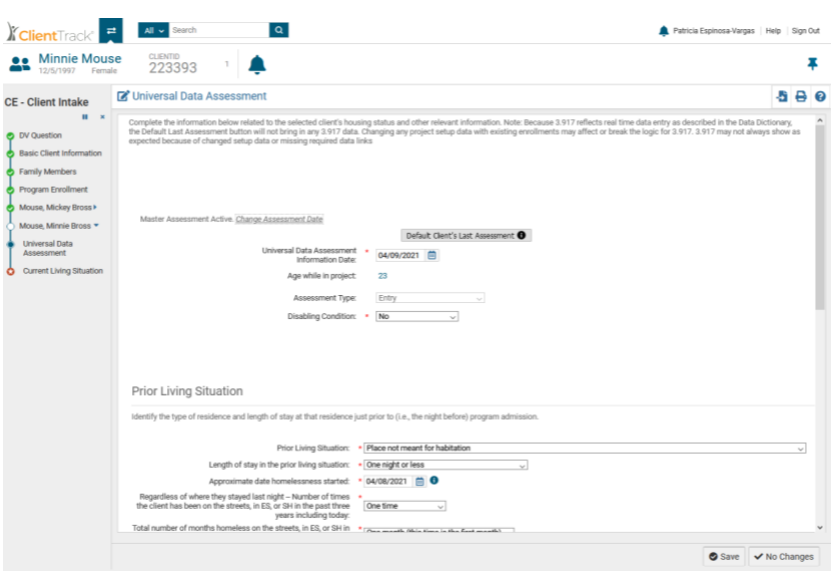
Connect to Home Coordinated Entry System Policies and Procedures

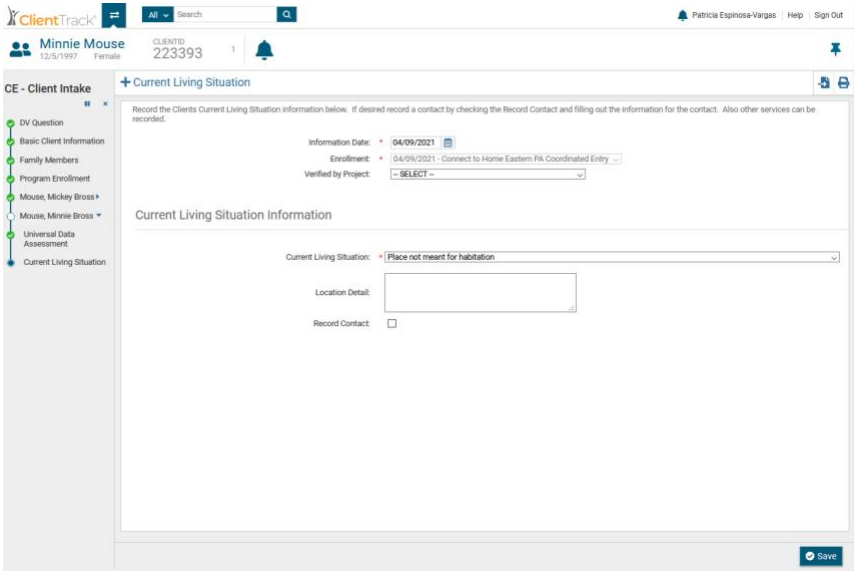
19. Read the following Script before fielding the VI-SPDAT: *"I have a brief survey that I would like to complete with you. The answers will help us determine how we can best support you with available resources. Most questions only require a yes or a no, some questions required a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The more honestly you answer these questions, the better we can figure out how to assist you. The information collected goes into the Eastern Pennsylvania secure data system. If you do not understand a question, let me know, I would be happy to clarify. If it seems to me that you don't understand a question, I will do my best to explain it to you with you needing to ask for clarification."*
    a. Field the VI-SPDAT as normal, but please be sure to enter your Name, Agency, Interview Location, and choose the Language and Consent to Participate if these are not auto-populated for you
    b. Before you are finished, it is extremely important to note that at the end of the VI-SPDAT you MUST change the Prioritization Status to Placed on Prioritization List as this is how the client is placed on the By Name List (scores 0+)
    c. Click Save when finished



Connect to Home Coordinated Entry System Policies and Procedures

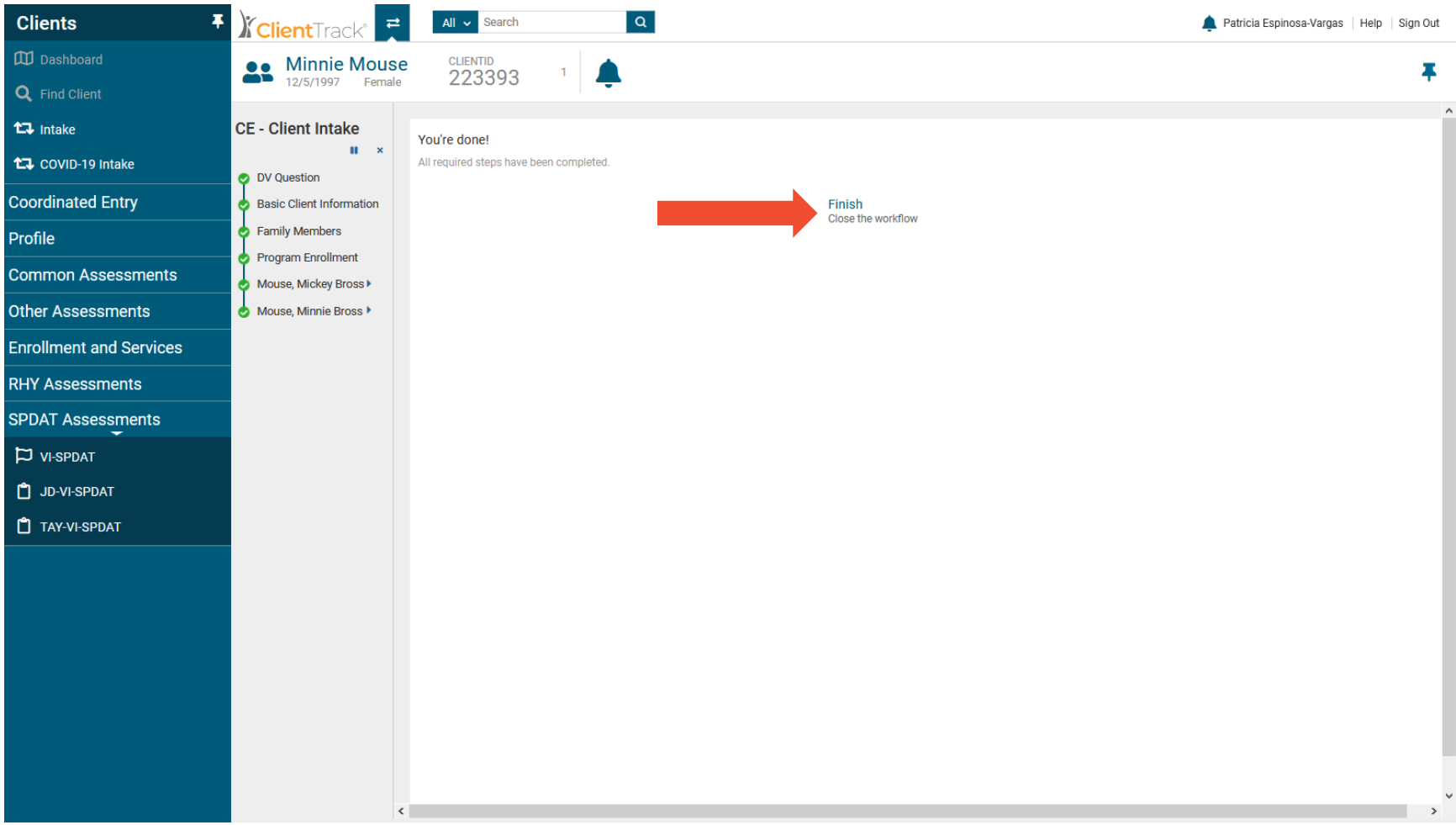
20. If there are no additional household members, go to Step 21
    If there are, complete the Universal Data Assessments and/or Current Living Situation for each member





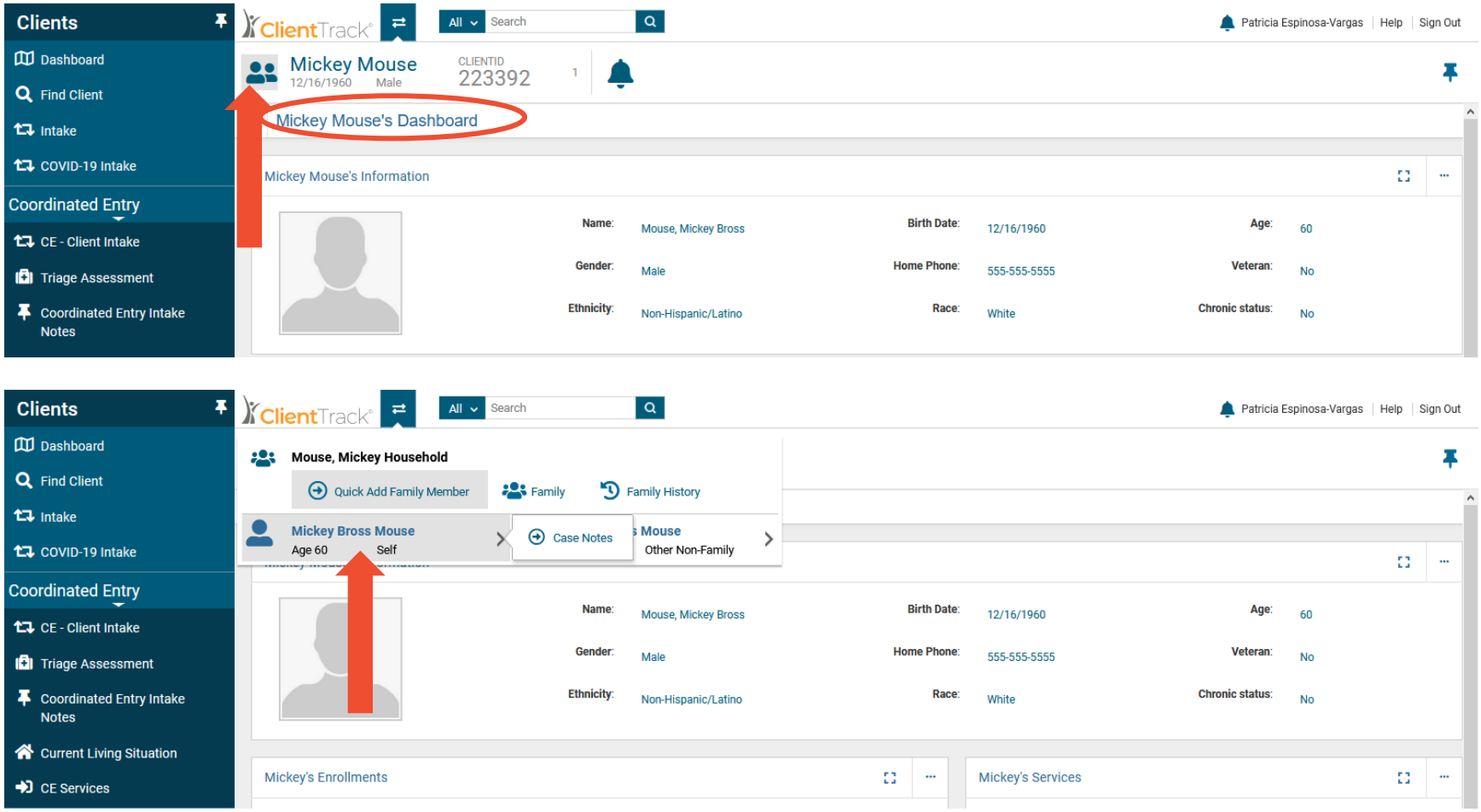
Connect to Home Coordinated Entry System Policies and Procedures

21. Click Finish to close the workflow

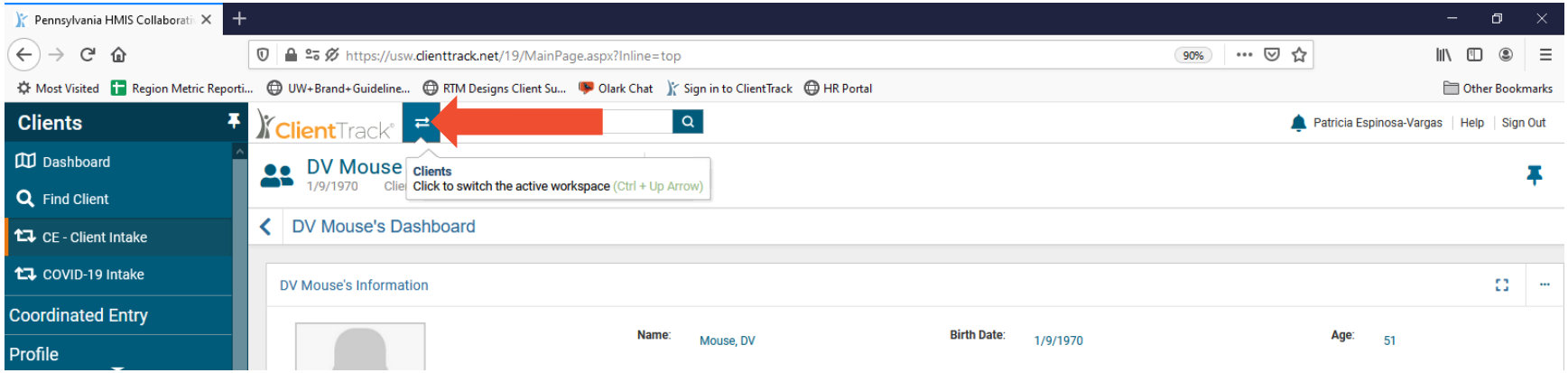


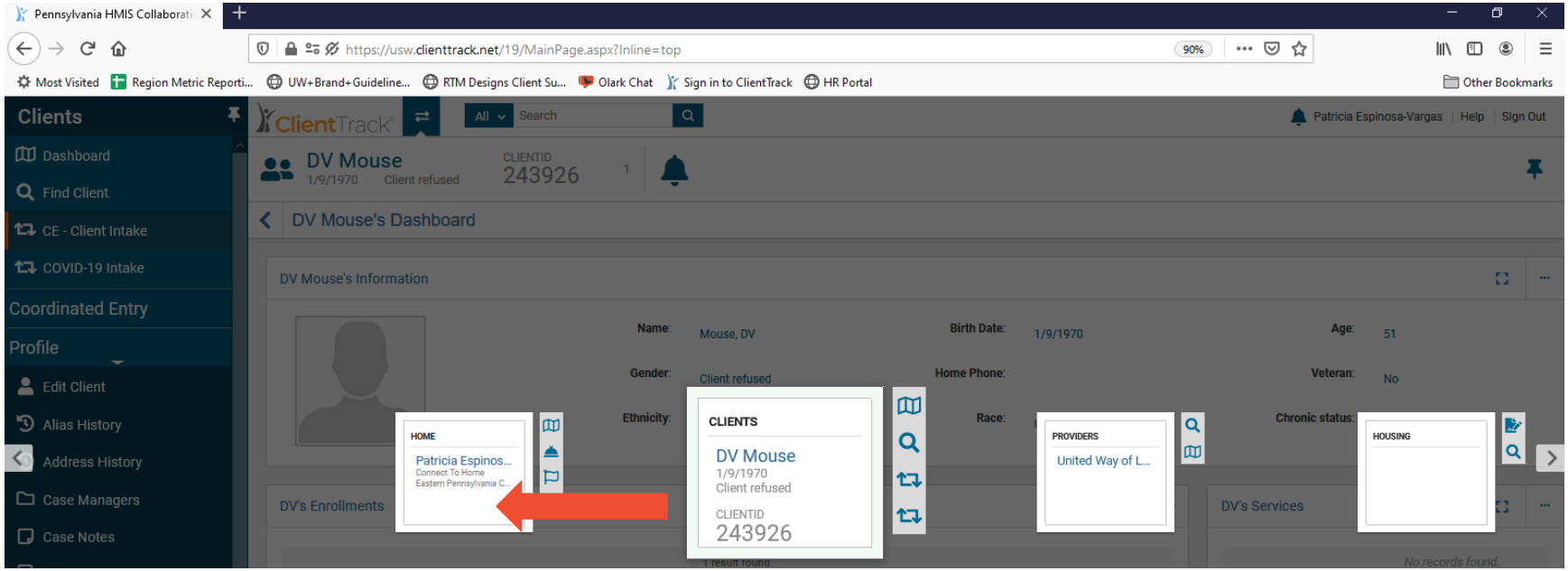
Connect to Home Coordinated Entry System Policies and Procedures

22. While back on the client's Dashboard, **verify that you are on the client/Head of Household dashboard** as currently, there may be a glitch in which the system will NOT automatically transfer you to the Head of Household's Dashboard, but may land you on the last household member's screen, to verify this
    - Look at the client's name, if this is not the head of household, click the people image at the top left
    - Then click the name of your client/head of household



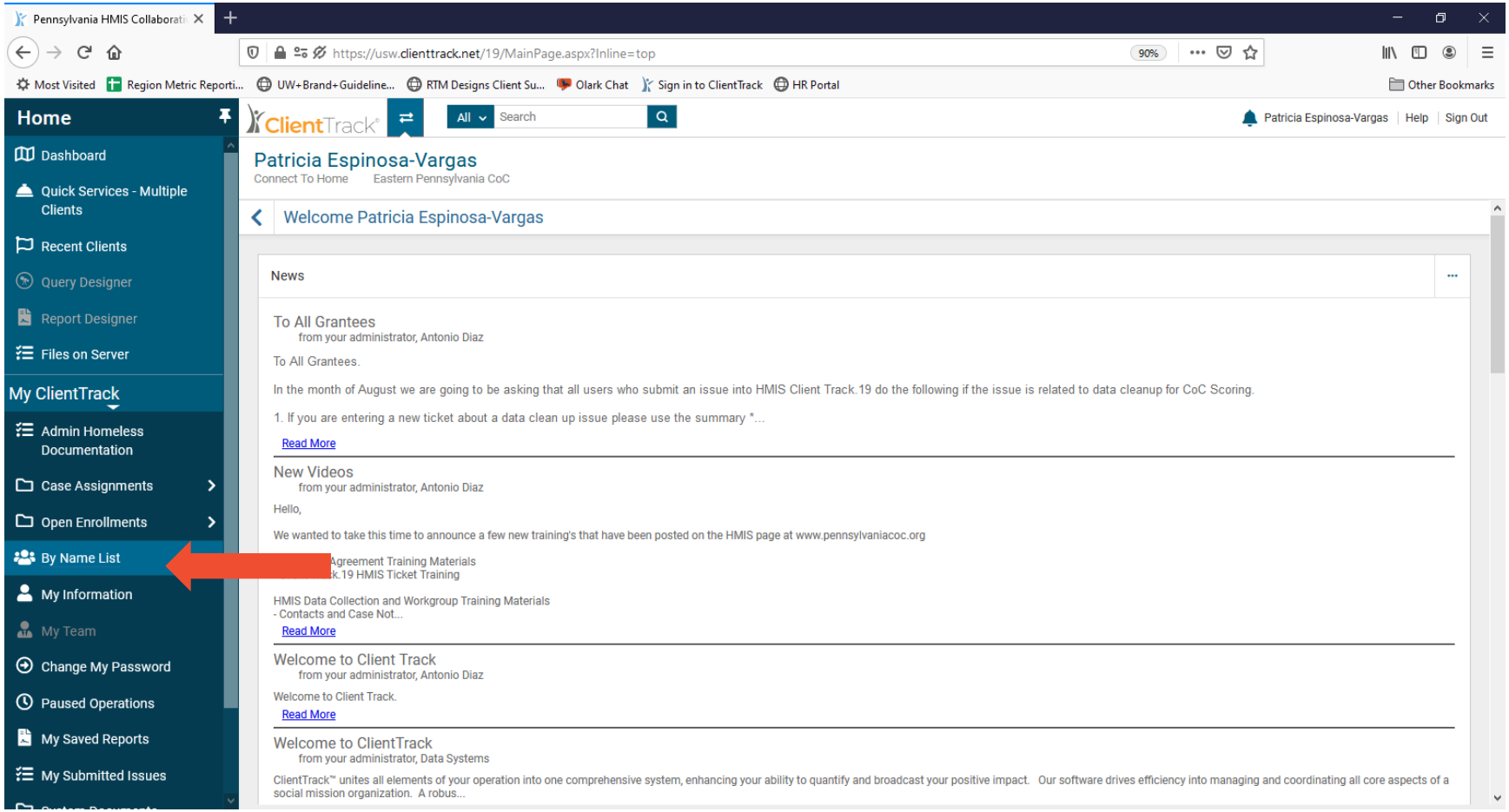
23. Please verify that the Client is now on the By Name List by doing the following:
    - Click the arrows to switch the workspace
    - Then, click Home





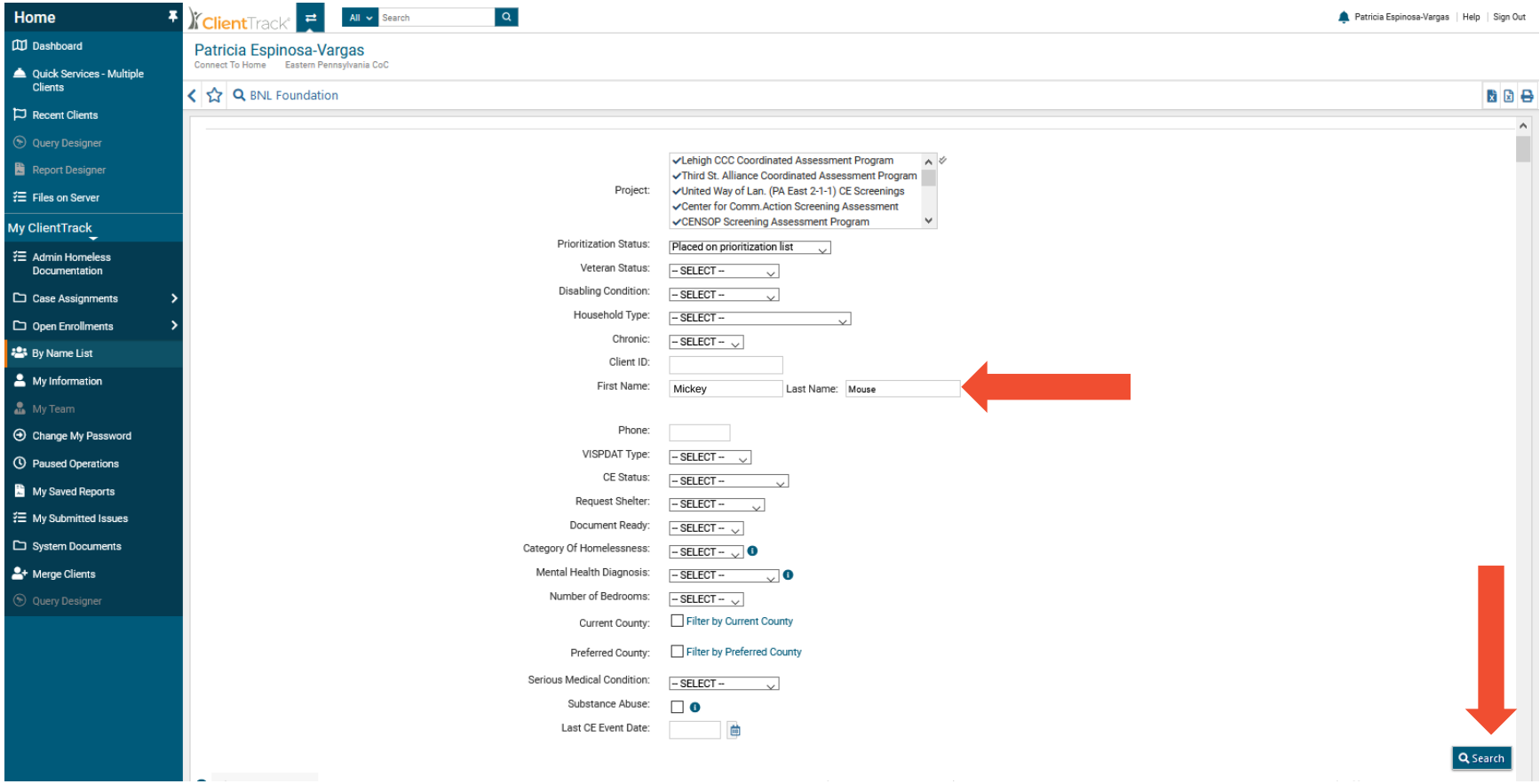
Connect to Home Coordinated Entry System Policies and Procedures

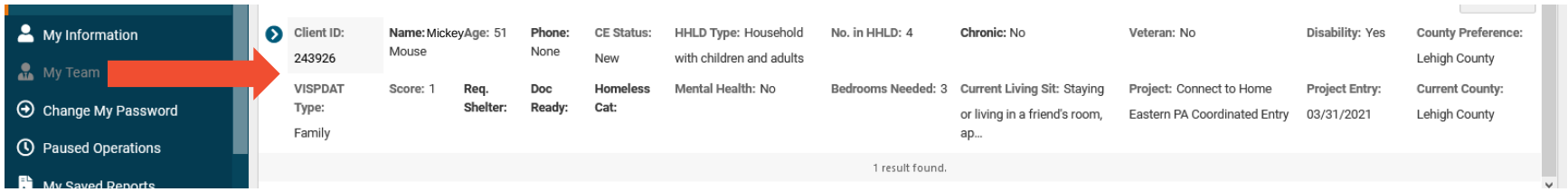
24. Click By Name List



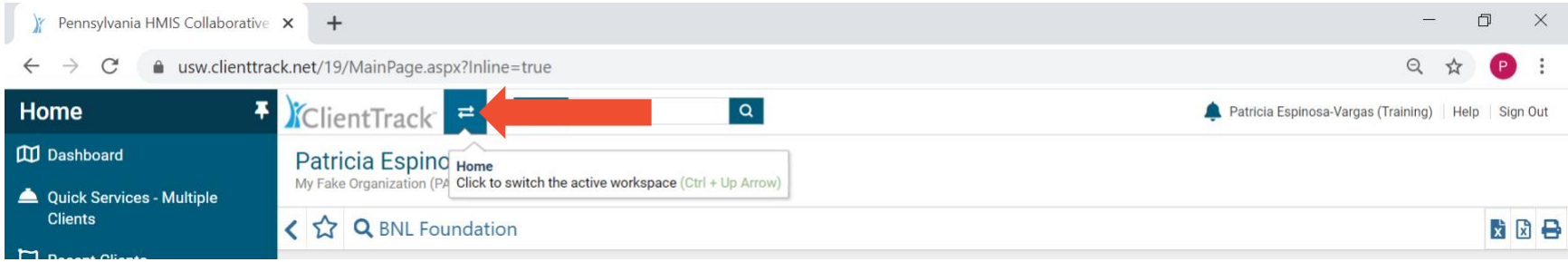
Connect to Home Coordinated Entry System Policies and Procedures

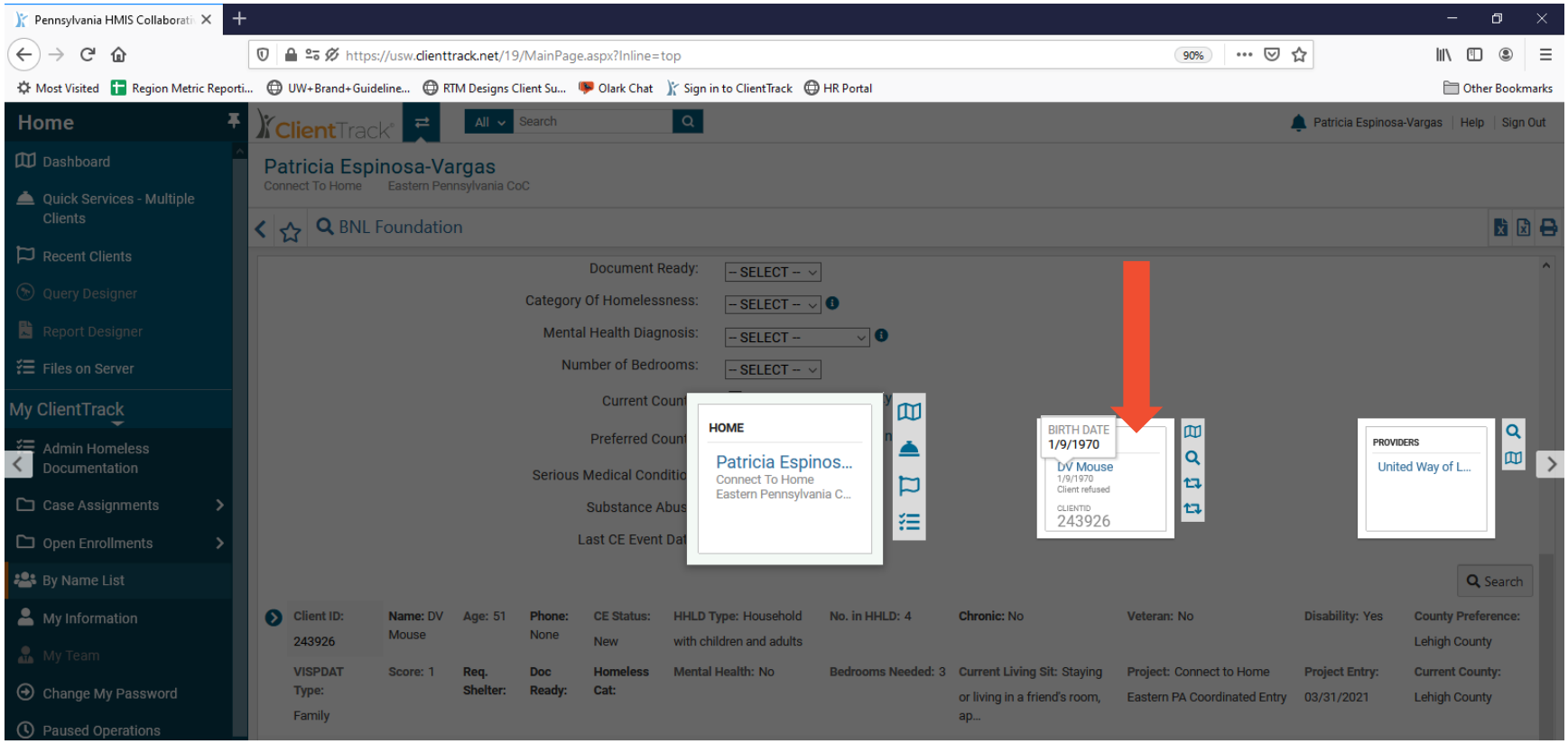
25. Search for your client on the By Name List, if you can see you client on the list, they have been successfully placed





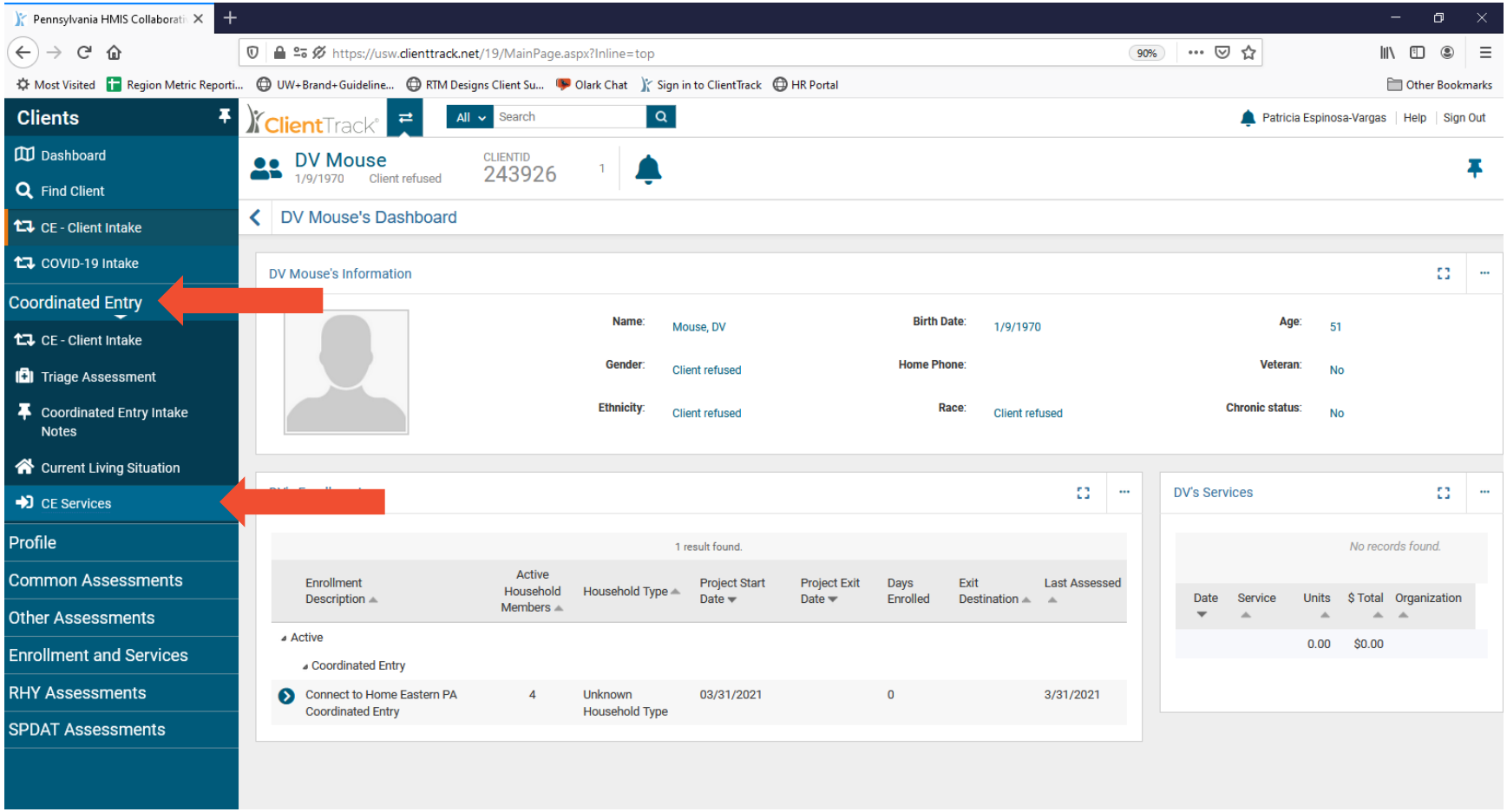
26. Return to the Client Workspace by clicking the arrows to switch back to your Client screen



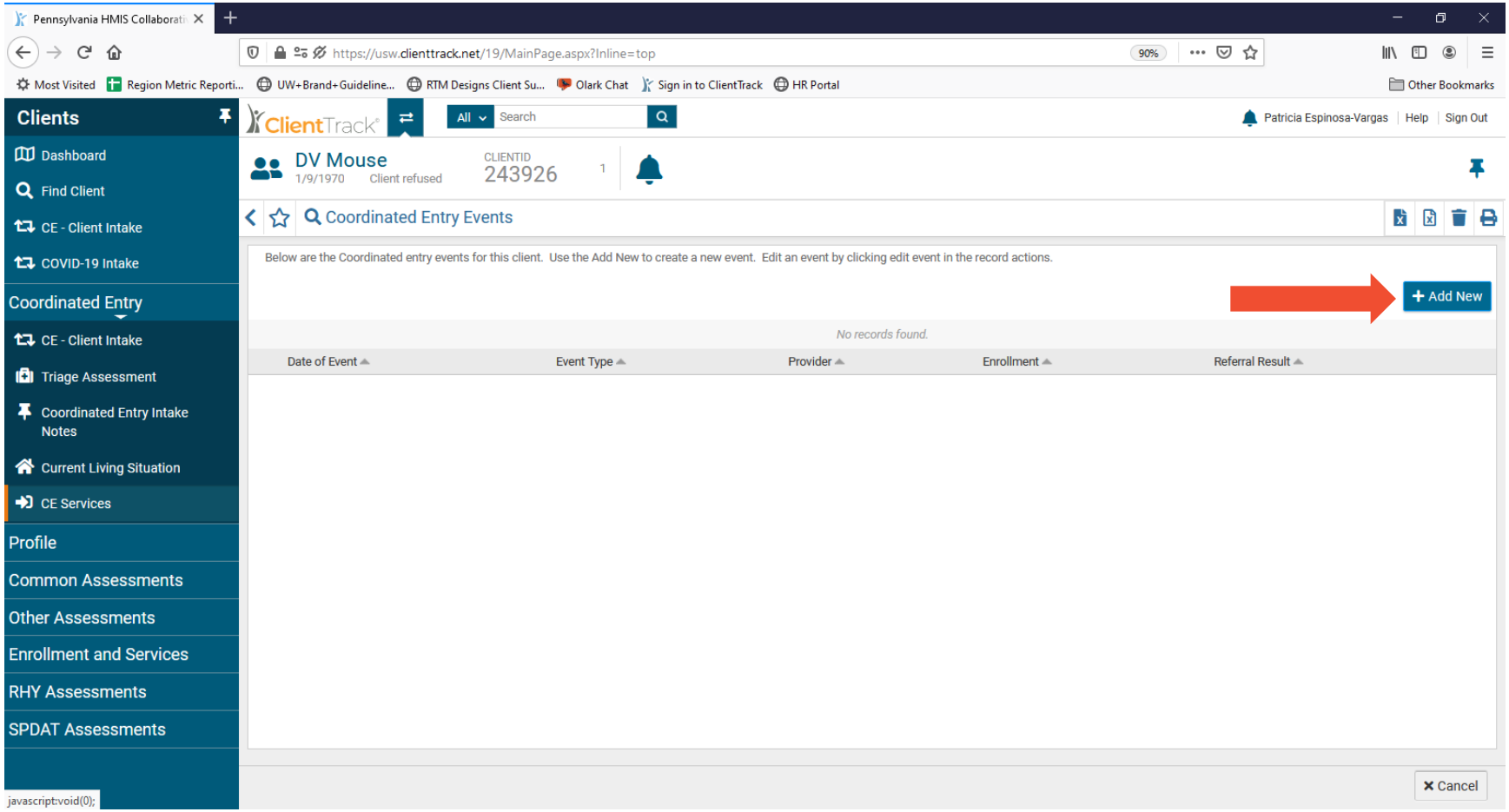


Connect to Home Coordinated Entry System Policies and Procedures

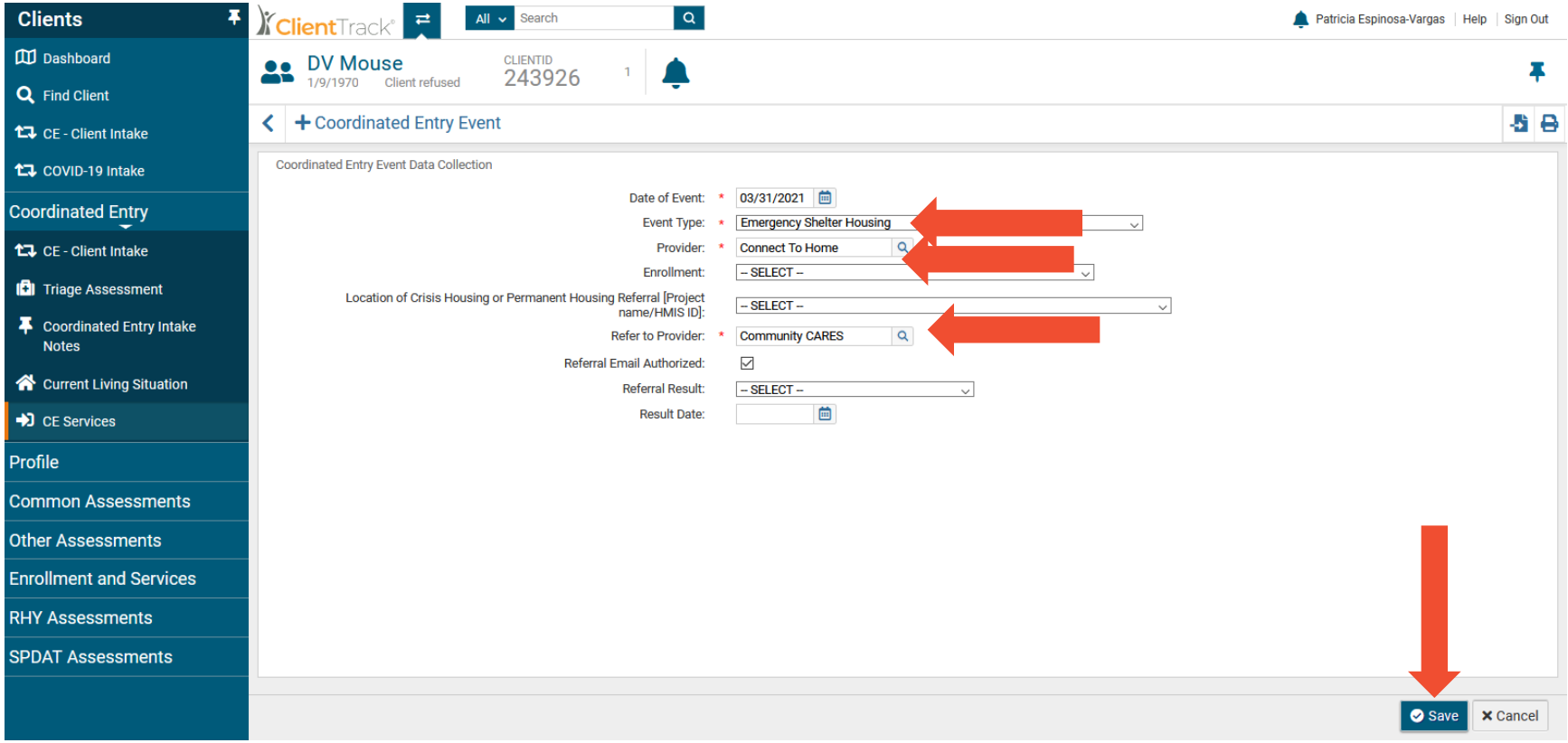
27. If making referrals for Shelter or Rental Assistance/Deposit, click CE Services under the Coordinated Entry tab/menu on the left
    - If the client is not needing/requesting Referrals, proceed to Step 32



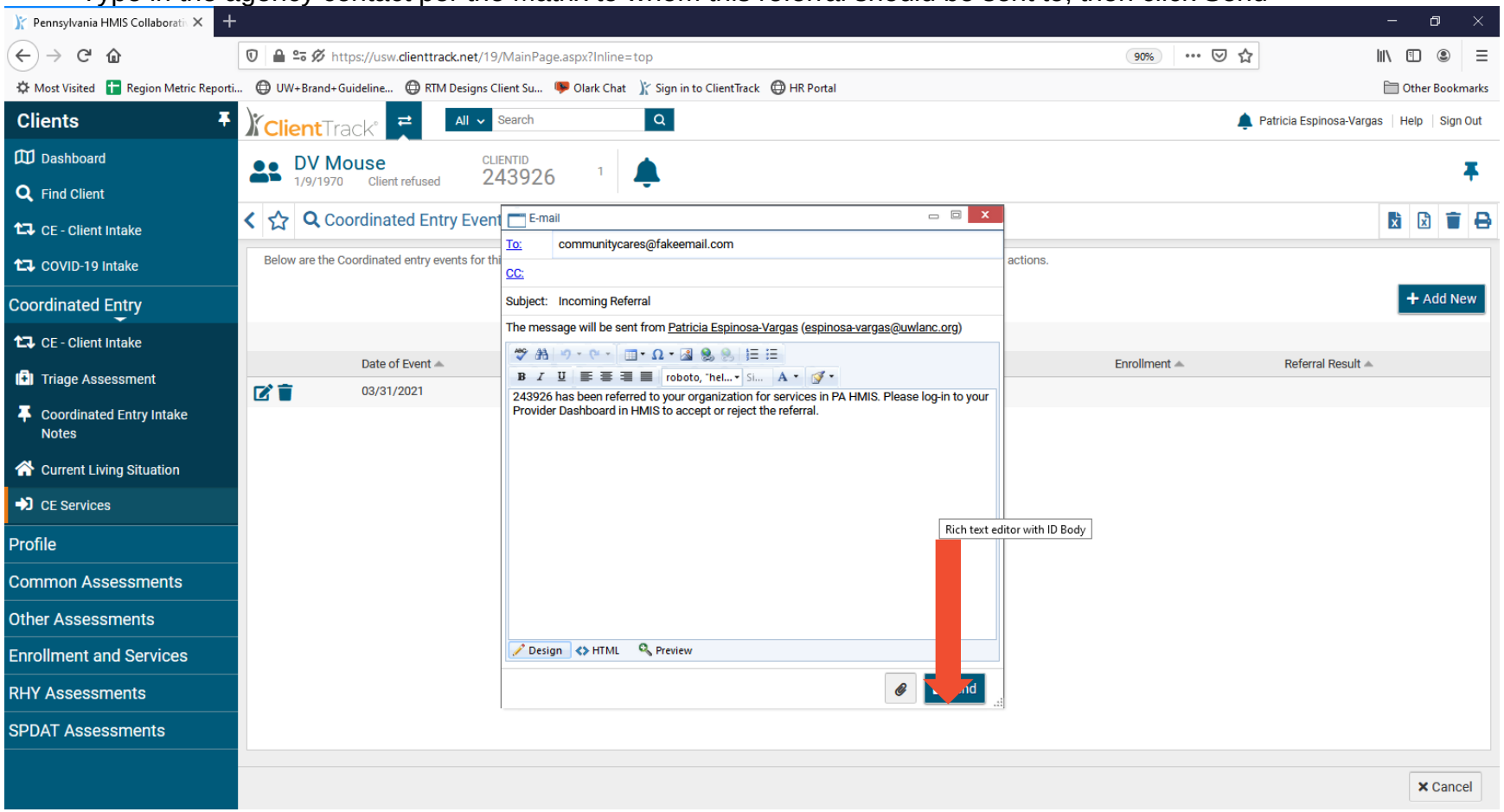
28. Click Add New



29. Please choose/click the following:
    a. Utilize the Matrix to first identify potential Emergency Shelter, Transitional Housing, Rental Assistance Providers, and to ensure the client meets any eligibility the Provider has listed
    b. Providers may be listed currently, in differing categories (in the near future this will be more precise, but for now, look for providers under multiple categories
    c. Locate the Provider you are attempting to refer to
    d. Click Email Authorized is this is an HMIS Provider that can log in to receive referrals, leave it blank if it is a non-HMIS provider
    e. Click Save to view the Email pop-up to then send your provider an email alert of this referral



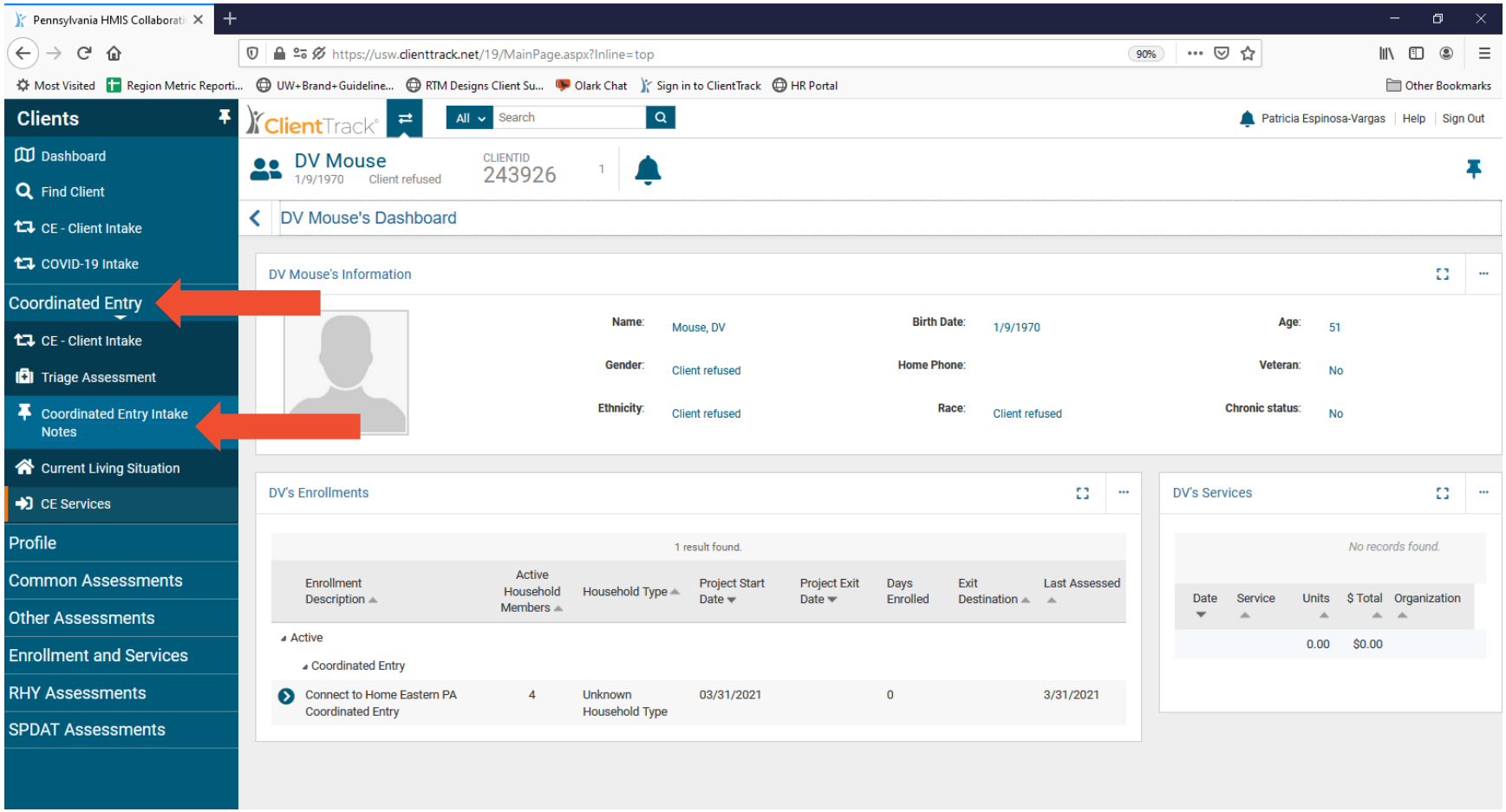
30. You will now need to create an email to send to the agency staff person listed on the Matrix as an alert of a referral
    - Type in the agency contact per the Matrix to whom this referral should be sent to, then click Send



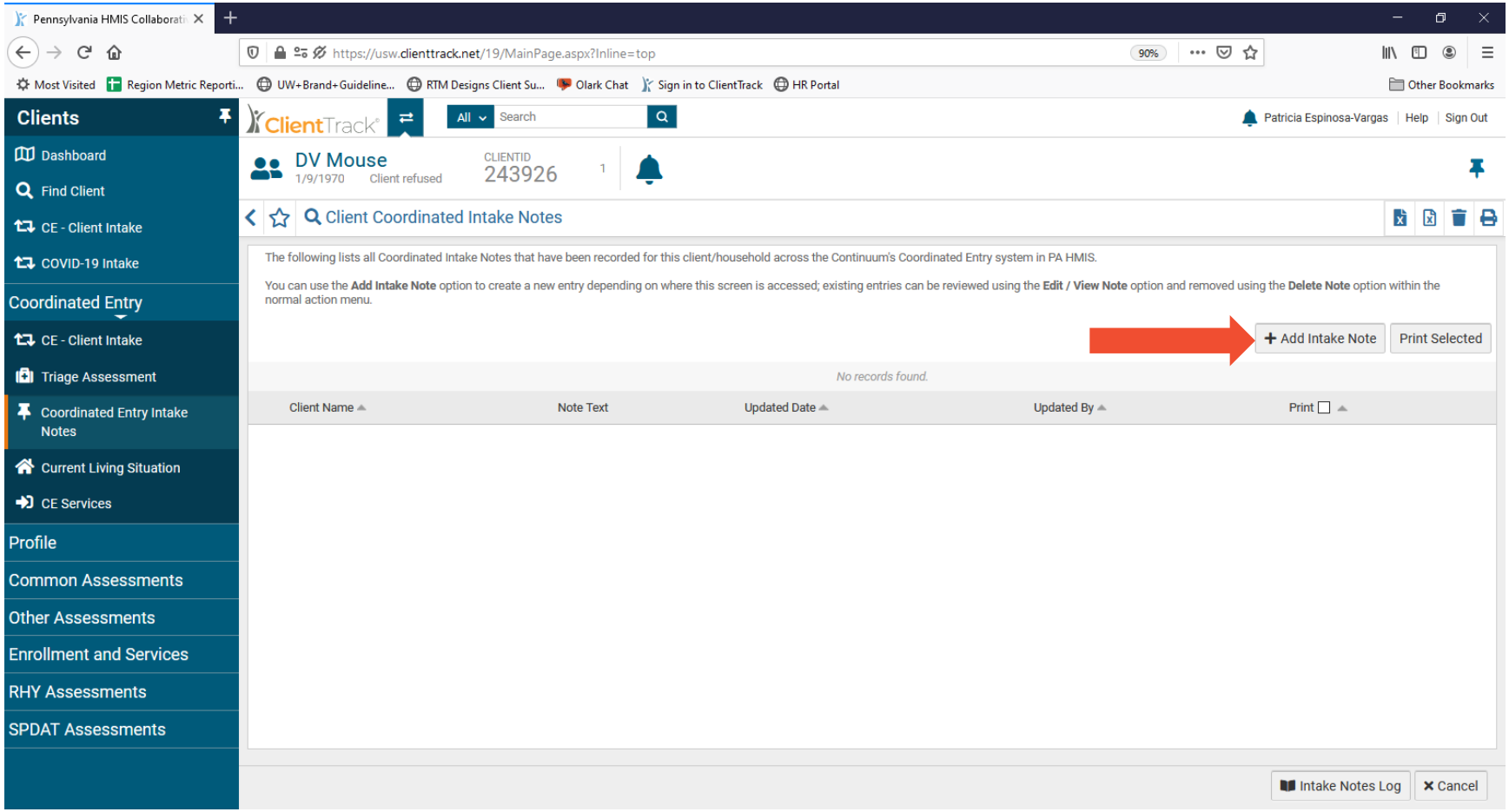
31. If multiple referrals need to be made, repeat the above steps to continue to add Referrals, when complete, click Cancel to return to the client's Dashboard

32. We must now add our Intake Notes, please Coordinated Entry Intake Notes under the Coordinated Entry tab

Connect to Home Coordinated Entry System Policies and Procedures

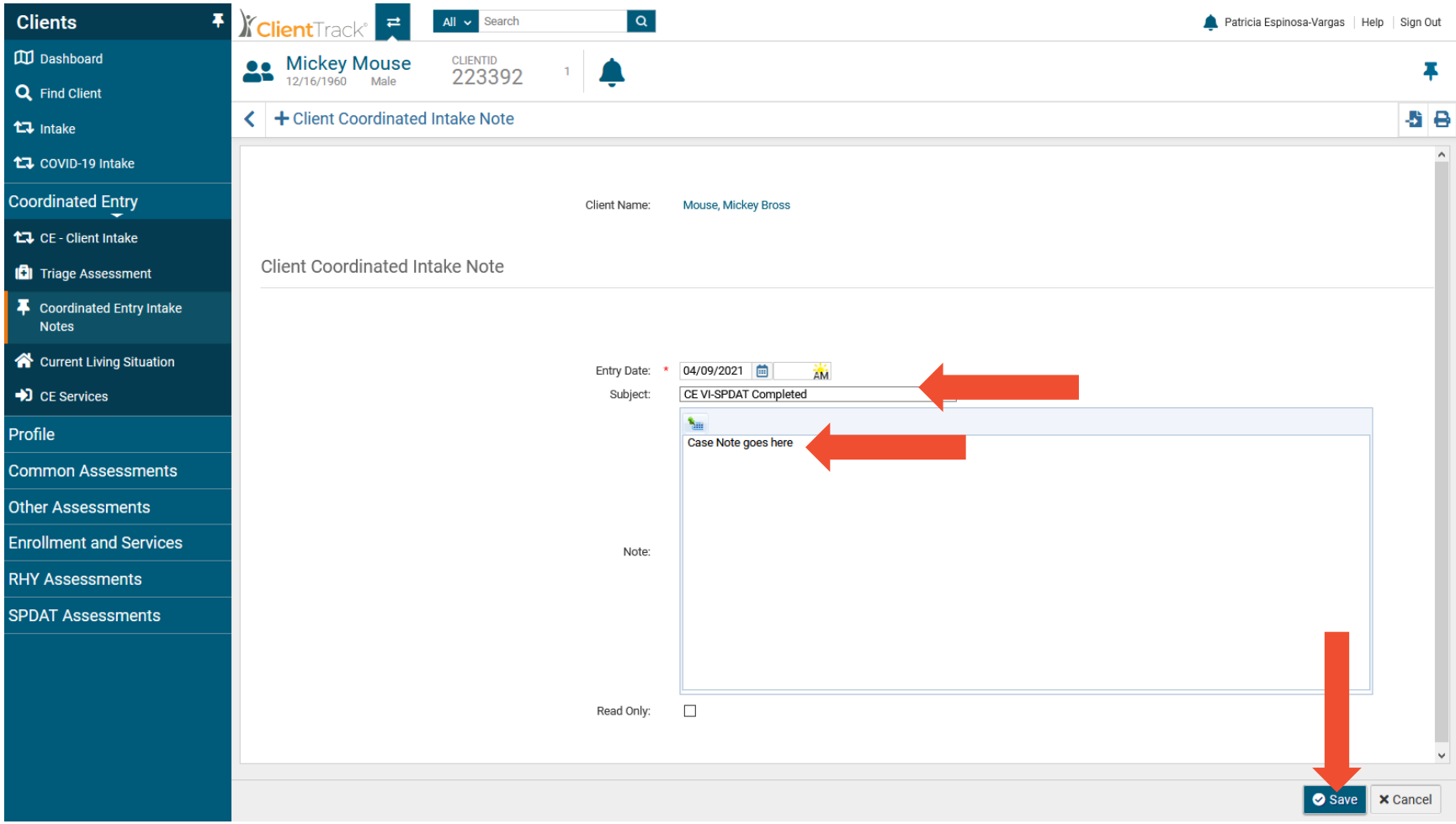


33. Click Add Intake Note



Connect to Home Coordinated Entry System Policies and Procedures

34. Add your Intake Note
    - Subject: Choose from the drop-down menu, CE VI-SPDAT Completed
    - Type your note
    - Click Save when complete, then click Cancel to return to the Dashboard



35. When ending the conversation with the Client, please read the following statement: *"Thank you, this completes the screening process. We have referred you to the emergency shelter providers in your area who will be contacting you as resources become available (Intake Specialist may provide name of the shelter only). Your name and contact information have also been placed on a prioritized list for other housing services. If your housing situation changes in the meantime, please contact us or call 211 to provide an update. (Coordinated Entry Specialist must provide 211 as an alternative way to connect with CE).*

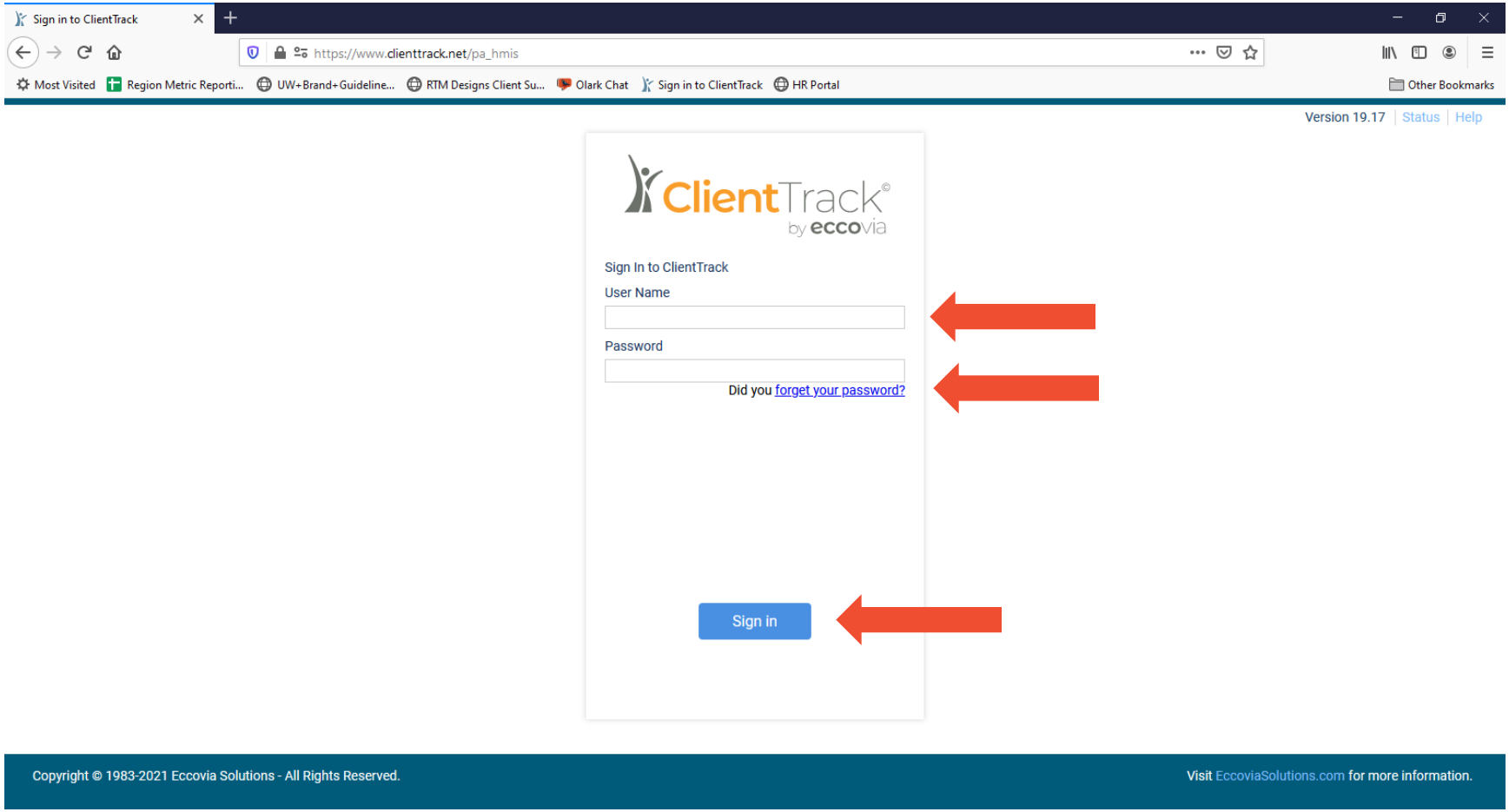
    211 Only: Please add the following to the above statement: *"Often, people with housing concerns need help with food or appreciate information on employment services. I have that information too if you would like it."*

Connect to Home Coordinated Entry System Policies and Procedures

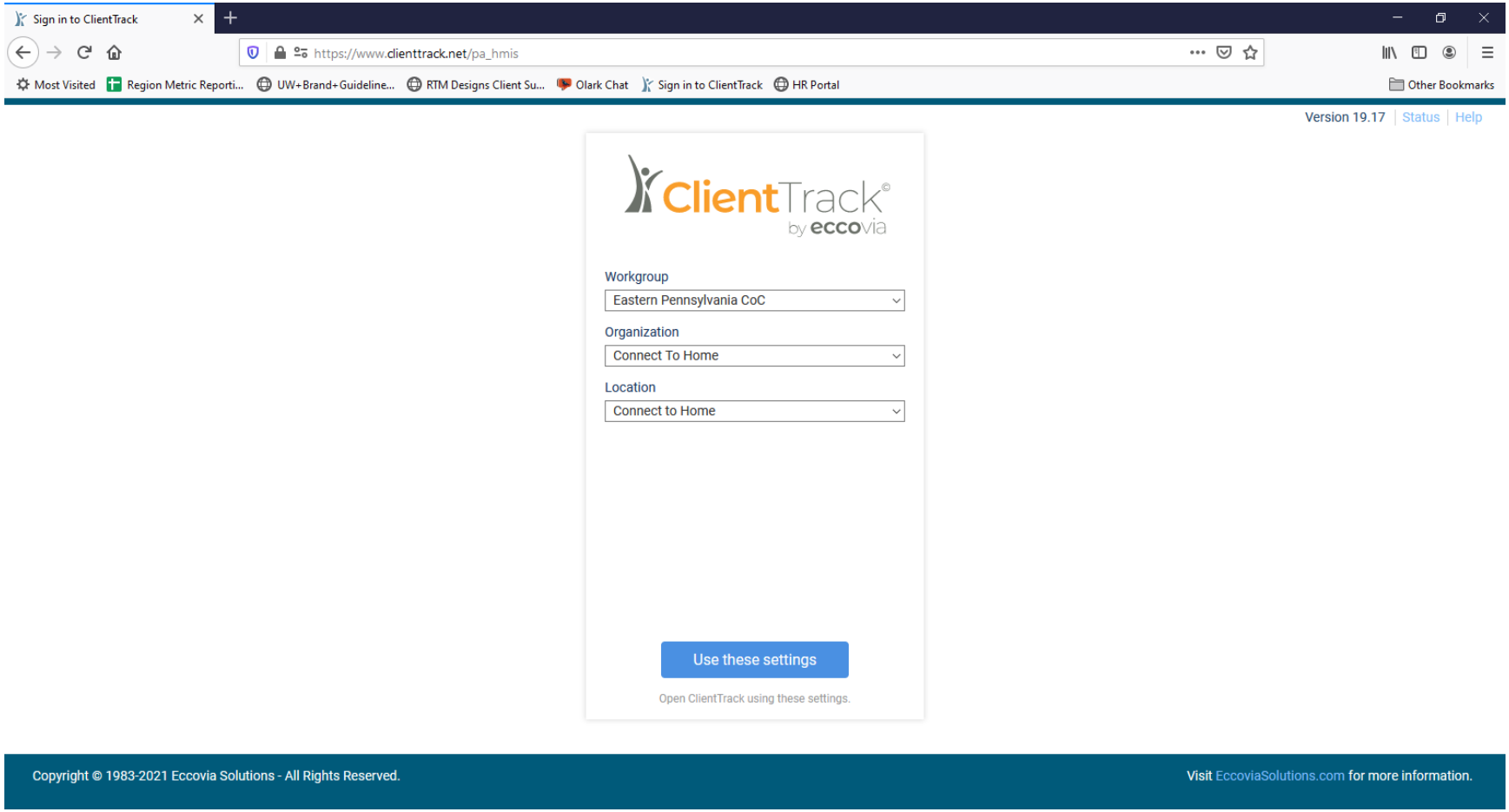
Coordinated Entry Intake for Households at Imminent Risk of Homelessness (HUD Categories 2 & 3)

This process should be followed when a client, whom is Category 2 (at-risk of homelessness), Category 3 (youth ages 24 and younger) and are seeking shelter referrals but are not yet literally homeless (Category 1) or fleeing DV (Category 4) and not eligible for a VI-SPDAT.

1. Log-in with your Username and Password, click Sign-In

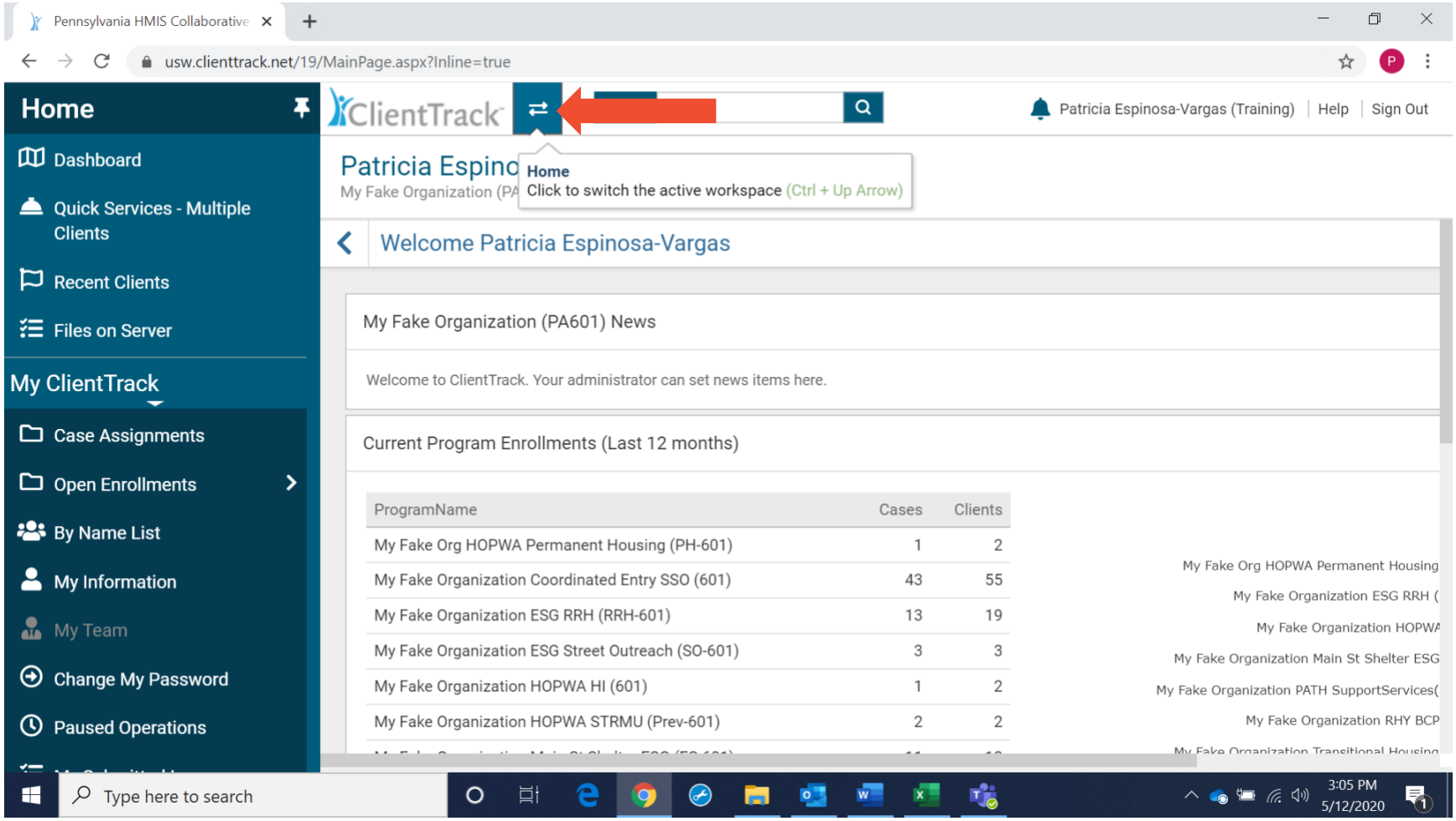


2. Be sure to be logged in to, then click Use these settings:
   - Workgroup: Eastern Pennsylvania COC
   - Organization: Connect To Home
   - Location: Connect To Home



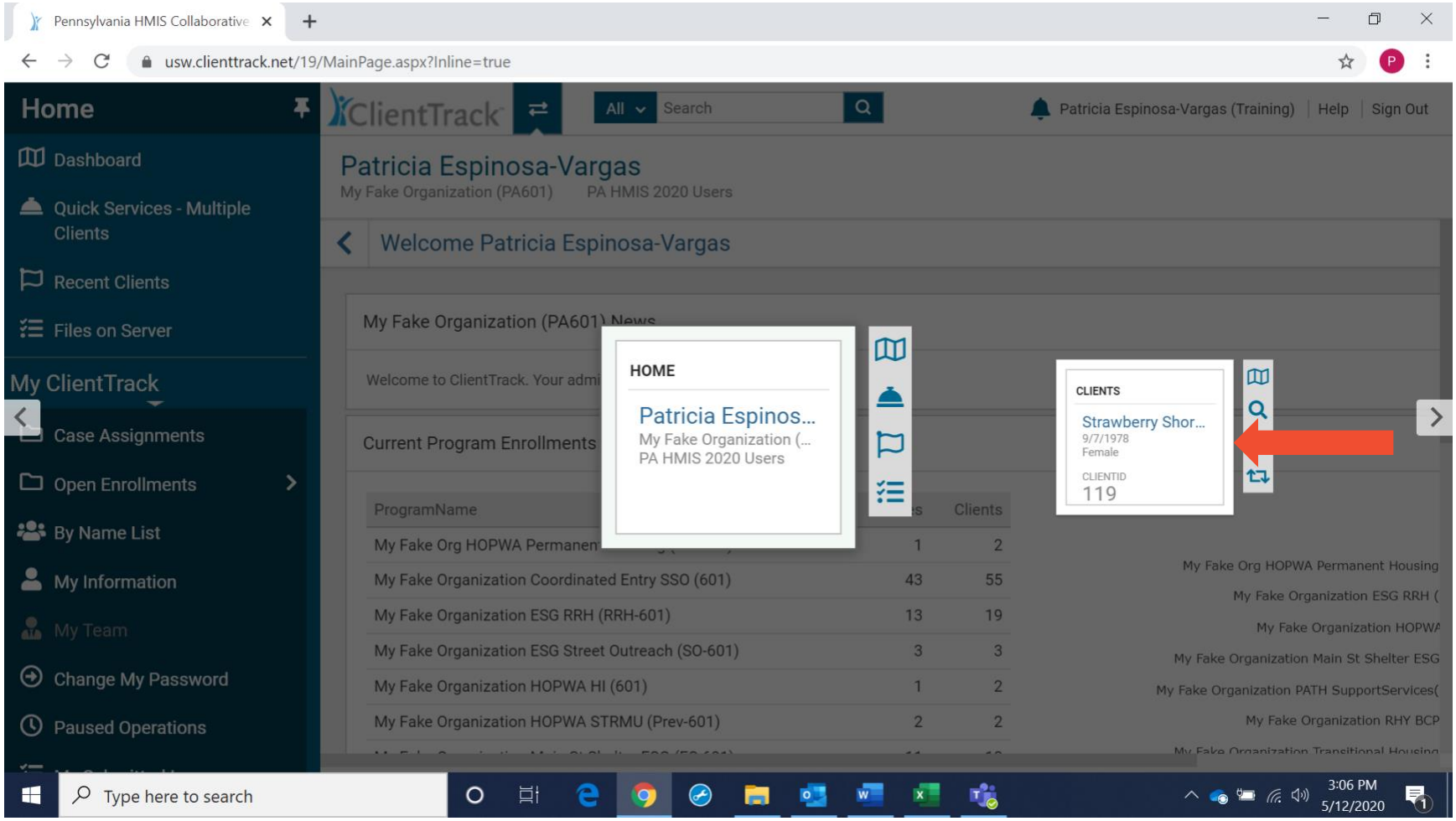
Connect to Home Coordinated Entry System Policies and Procedures

3. While on the Home screen, click to Double Arrows to switch to a different Workspace

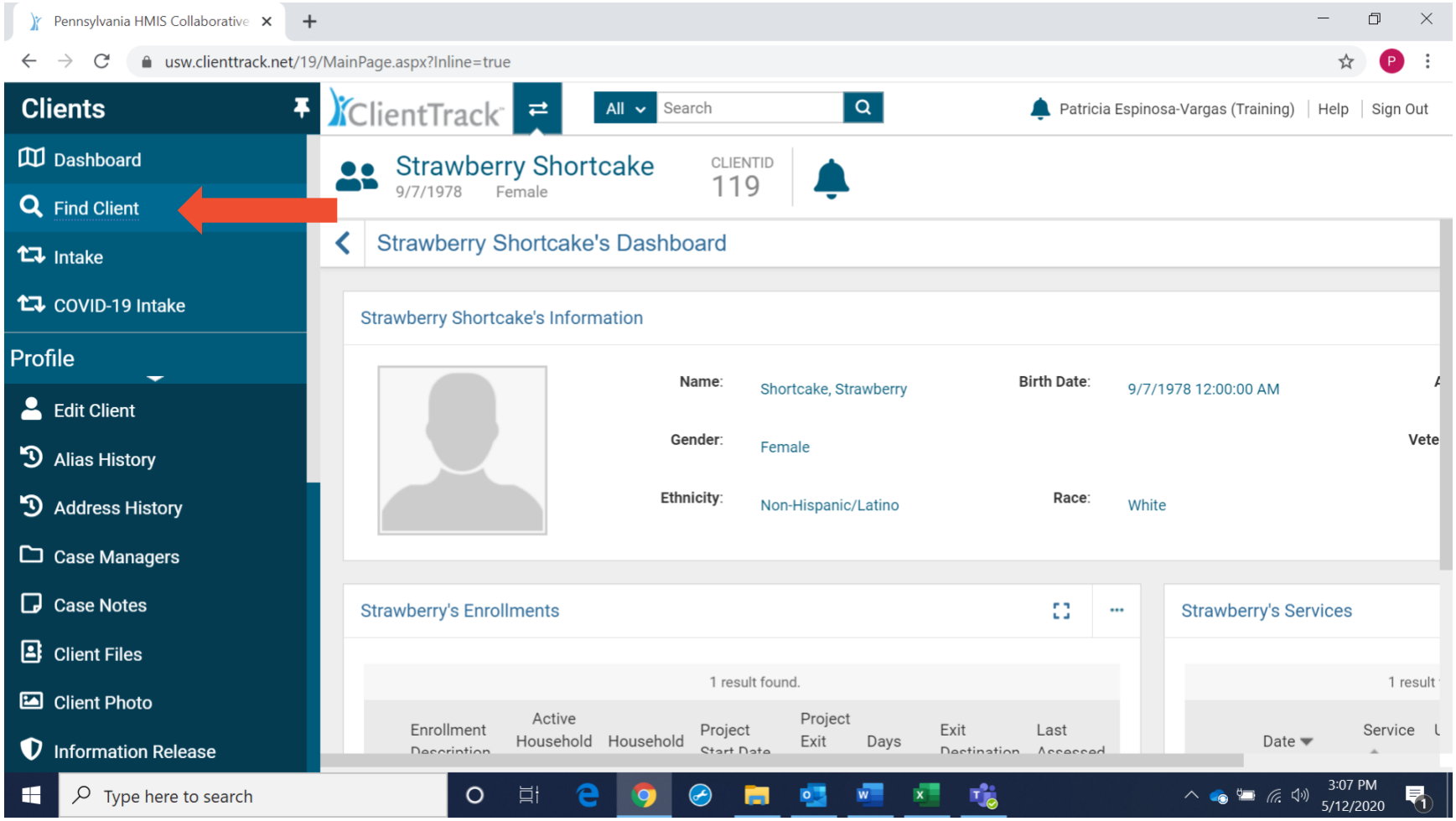


Connect to Home Coordinated Entry System Policies and Procedures

4. Click the Clients Workspace (you should see a snapshot of the previous client you searched for)

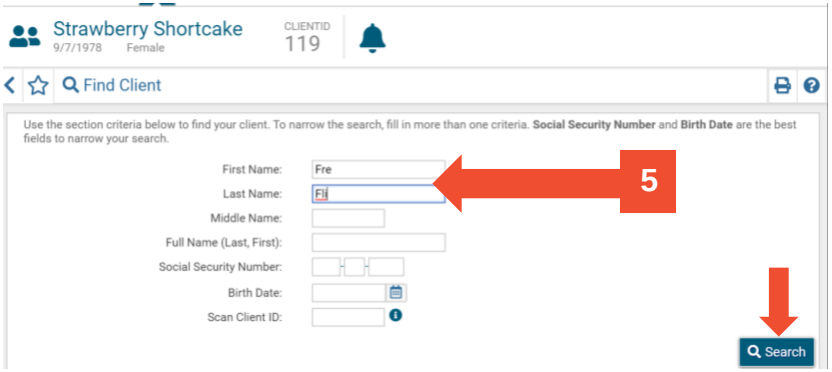


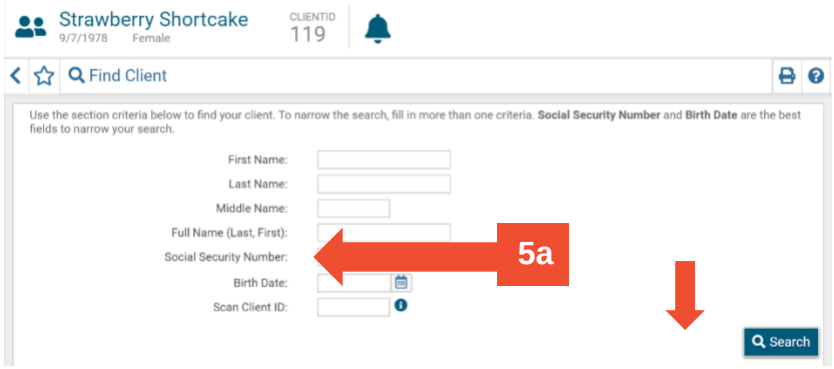
5. While at the Client Dashboard screen, click Find Client

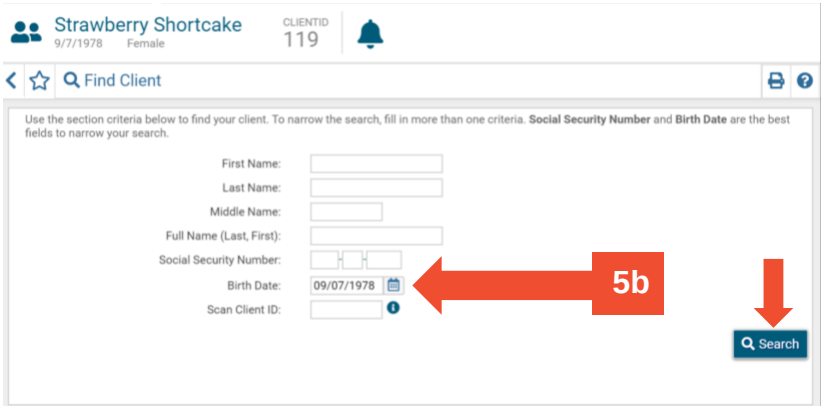


Connect to Home Coordinated Entry System Policies and Procedures

6. Search for the client by the first 3 letters of their First and Last names
   - If no results, please clear the letters of their name and search by their Social Security Number
   - If still no results, clear their Social Security Number and search by their Date of Birth

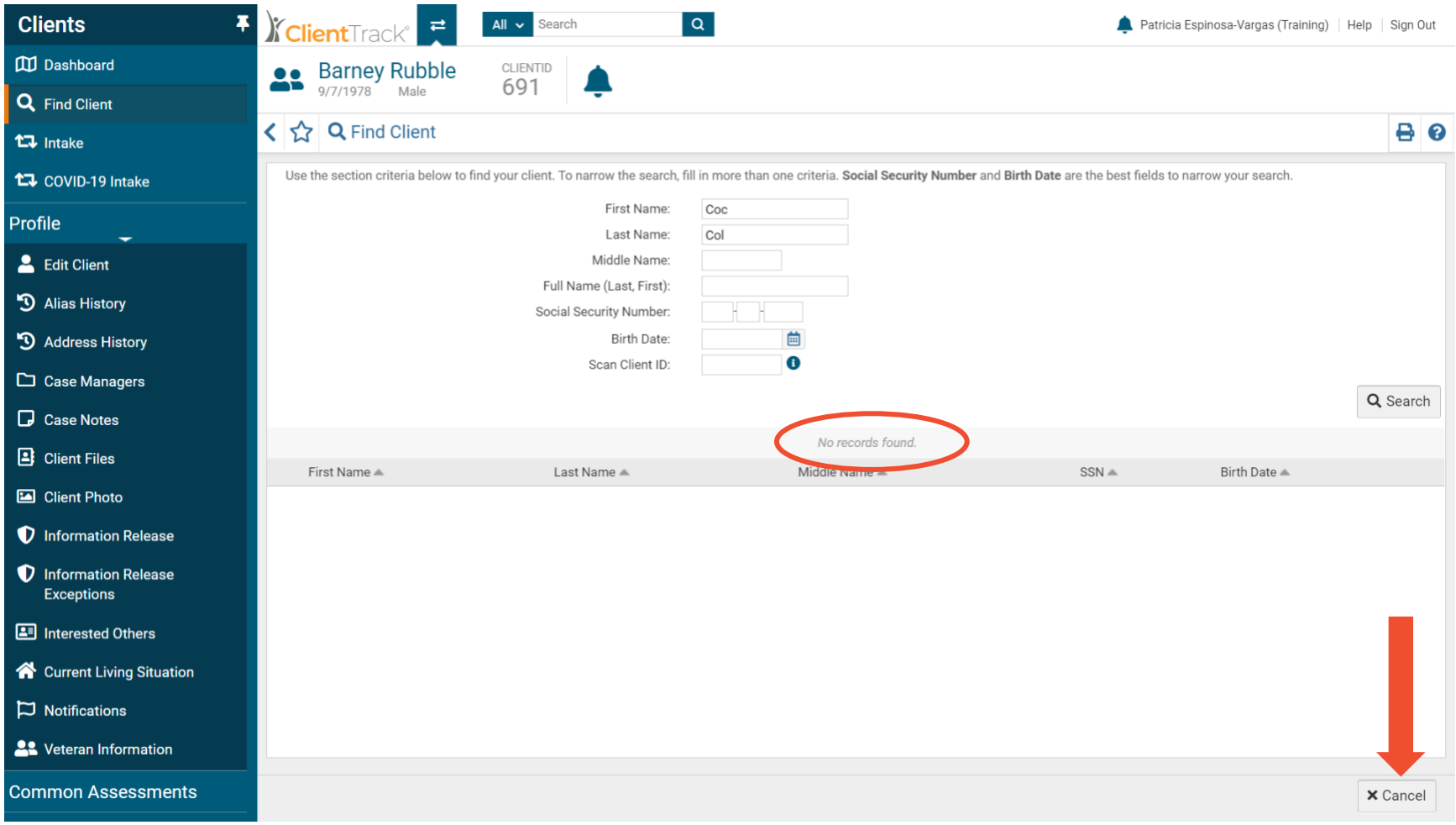




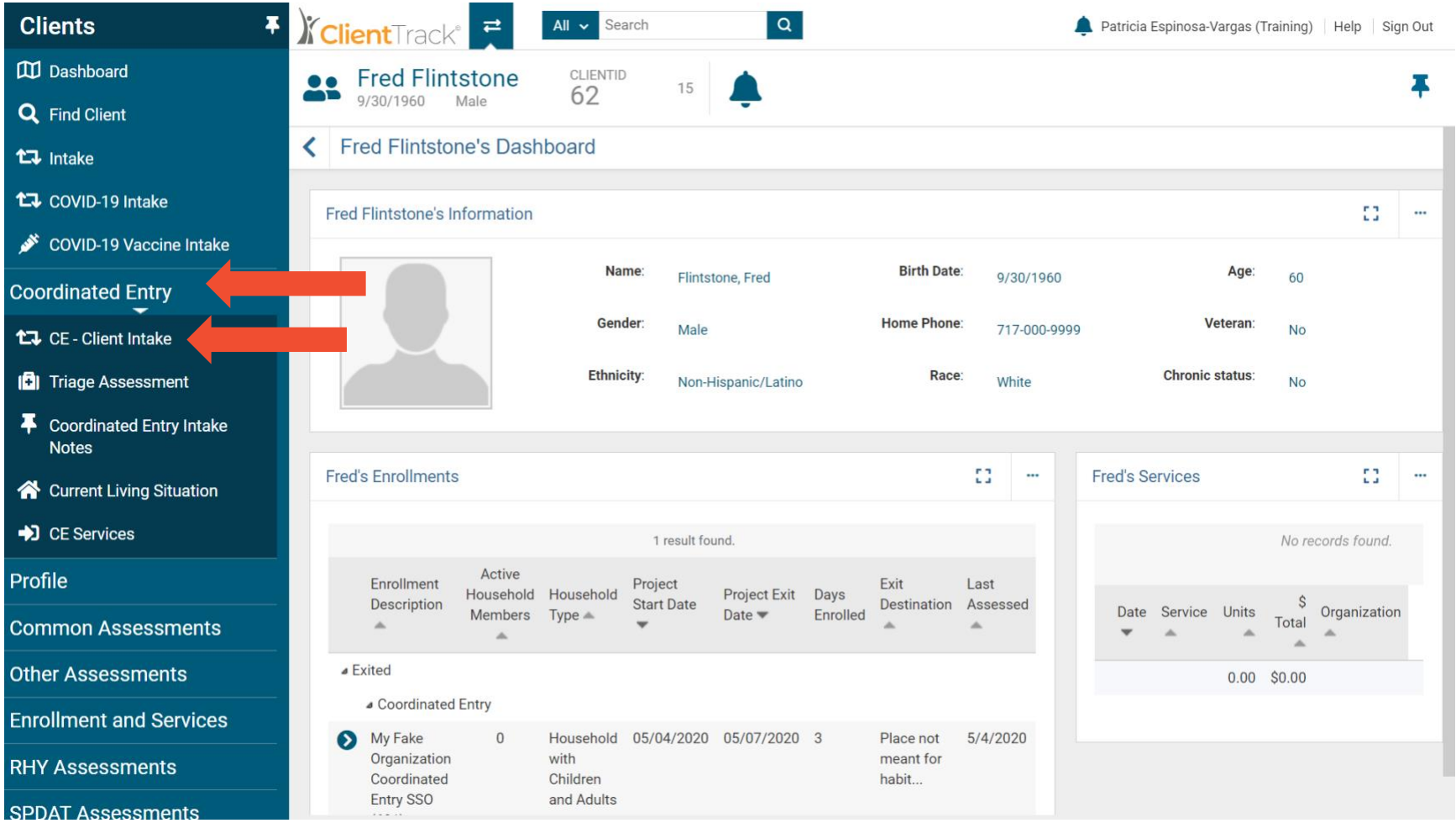


Connect to Home Coordinated Entry System Policies and Procedures

7. If the client is NOT the system, click Cancel to return to the Dashboard
   - **Note: If the client is already in the system**, click their name to load their profile, view their case notes and active enrollments to ensure that they are not currently on the By Name List (unless they are Category 4/DV which may be referred to Homeless Prevention while being active on the BNL); additionally, complete a "profile check" to validate/confirm existing information including phone number and current household members if any…then, proceed to Step 8

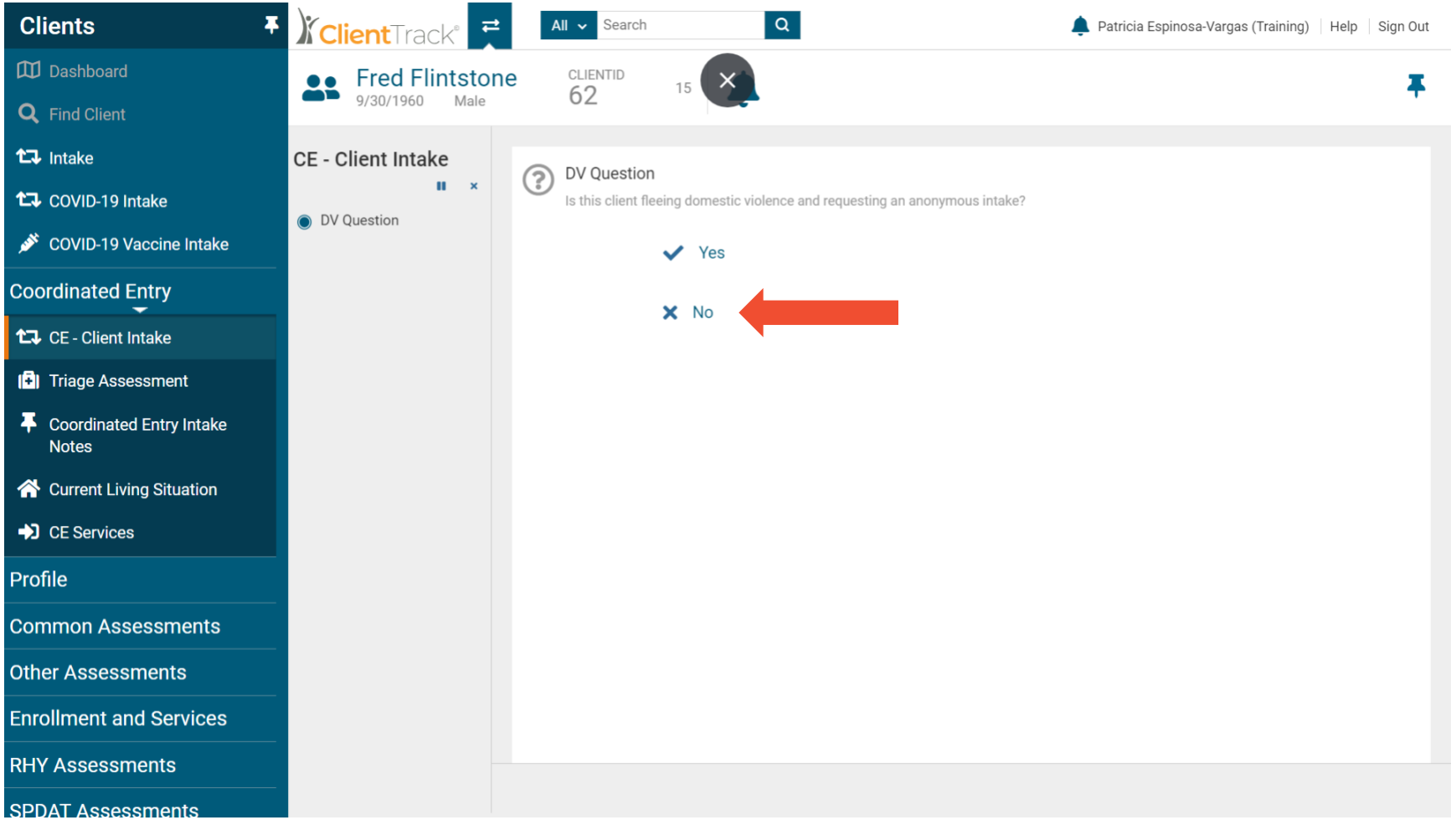


8. Click Coordinated Entry, then click CE - Client Intake



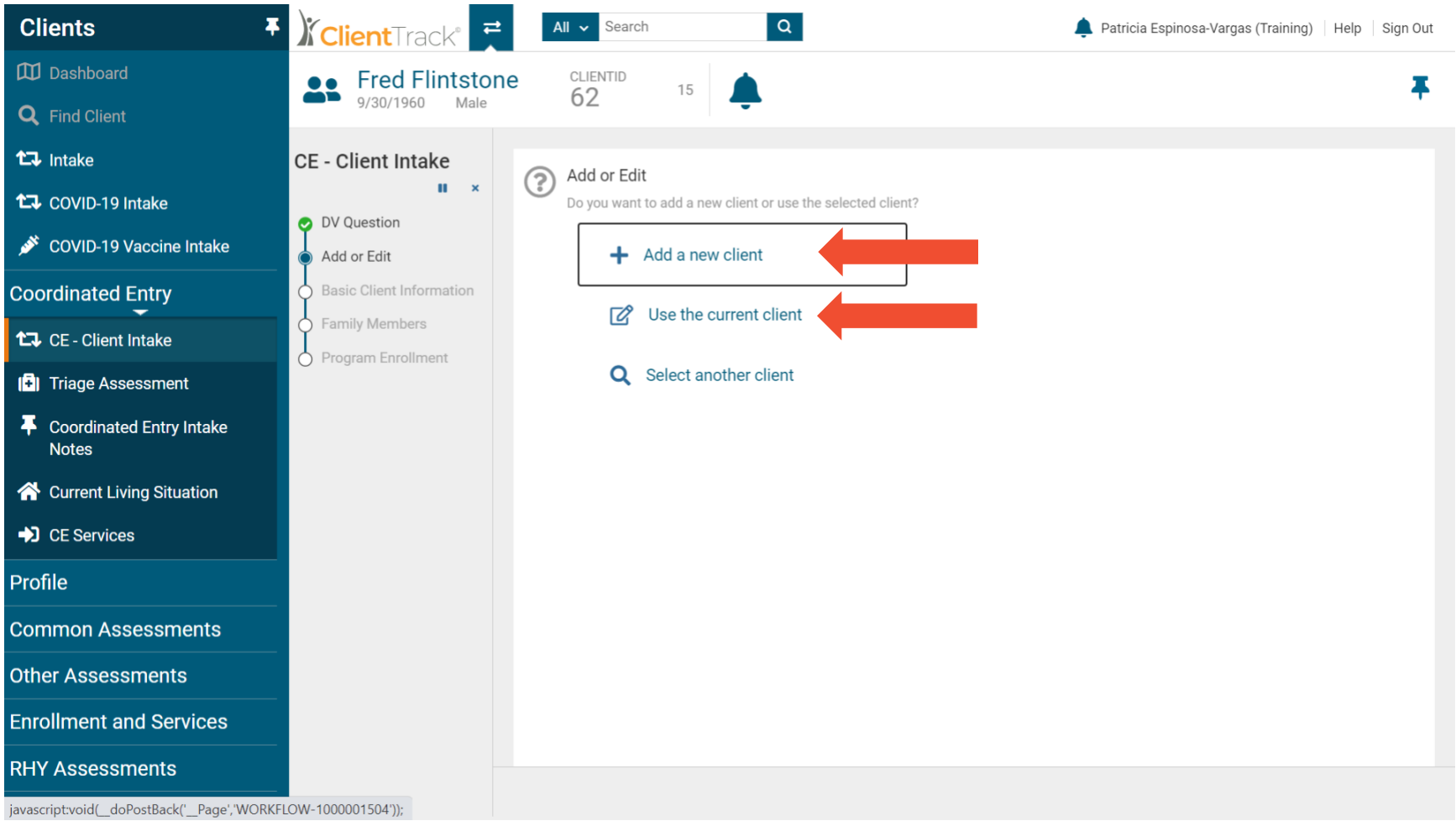
Connect to Home Coordinated Entry System Policies and Procedures

9. Answer the Domestic Violence (DV) question
   - Note: In this tutorial it is assumed that the client is NOT fleeing DV, as such the answer will always be No
     - If the client IS fleeing, this tutorial does NOT apply, please exit and conduct a full intake/VI-SPDAT

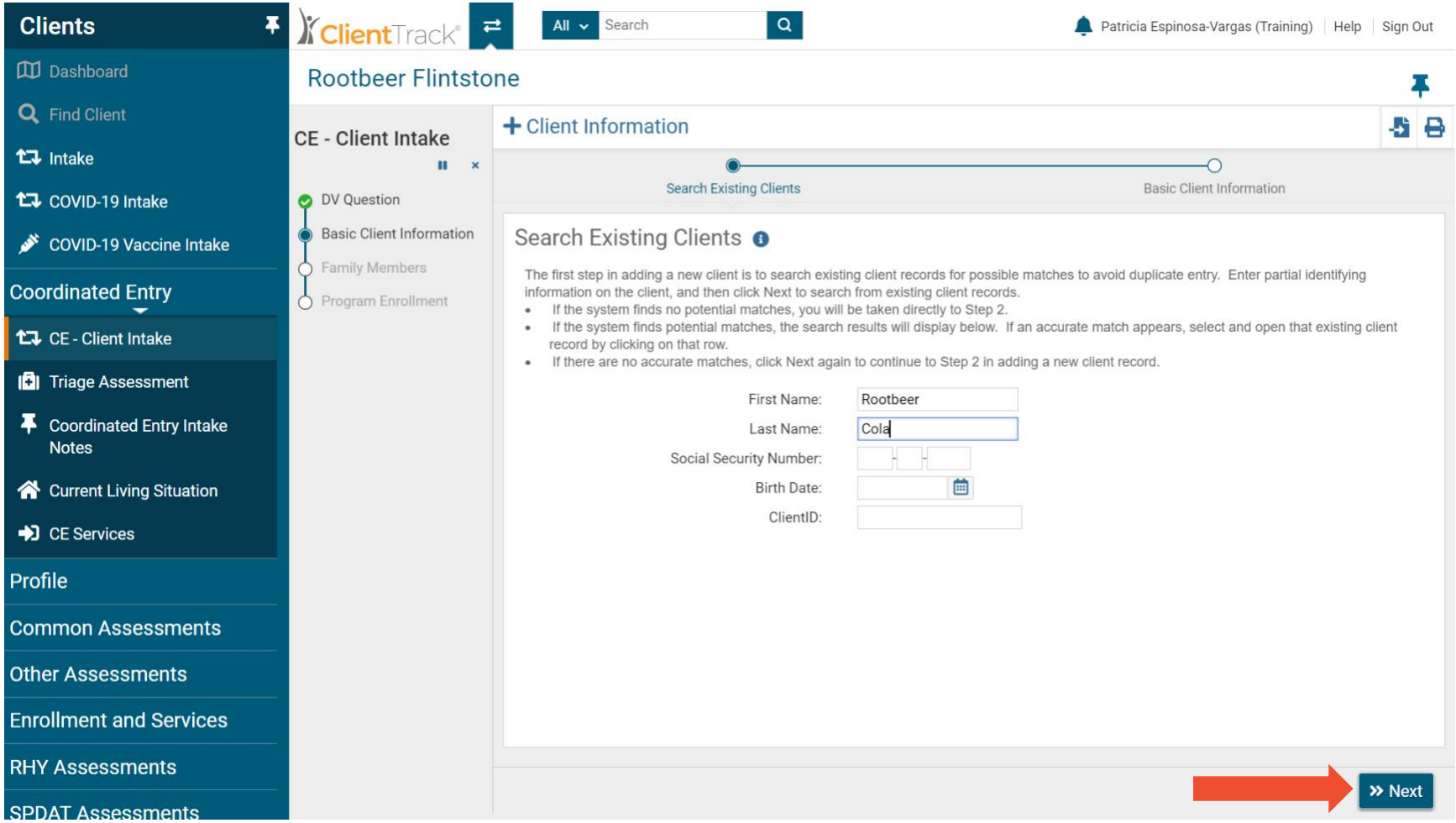


Connect to Home Coordinated Entry System Policies and Procedures

10. If the client was not in the system as you searched previously, click Add New Client
    - If they were, and you already loaded their client dashboard, click Use the Current Client

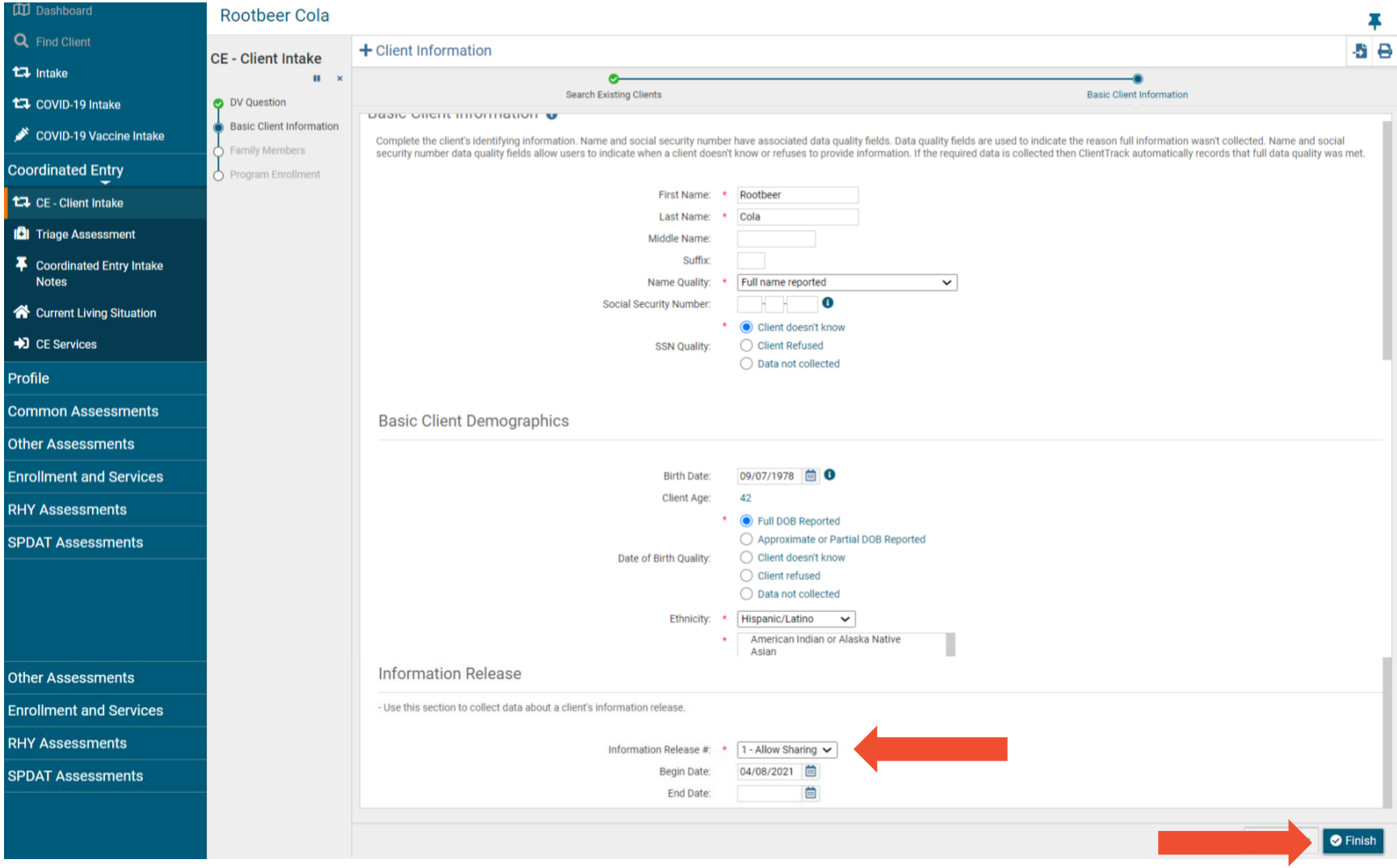


11. Search for the client once more, then click Next

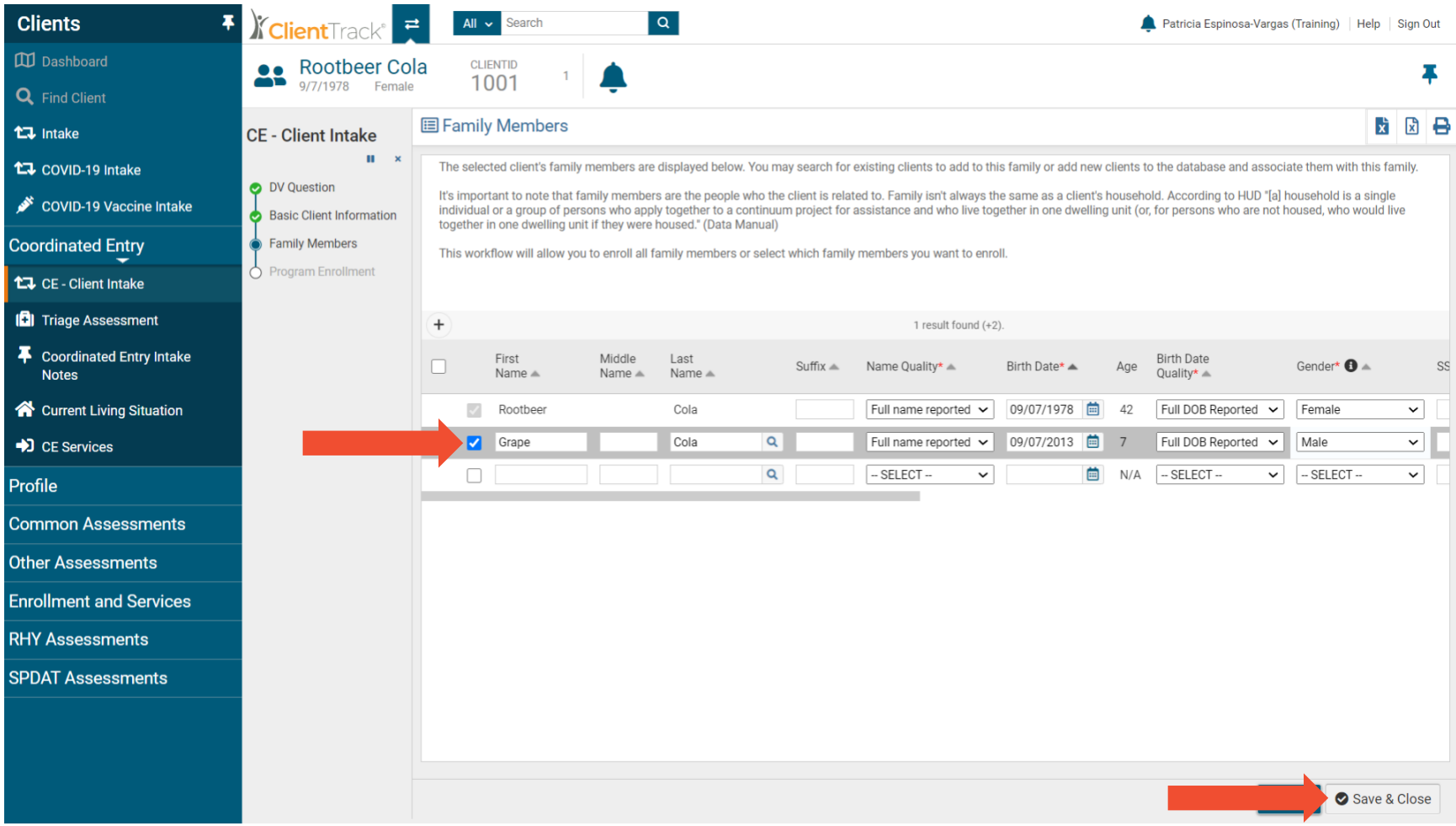


Connect to Home Coordinated Entry System Policies and Procedures

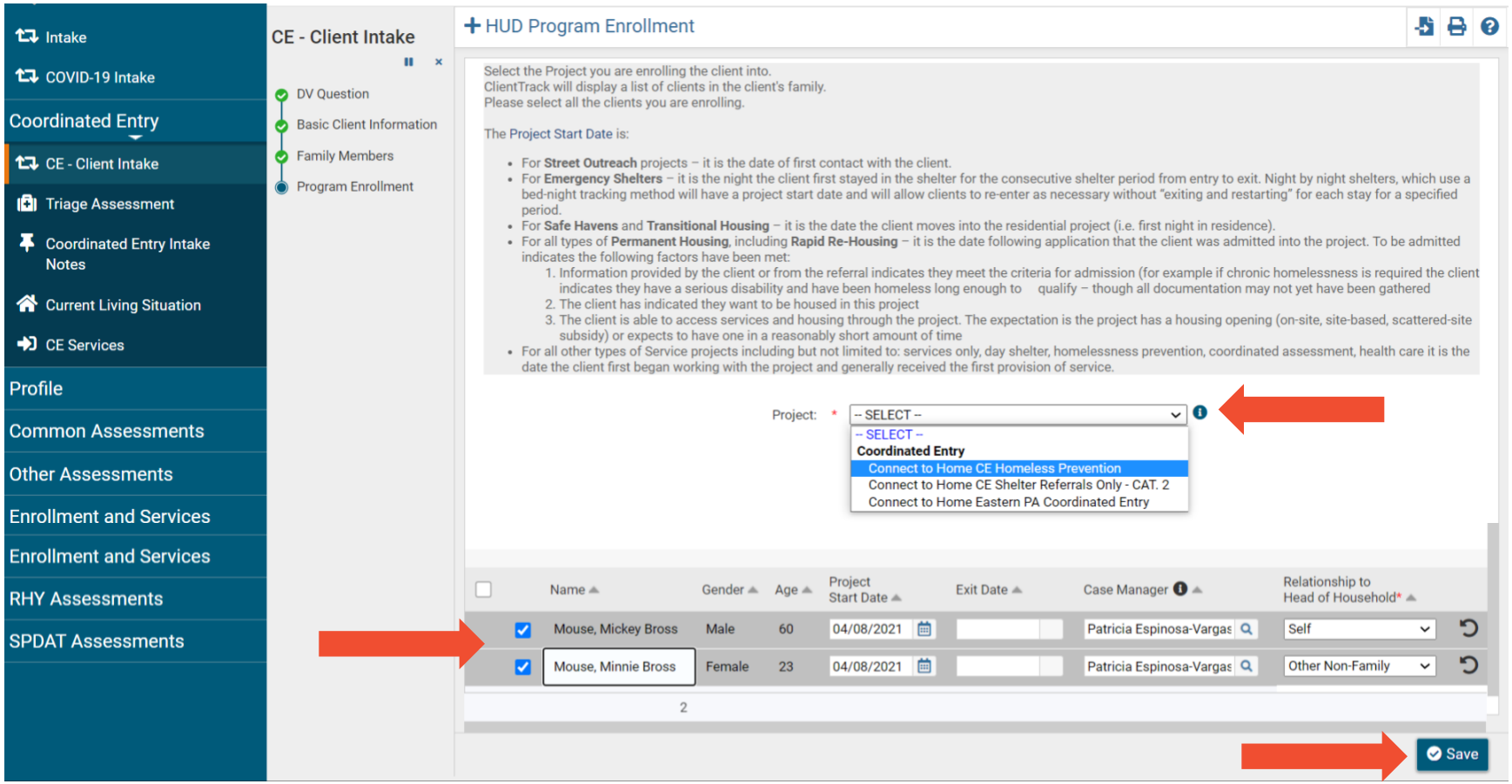
12. Complete the Client/Head of Household's profile, then click Finish to move on to the next screen
    - Be sure to read the following before moving on as it relates to Consent/Information Release: *"Do I have your permission to enter your information into the Eastern Pennsylvania secure data system called HMIS?"*



13. Add any additional Household members, then click Save & Close when complete

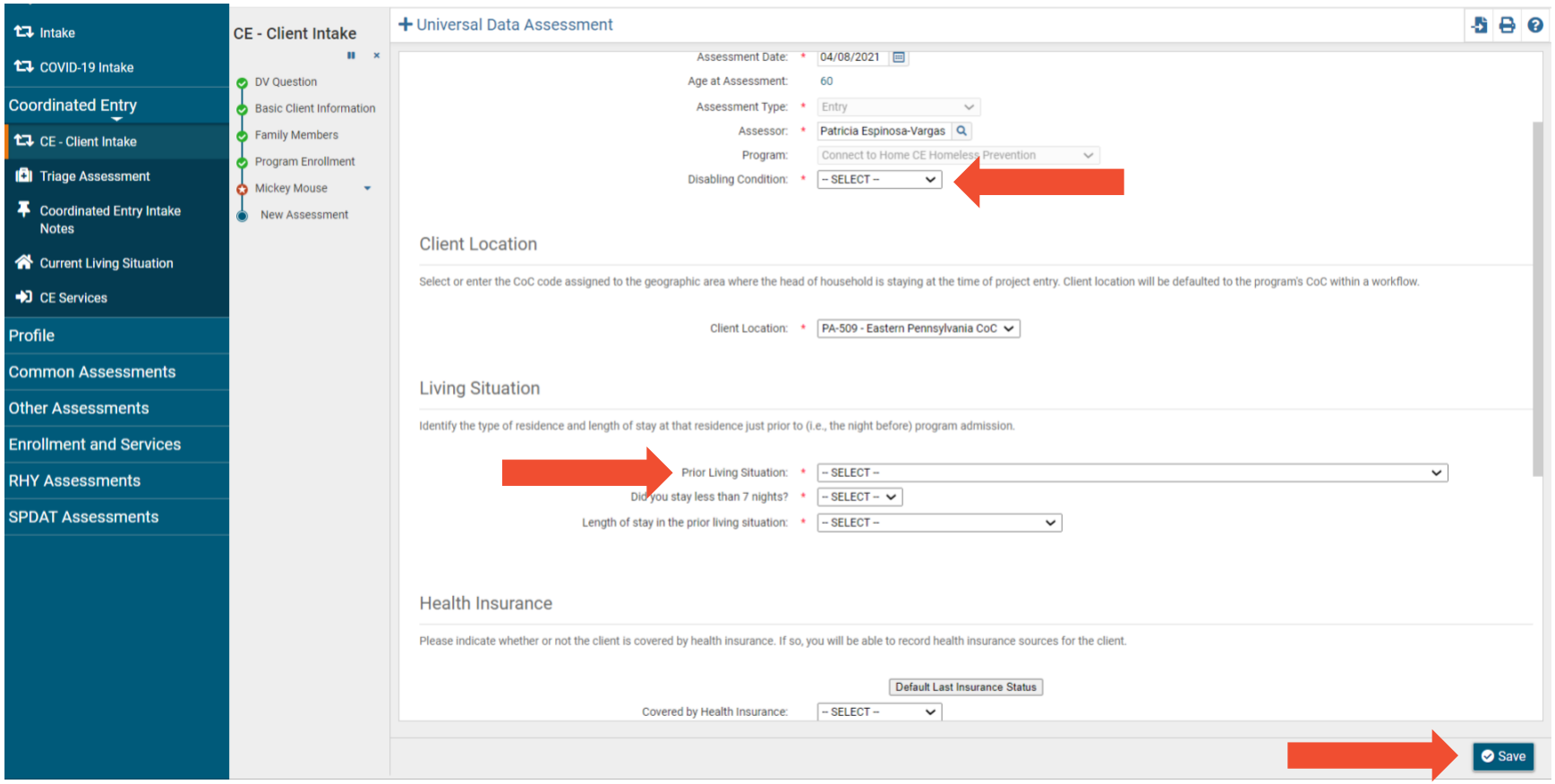


14. Choose the Project the client is being enrolled into, then select all Household Members needing assistance/enrolled, Click Save when complete
    - **Connect to Home CE Homeless Prevention**: If client meets the criteria for rental assistance referrals (is at risk of homelessness/losing their housing in14 days or less for all populations)
        - *Note: Client may, in addition to Prevention Referrals, obtain Shelter Referrals under this enrollment if requested and they meet the Shelter Referrals criteria (see bullet below)*
    - **Connect to Home CE Homeless Prevention CE Shelter Referrals Only – CAT. 2**: If client meets the criteria for Shelter Referrals (is at 14 days or less of losing their housing for the general population; 30 if Veteran) but not needing Prevention

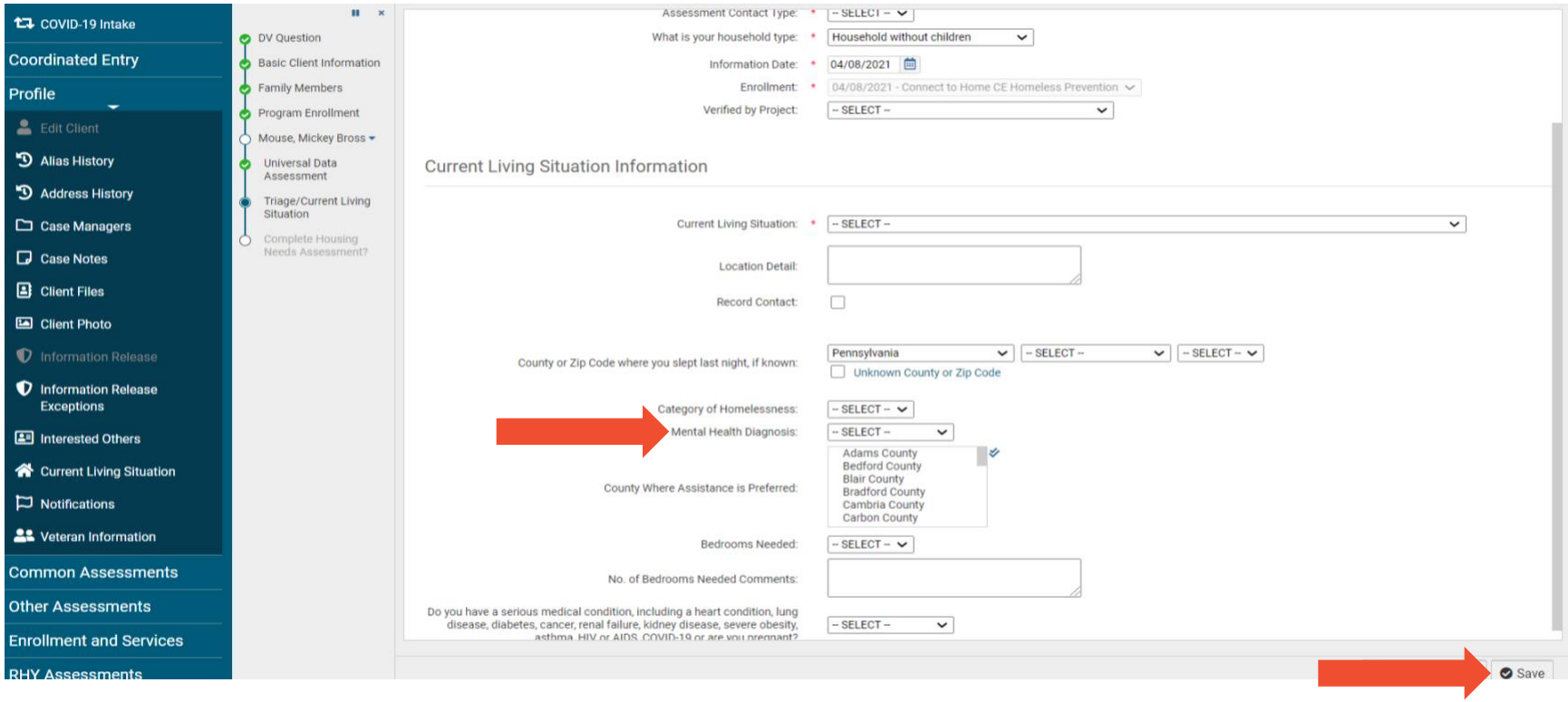


Connect to Home Coordinated Entry System Policies and Procedures

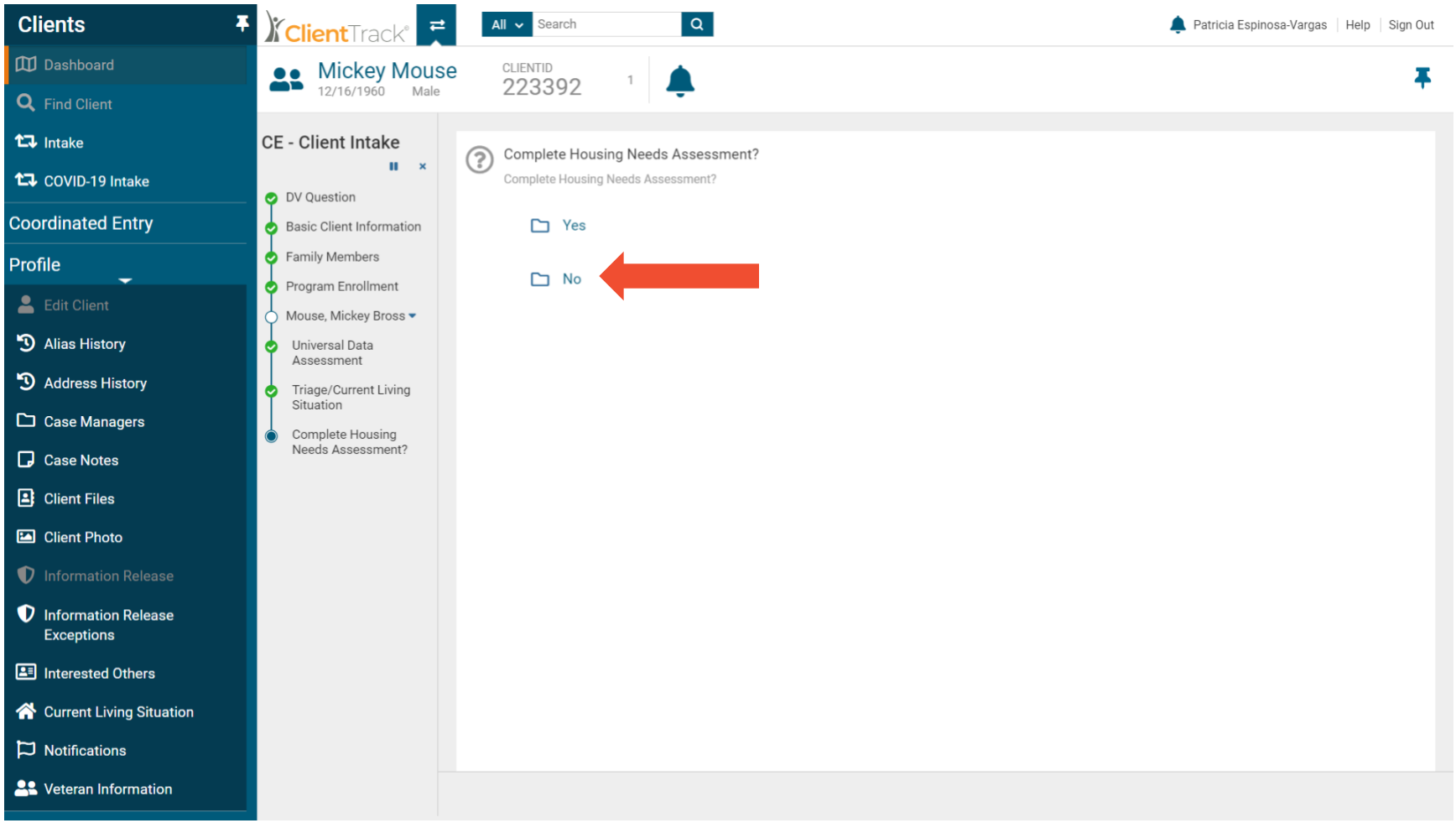
15. Complete the Universal Data Assessment, click Save when complete
    - Disabling Condition: Read the following and answer accordingly…*"Do you have a disabling condition which consists of any physical, mental, or emotional impairment, including an impairment caused by drug or alcohol disorder, or brain injury that impedes your ability to maintain housing or employment?"*
    - Prior Living Situation: This response to this question should reflect where the client **slept last night**
      - Note: depending on their housing situation last night, different fields/questions will populate that are required to be answered
    - Health Insurance: This question is not required, as such, please skip it



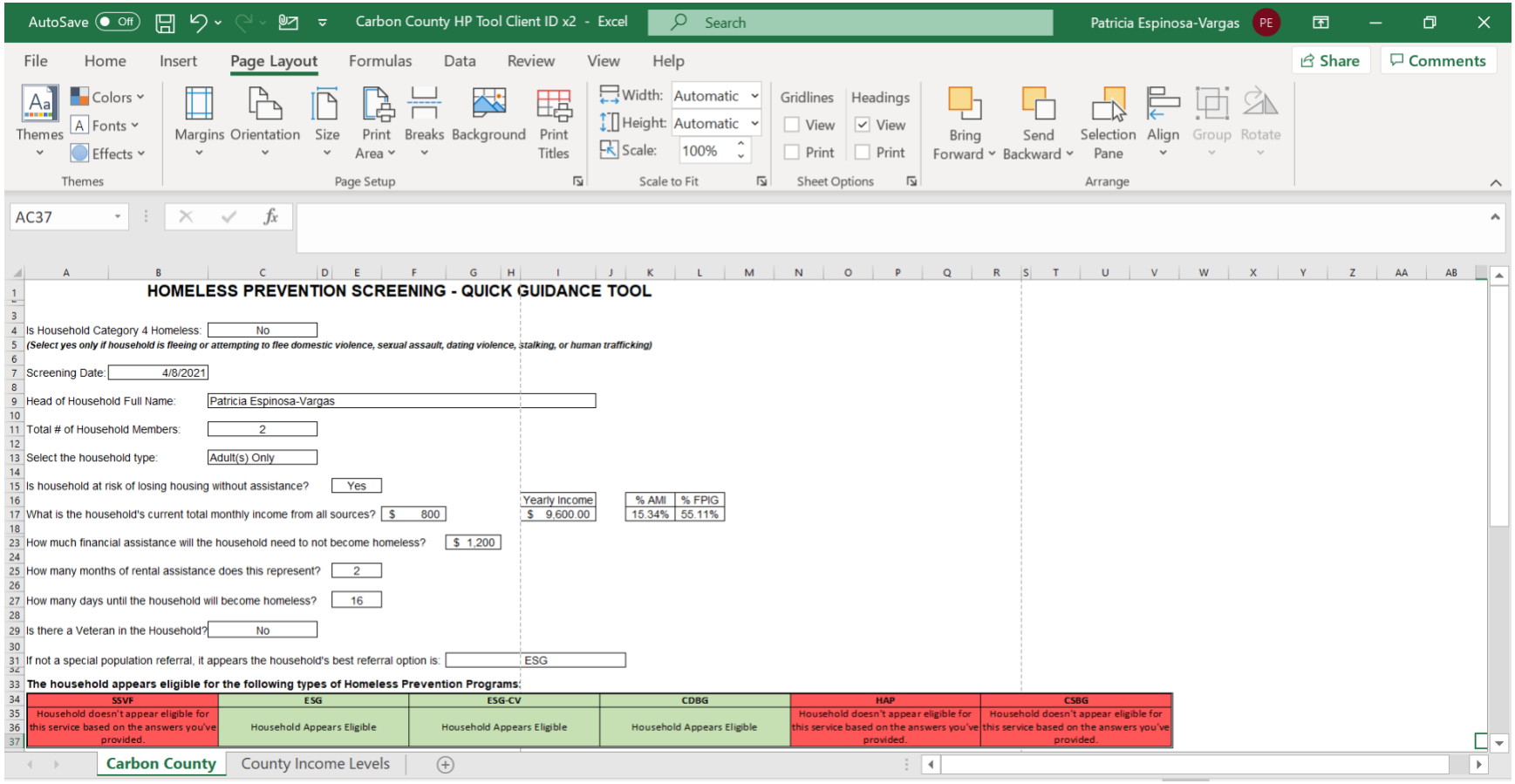
16. Complete the Triage Assessment, click Save when complete
    h. Assessment Contact Type: For 211, the response should always be Phone, For Access Sites it will likely be In-Person
    i. Current Living Situation: Where the client expects to sleep **tonight** (depending on the response, additional questions will populate)
    j. Category of Homeless: Leave this Blank, this is not a field that the Eastern COC uses
    k. Mental Health Condition: Please read the following, then choose the appropriate response…*"Do you have a mental health diagnosis that impedes your ability to maintain housing or employment?"*
    l. County or Zip Code if known: Please enter the client's current city/county/zip code
    m. County where assistance is preferred: Client's may opt to be housed in their current county of residence, or another county, if a client states that they are willing to be housed anywhere, please attempt to narrow it to their surrounding counties, or at least, counties in which it is realistic for them to relocate to (do they have transportation to get there if offered assistance?)
    n. Bedrooms Needed: Please ask and respond accordingly (you may enter comments if appropriate)



17. Click No to completing a Housing Needs Assessment

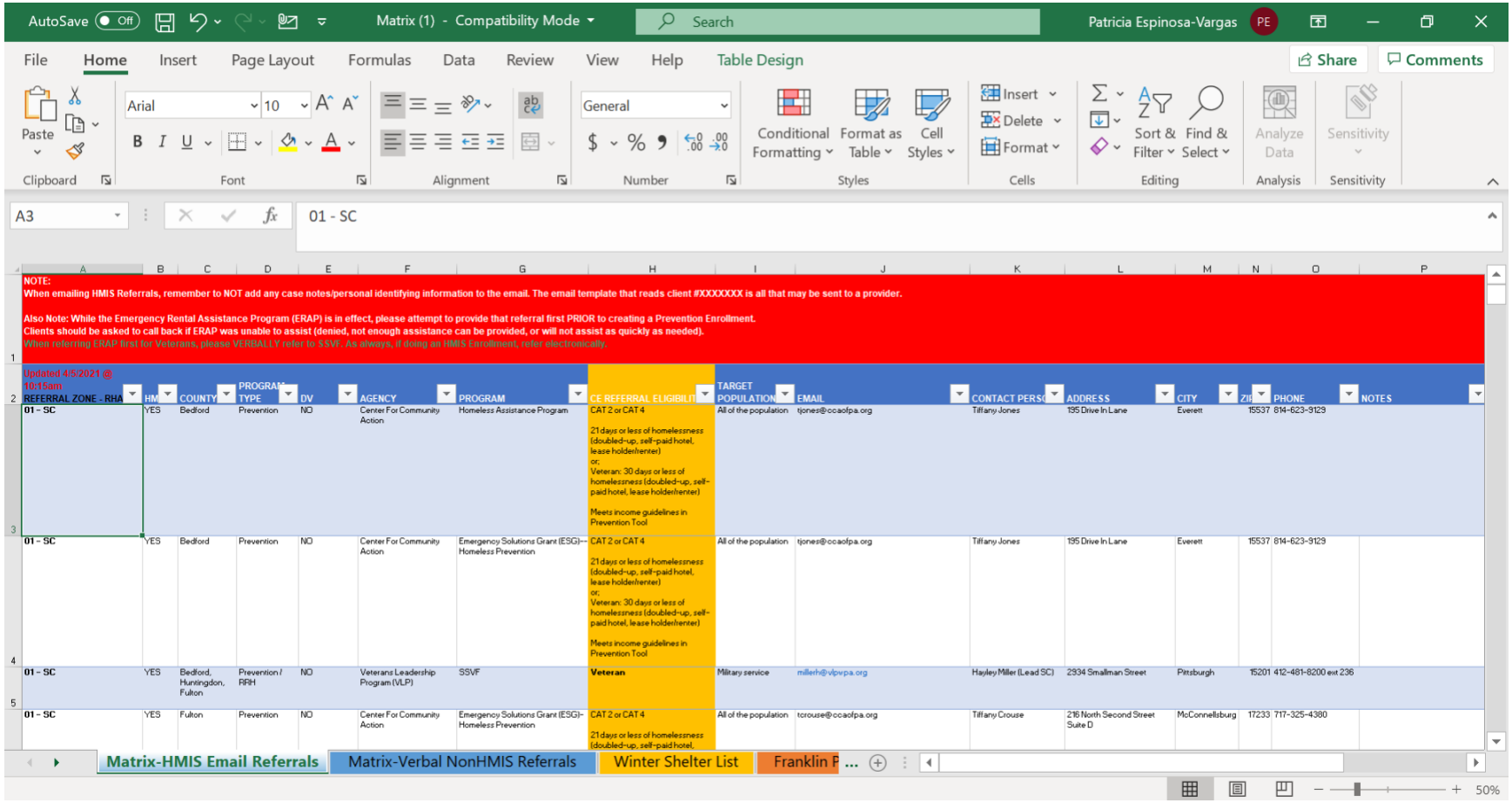


18. If the client is only seeking Shelter Referrals (no Prevention Referrals), go to Step 19
    If the client is seeking Prevention Referrals, field the Prevention Tool for the client's county (https://drive.google.com/drive/folders/12fhc5eL0YCVvGyqyw72yq0YNR6eKVj71)
    - This tool will guide you on validating that the client us under the income guidelines for many funding streams
      - This tool must be used for all clients that are in a rental…if a client is in a self-paid hotel, or doubled-up and looking for deposit assistance this tool should still be fielded as well



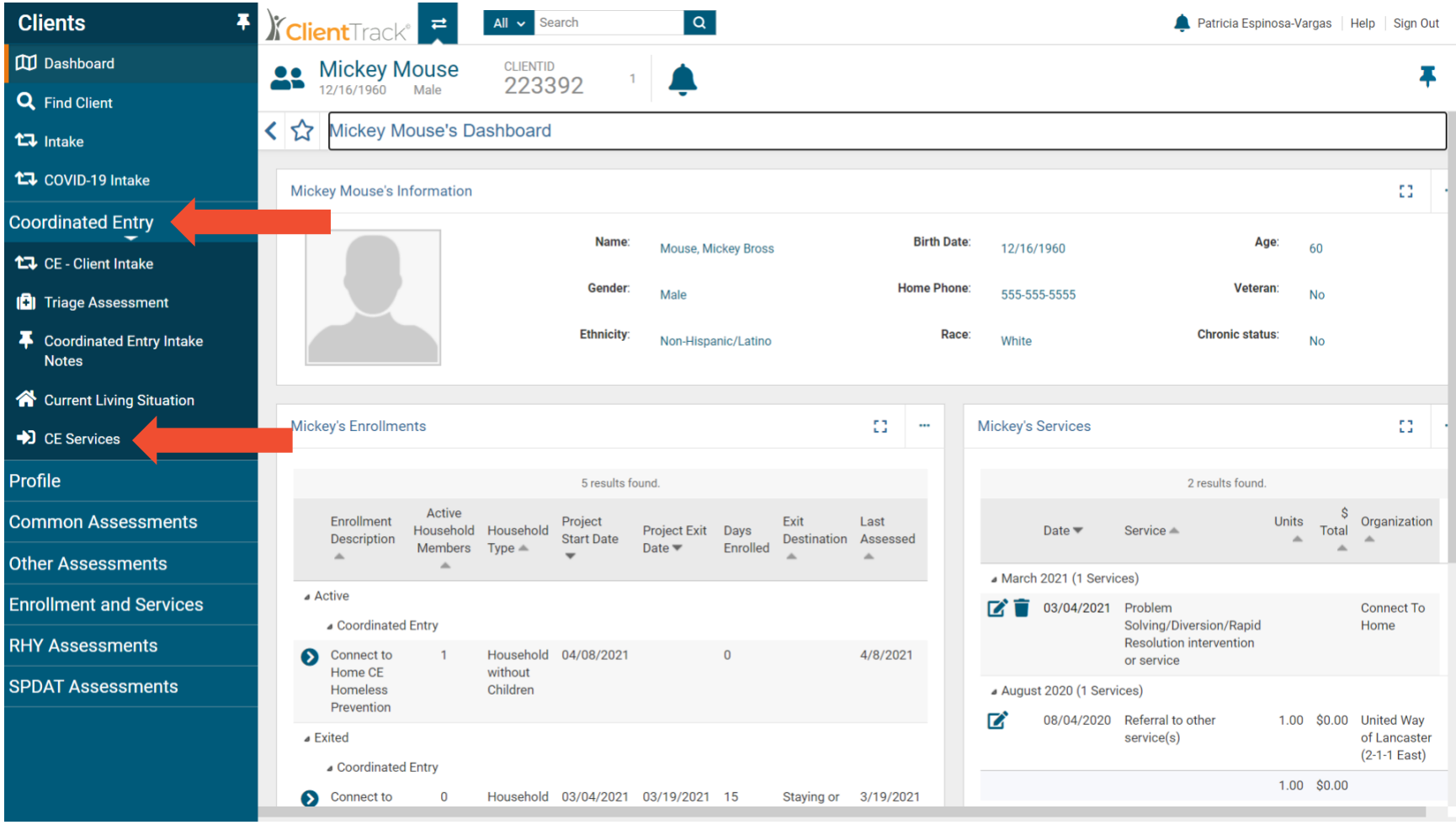
Connect to Home Coordinated Entry System Policies and Procedures

19. Utilize the Referral Matrix to determine appropriate referrals for Shelter and/or Prevention (the latter, based on the Prevention Tool) and search for the appropriate referrals

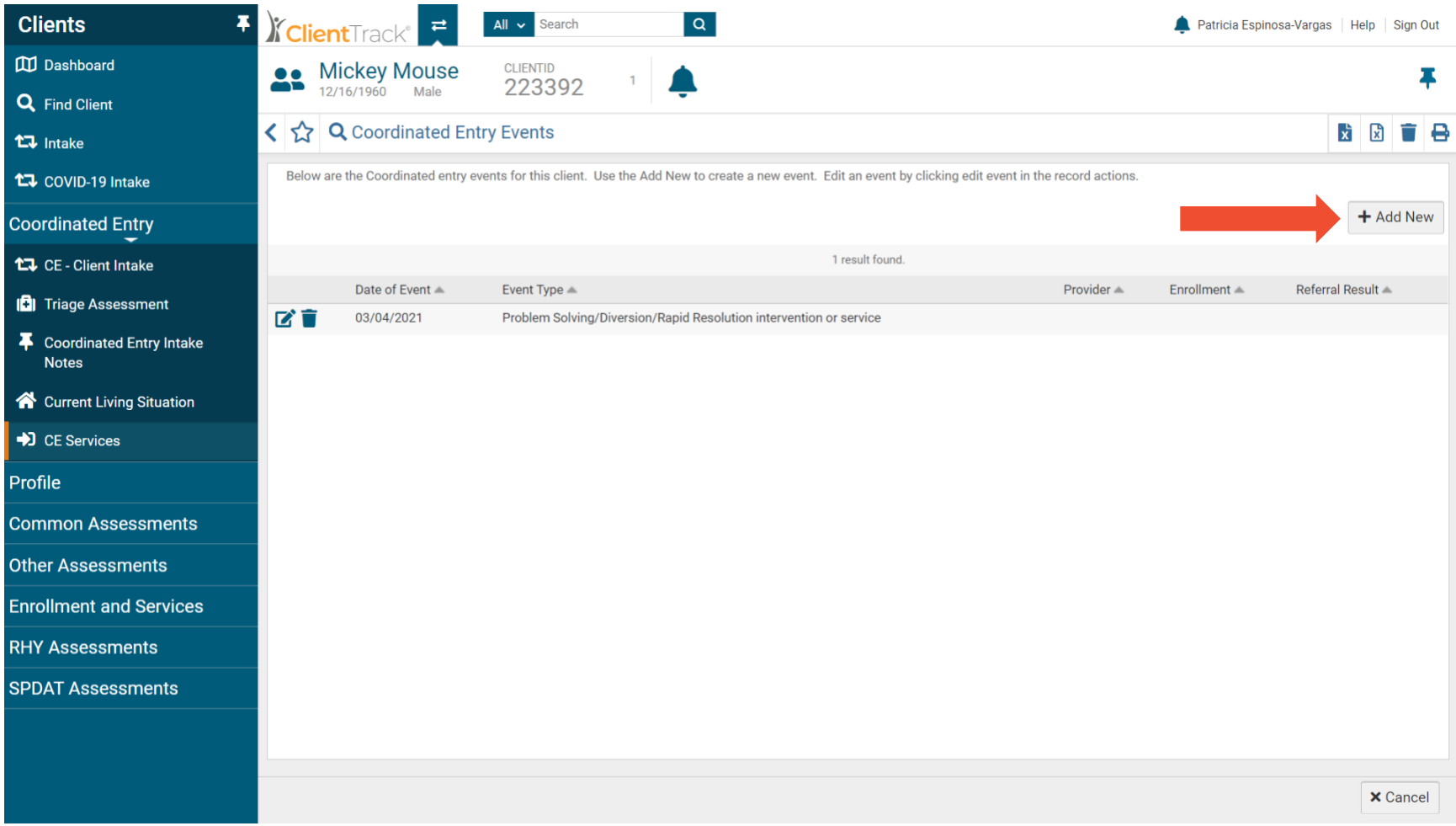


Connect to Home Coordinated Entry System Policies and Procedures

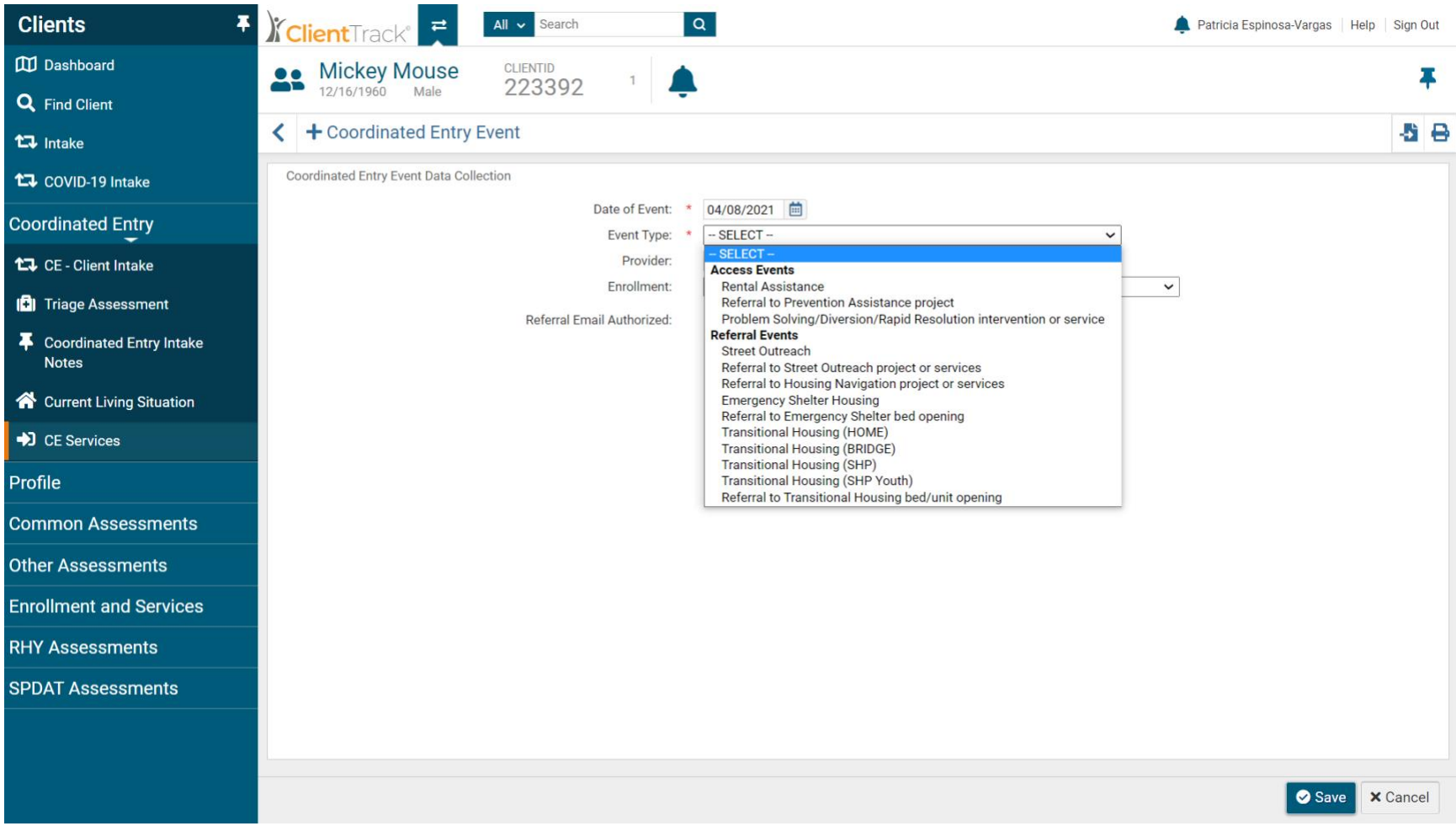
20. To add referrals, Click Coordinated Entry, then click CE Services



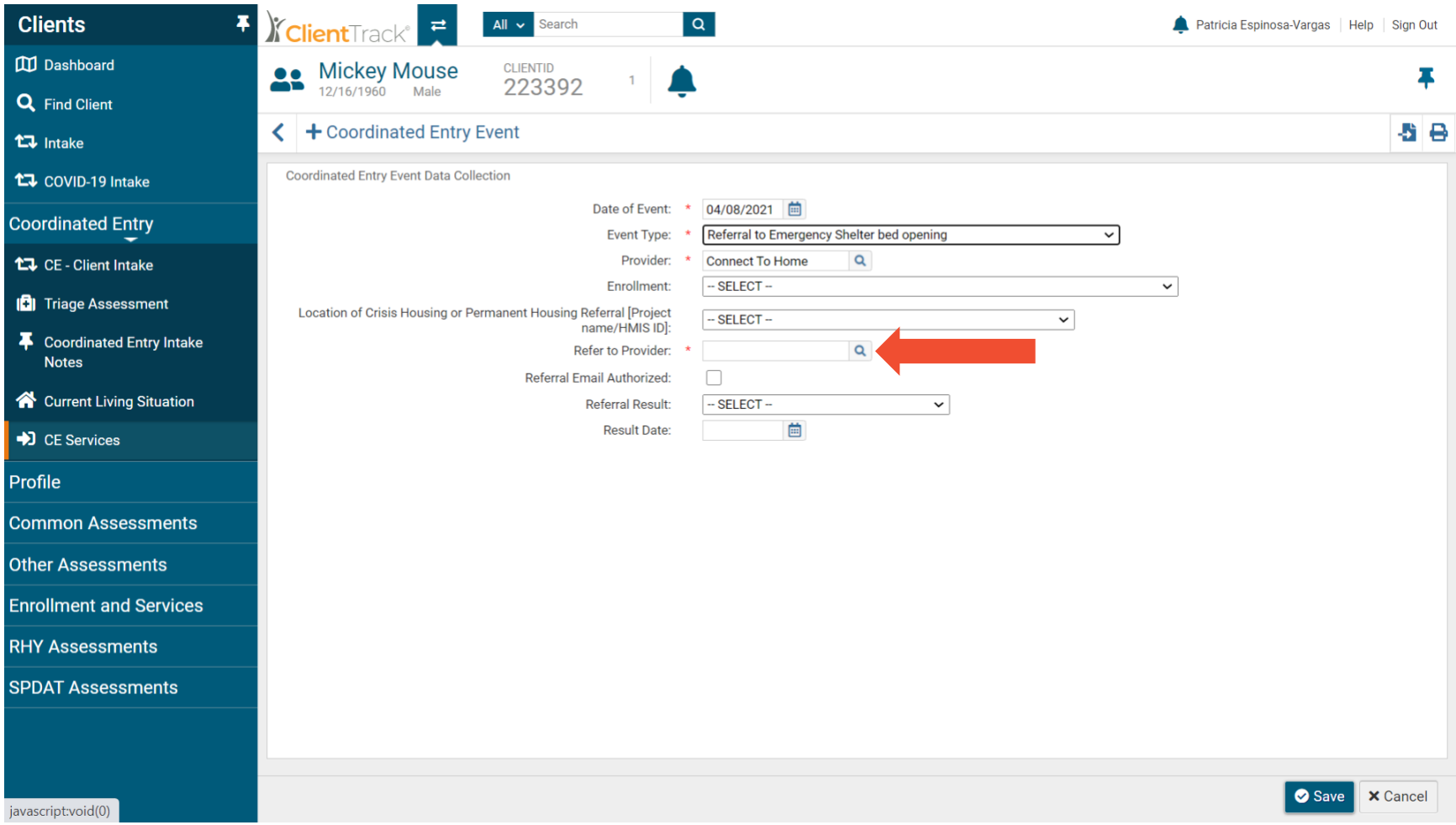
21. Click Add New



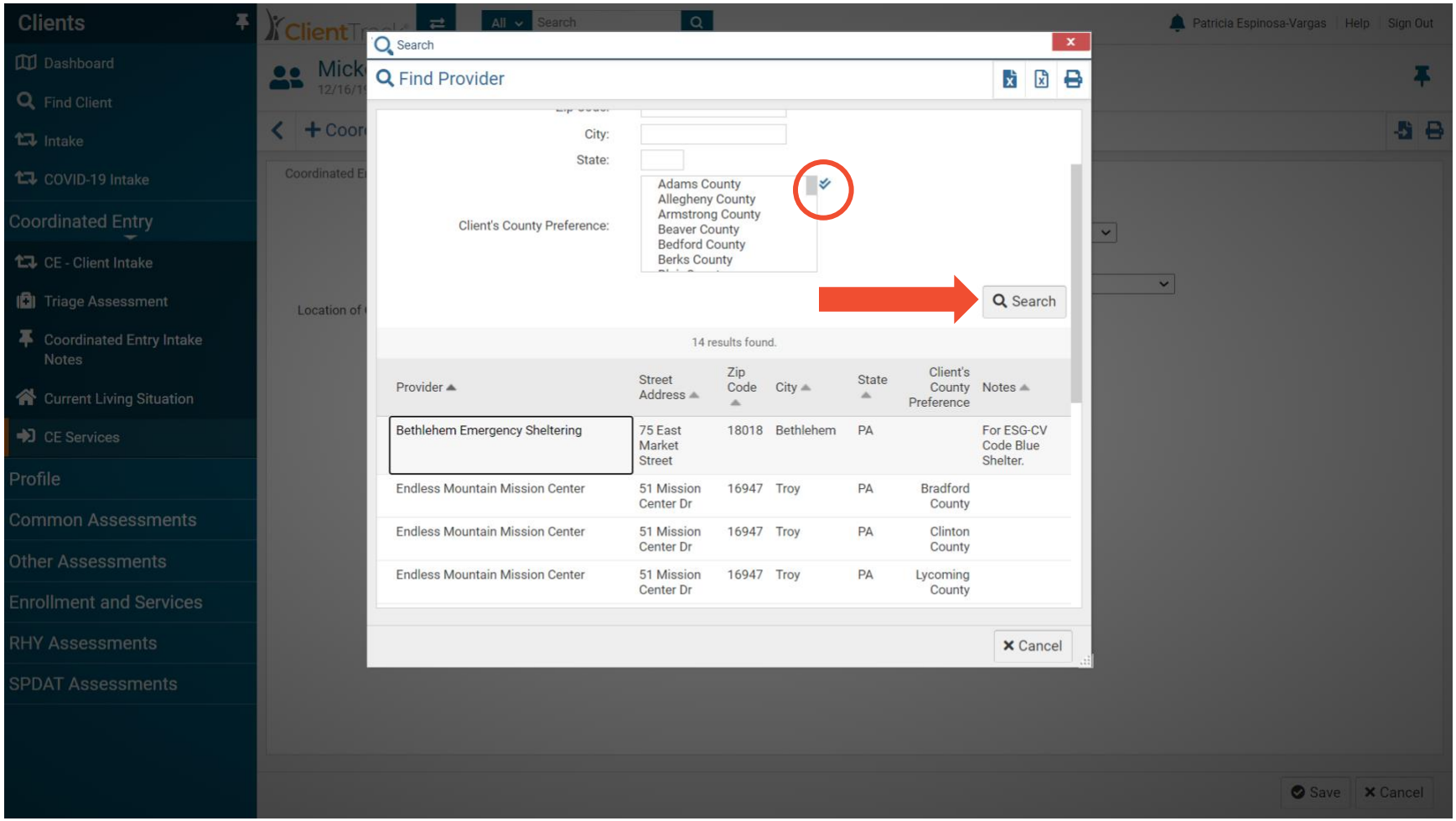
22. Choose the appropriate referral category



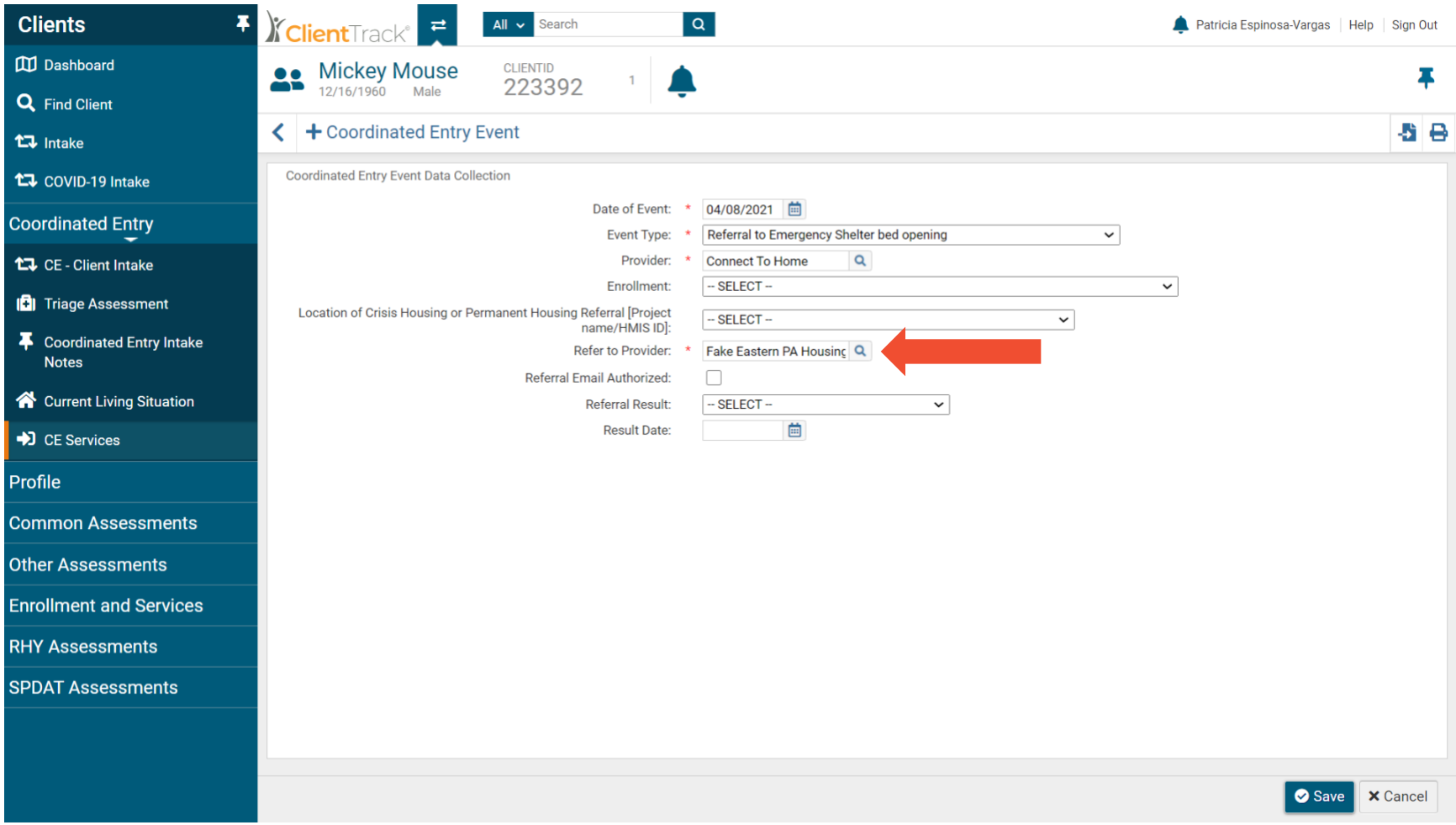
23. Click the magnifying glass next to Refer to Provider to conduct a Provider Search



24. Click Search to search for your Provider (it is recommended to leave all fields blank)
    - Note: As of this writing, a glitch in the system may occur in which no results will populate, if this is your case, click (to select), then unclick (to deselect) the arrows to the right of the Counties displayed, then click Search again (this should now populate Providers)

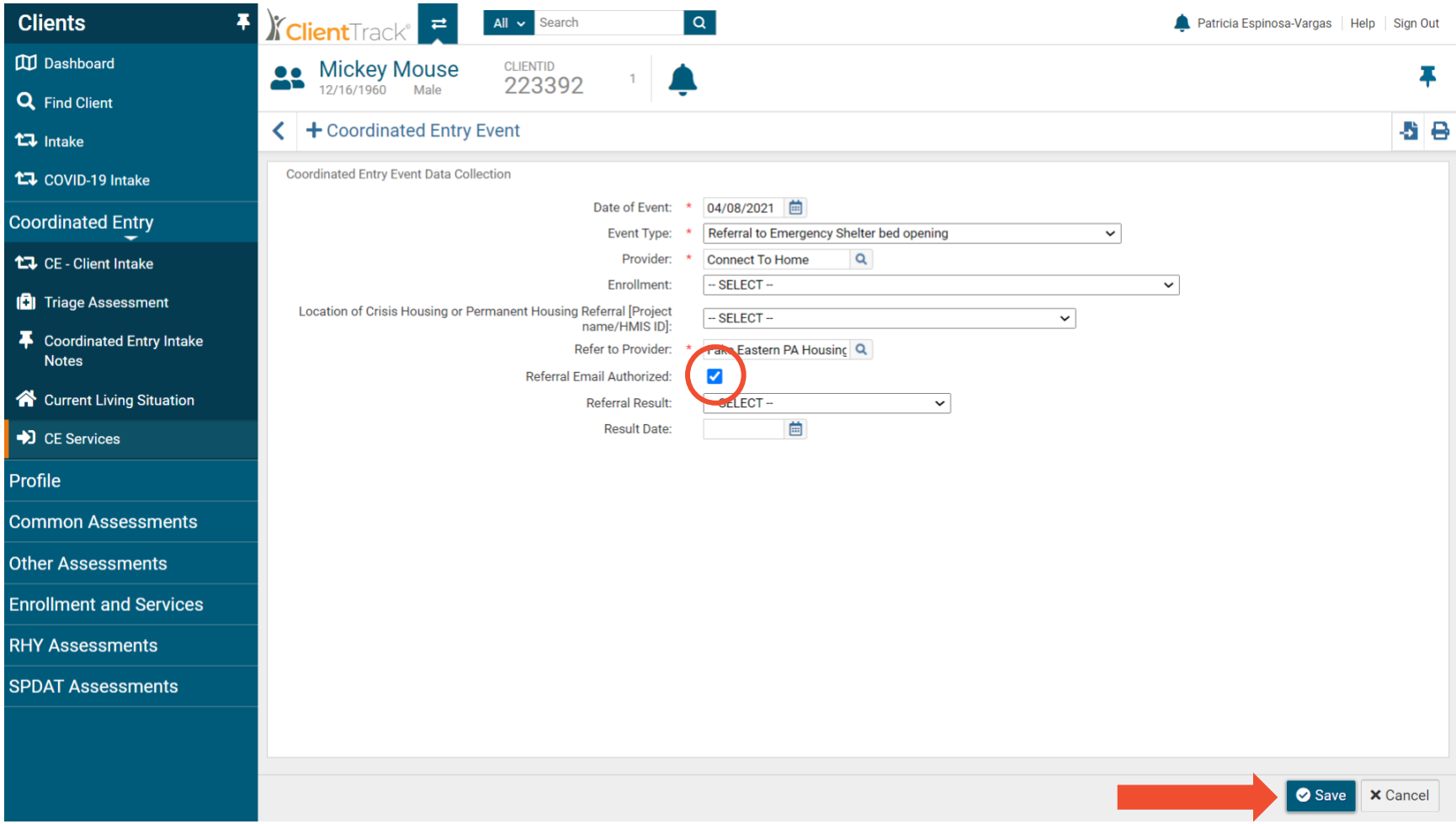


25. Once you have found your Provider, click the Provider Name and it will load into the Referral Dashboard

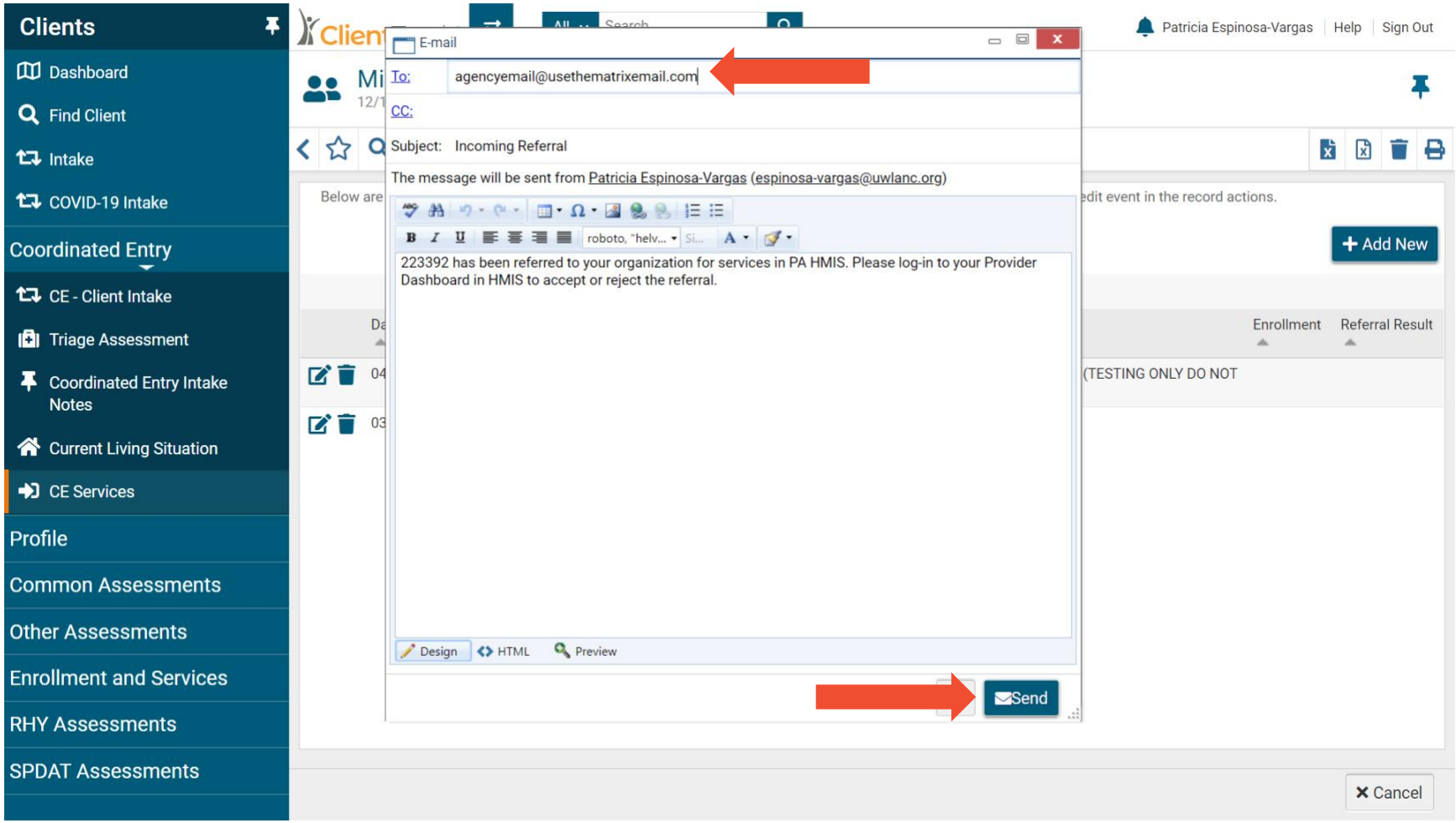


Connect to Home Coordinated Entry System Policies and Procedures

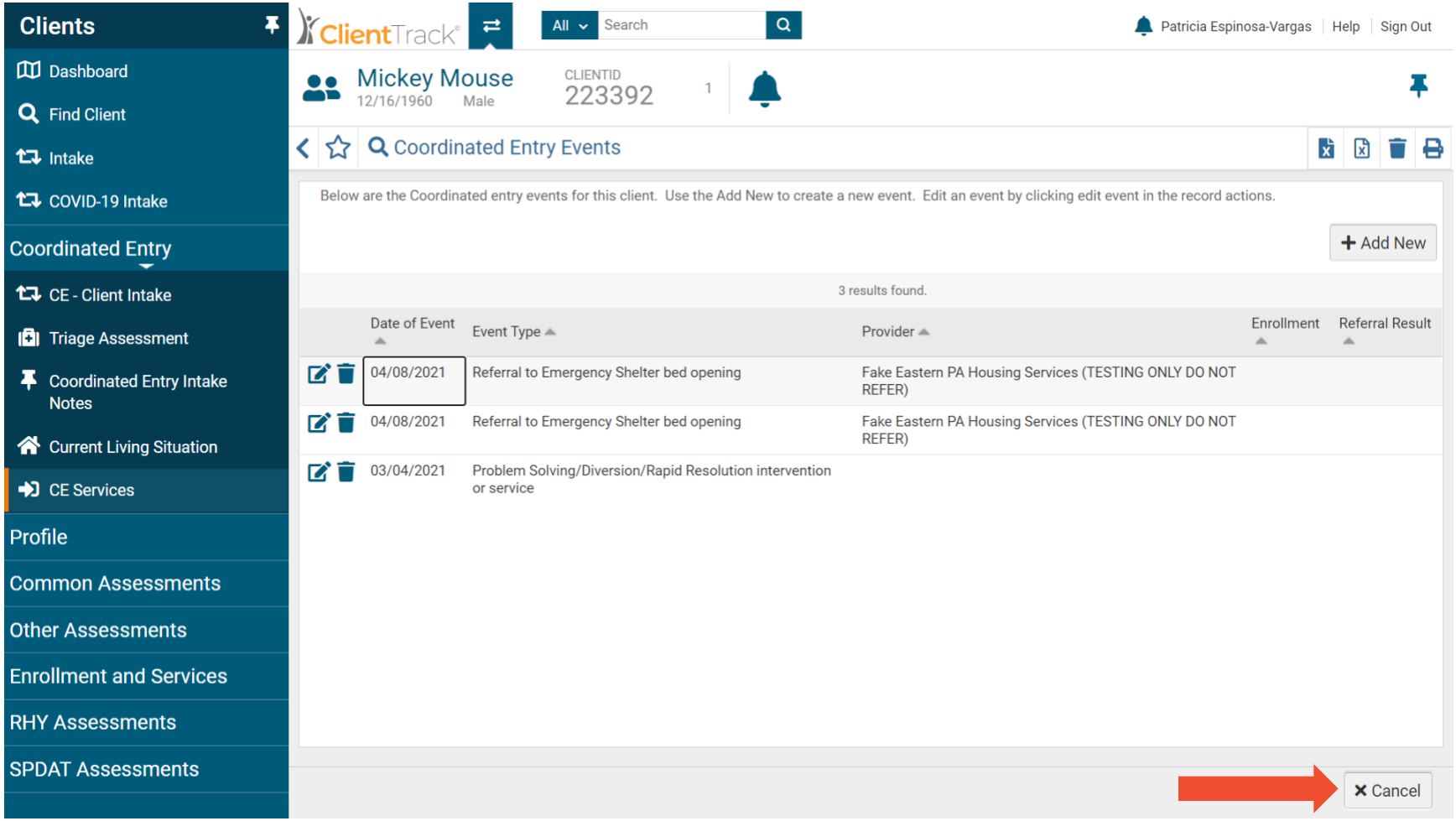
26. Providers that are HMIS Participants (as indicated in the Matrix) will require an email alert, as such, click the Referral Email Authorized check box, then click Save to proceed
    - Providers that are NOT HMIS Participants may NEVER receive an email alert, as such, DO NOT click the Referral Email Authorized check box…simply click Save to proceed



27. For those HMIS Providers receiving an email, an email will populate, using the Matrix, type in the agency email address that this referral should be sent to, then click Send
    - Note…you may not type anything else in the body of the email as to protect client's Privacy…agencies must log-in to view the referral and case notes
    - Repeat the above Steps if making more than 1 referral

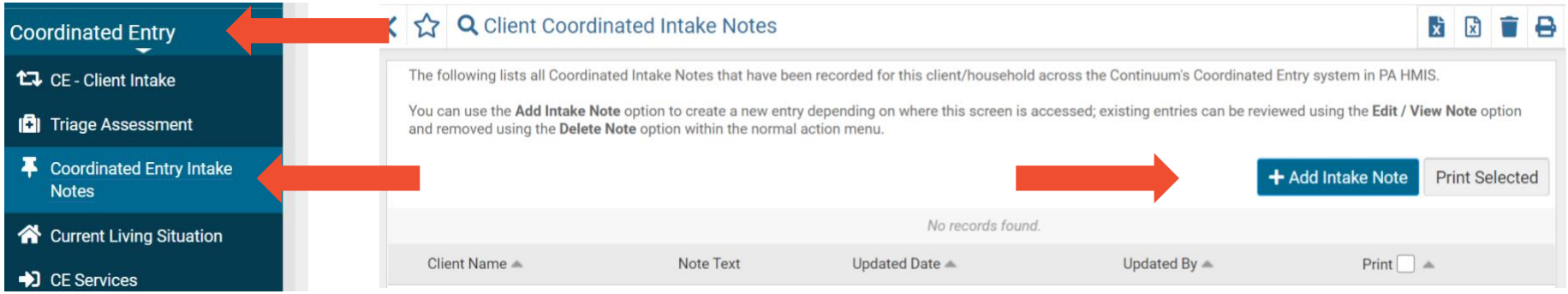


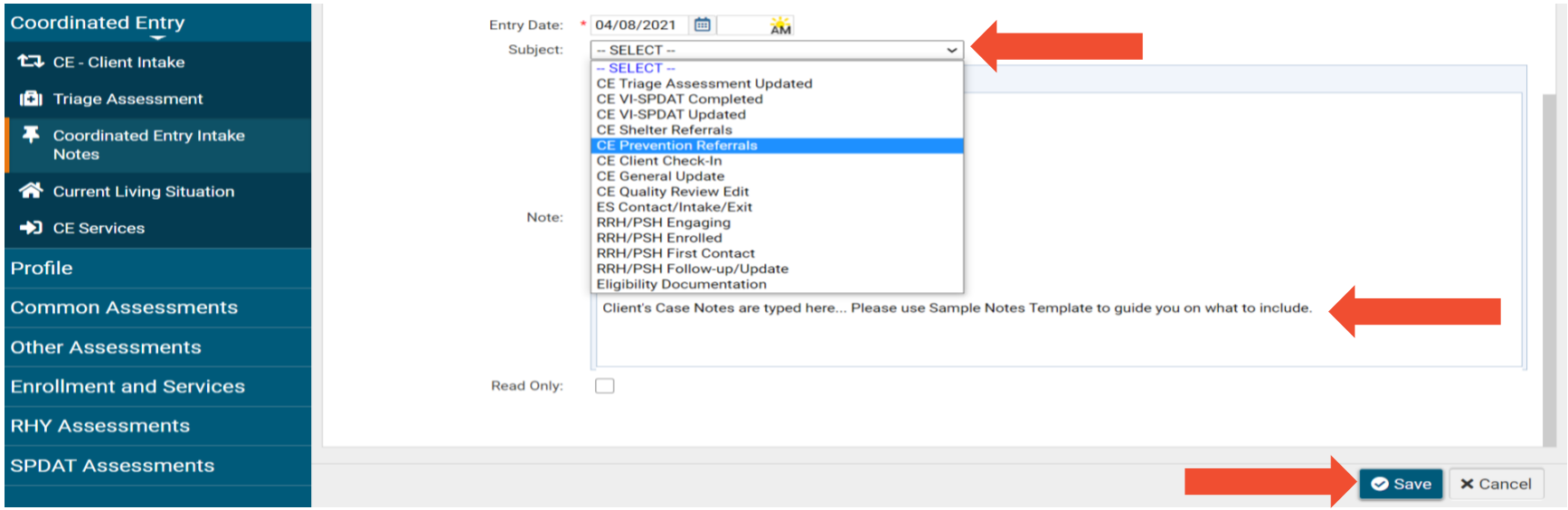
28. When complete, click Cancel to return to the Dashboard



Connect to Home Coordinated Entry System Policies and Procedures

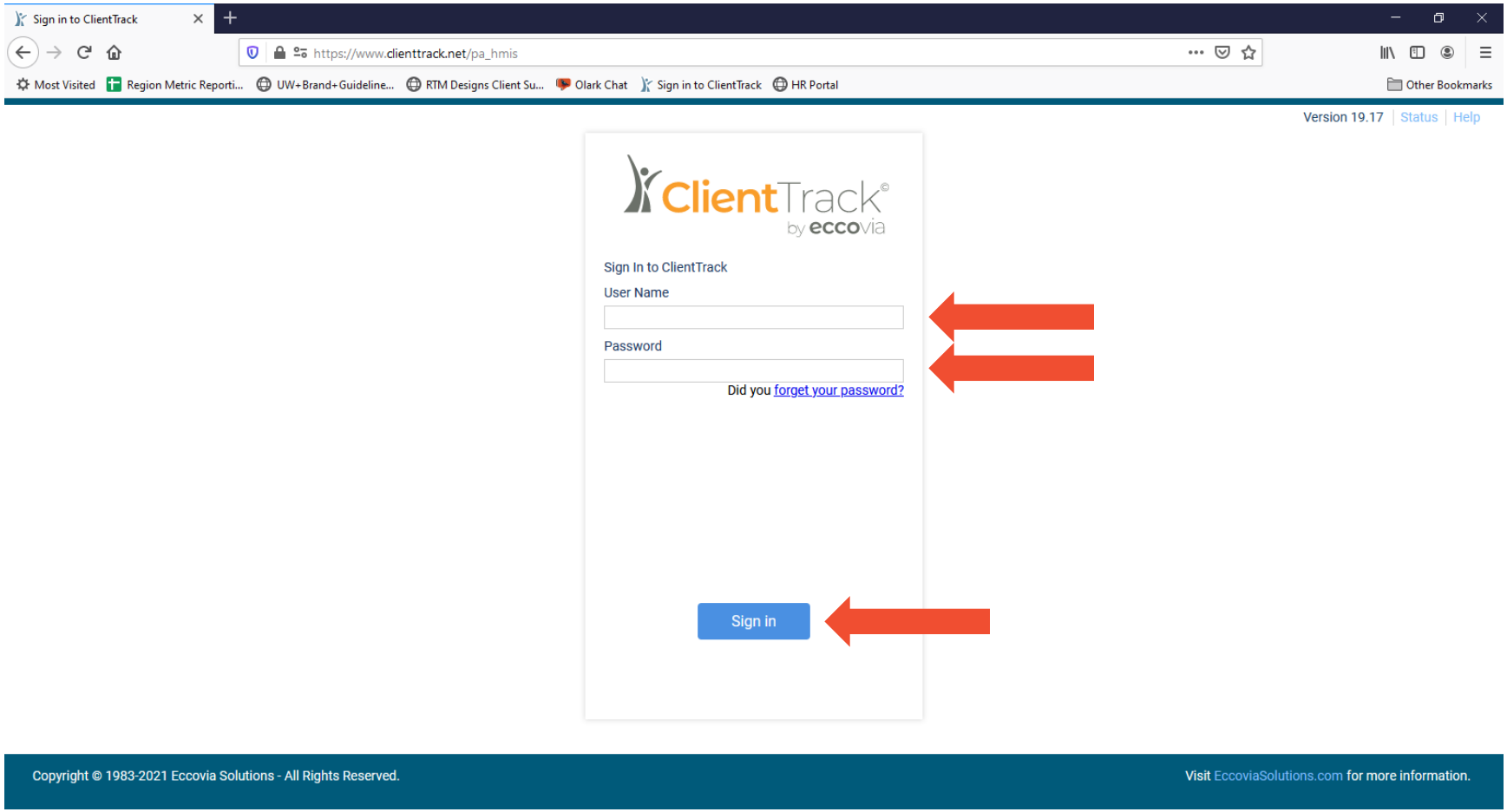
29. Add your Case Note:
    - Click Coordinated Entry
    - Click Coordinated Entry Intake Notes
    - Click Add Intake Note
    - Choose the appropriate Subject
    - Type your note (use Sample Notes templates for guidance on what to include)
    - Click Save when complete



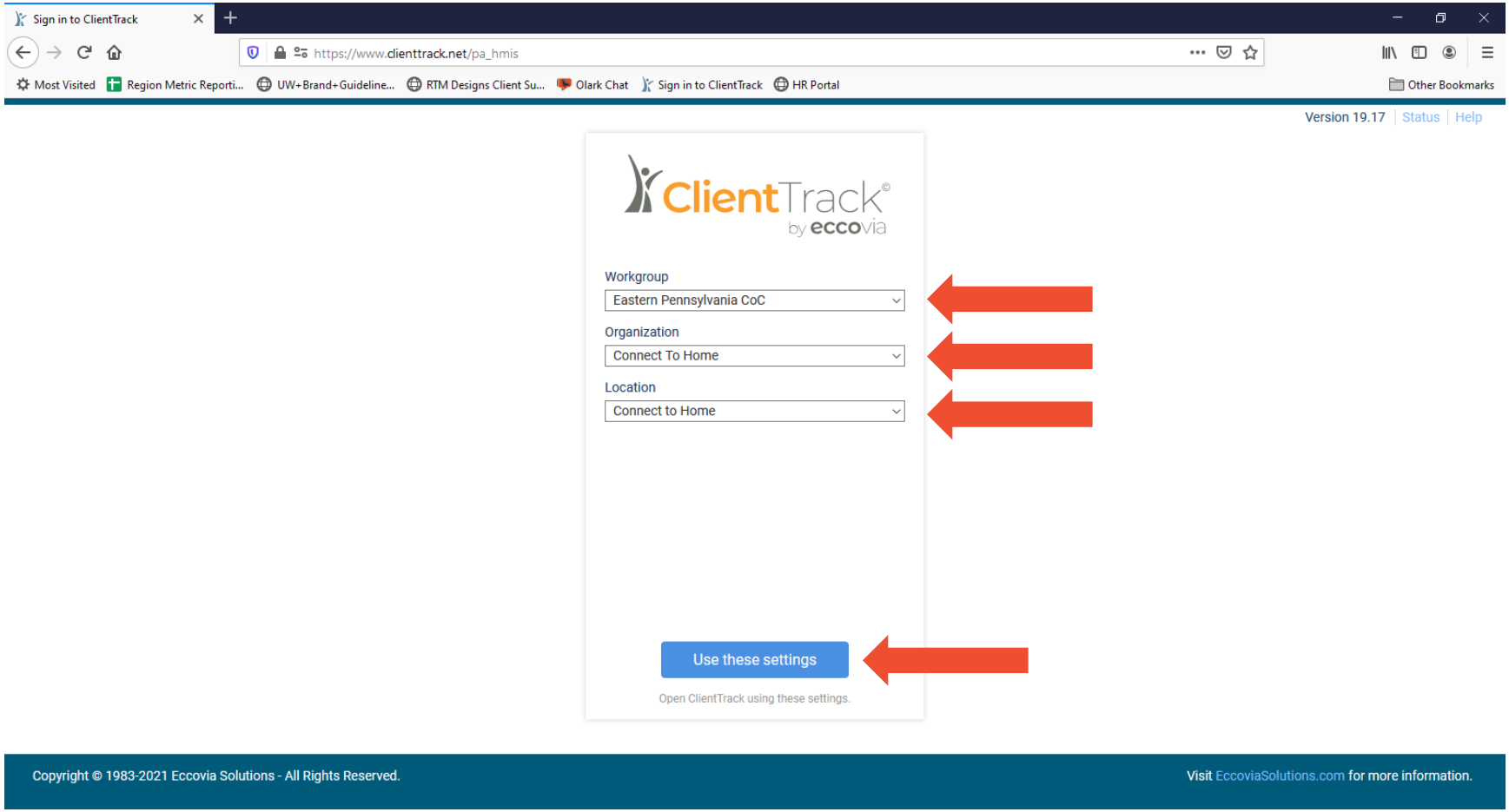


Coordinated Entry Intake for a Household Fleeing Domestic Violence That Wishes to Remain Anonymous (No Personally Identifying Information Entered into PA HMIS)

1. Log-in to https://www.clienttrack.net/pa_hmis with your Username and Password, click Sign-In

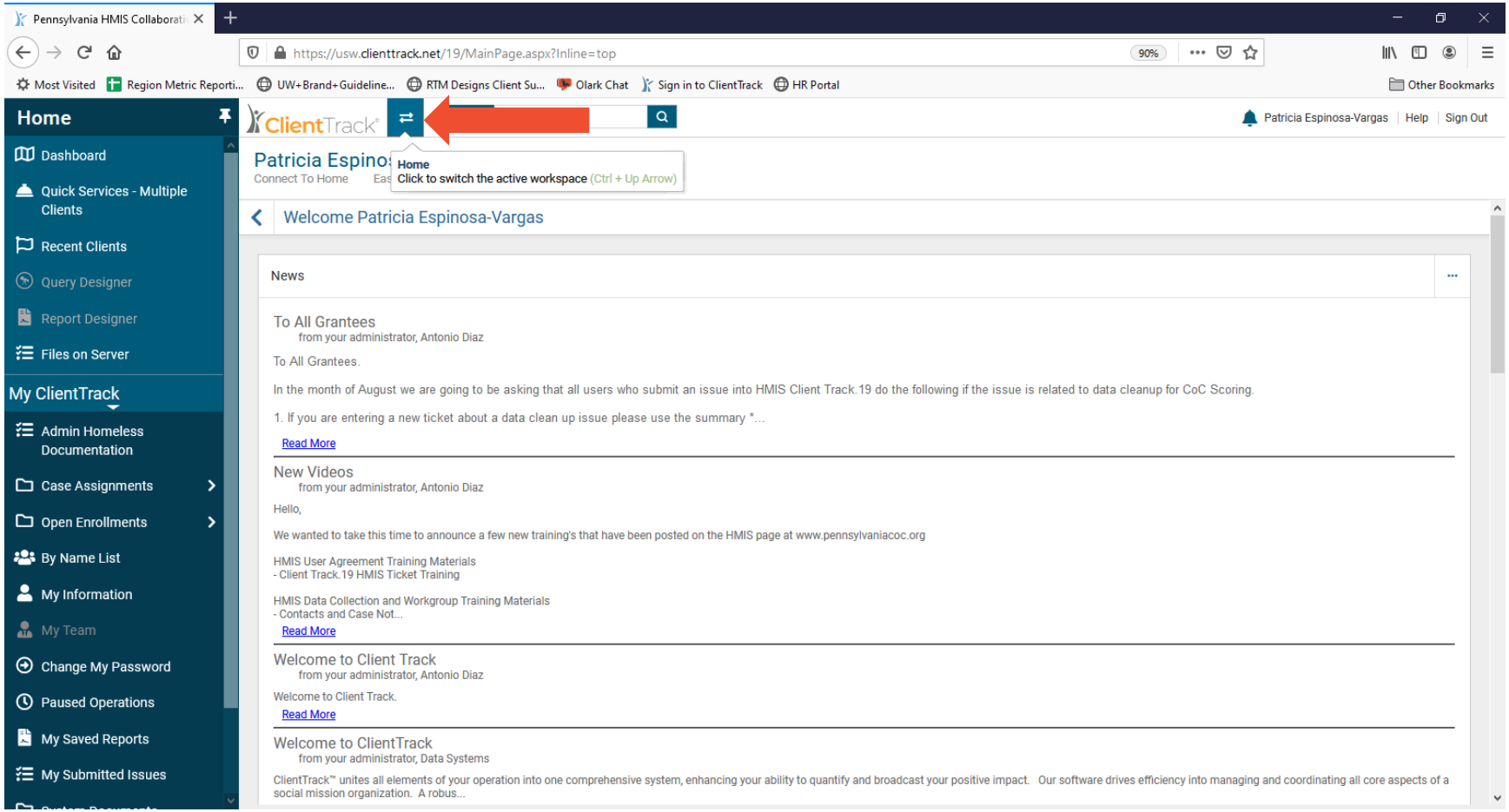


2. Be sure to be logged in to, then click Use these settings:
   - Workgroup: Eastern Pennsylvania COC
   - Organization: Connect To Home
   - Location: Connect To Home

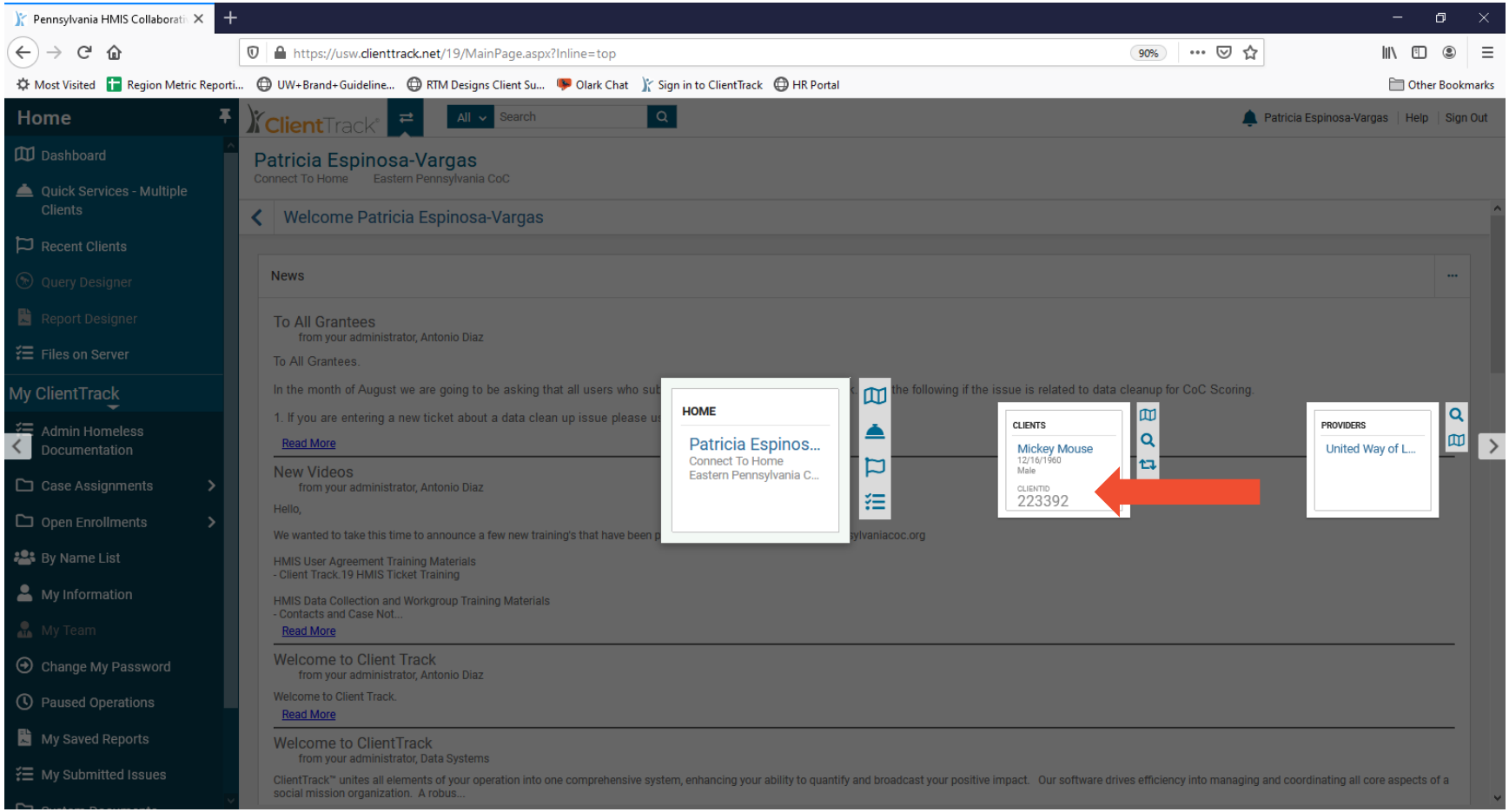


Connect to Home Coordinated Entry System Policies and Procedures

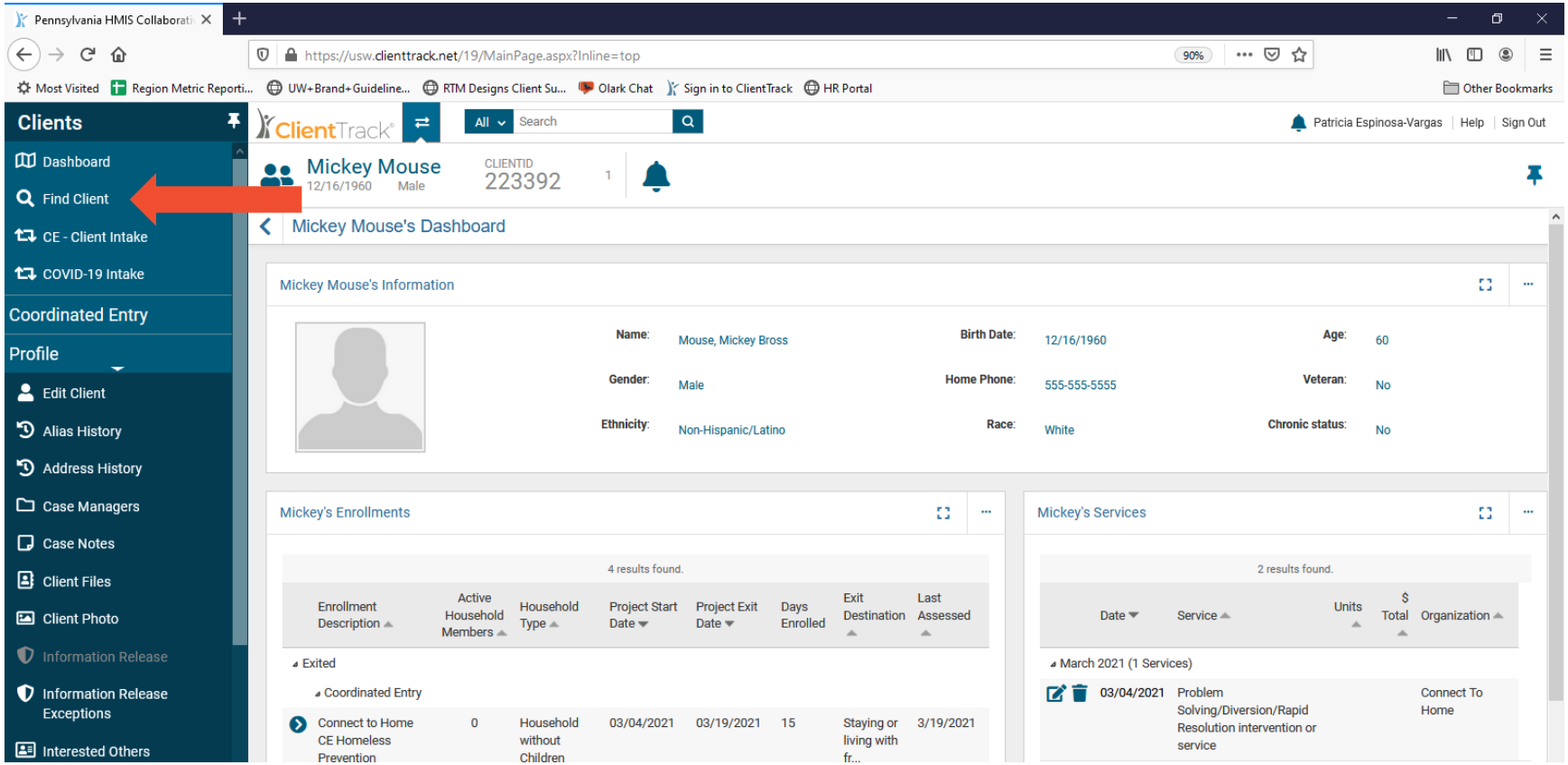
3. While on the Home screen, click to Double Arrows to switch to a different Workspace



4. Click the Clients Workspace (you should see a snapshot of the previous client you searched for)



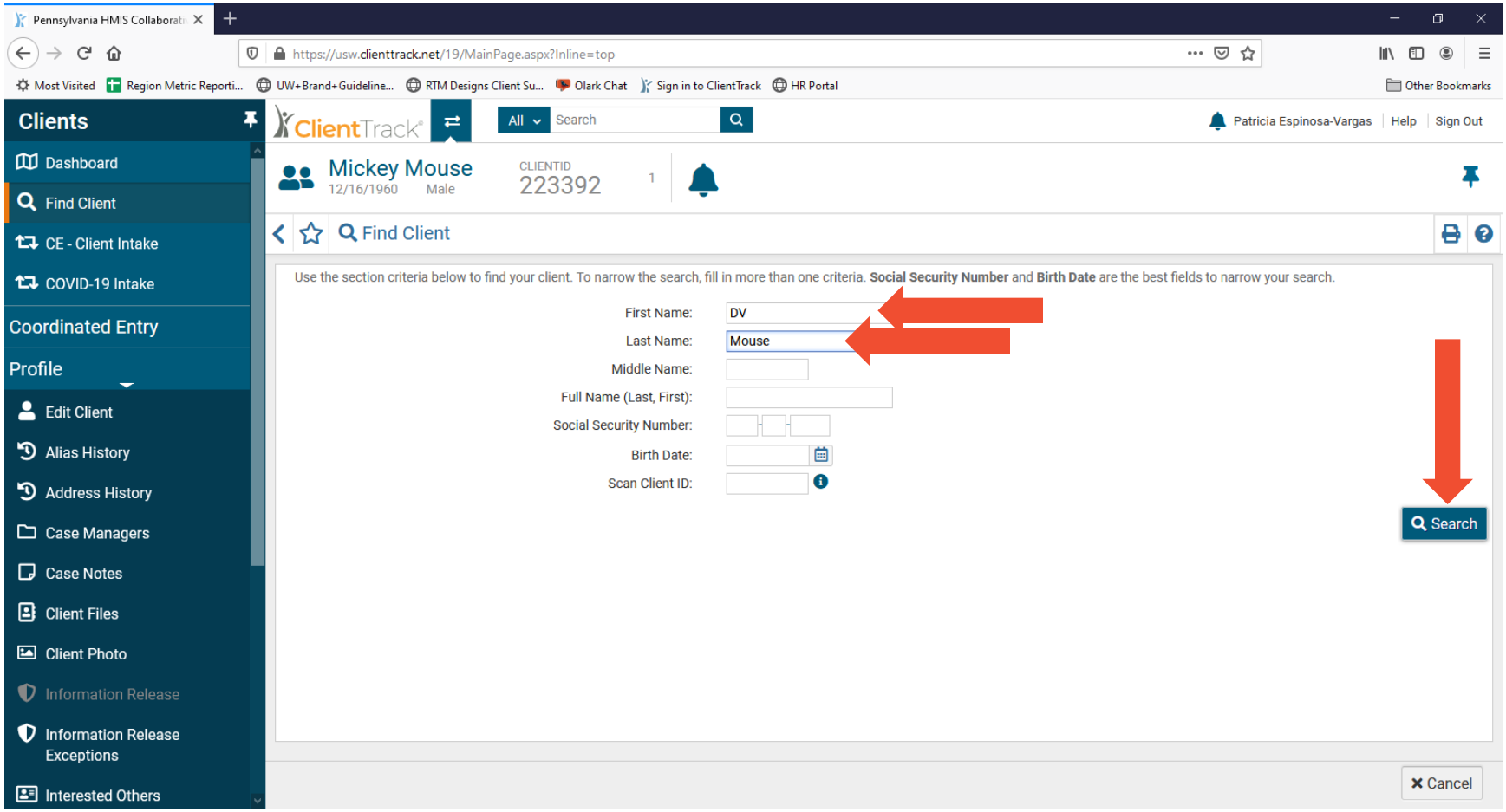
5. While at the Client Dashboard screen, click Find Client



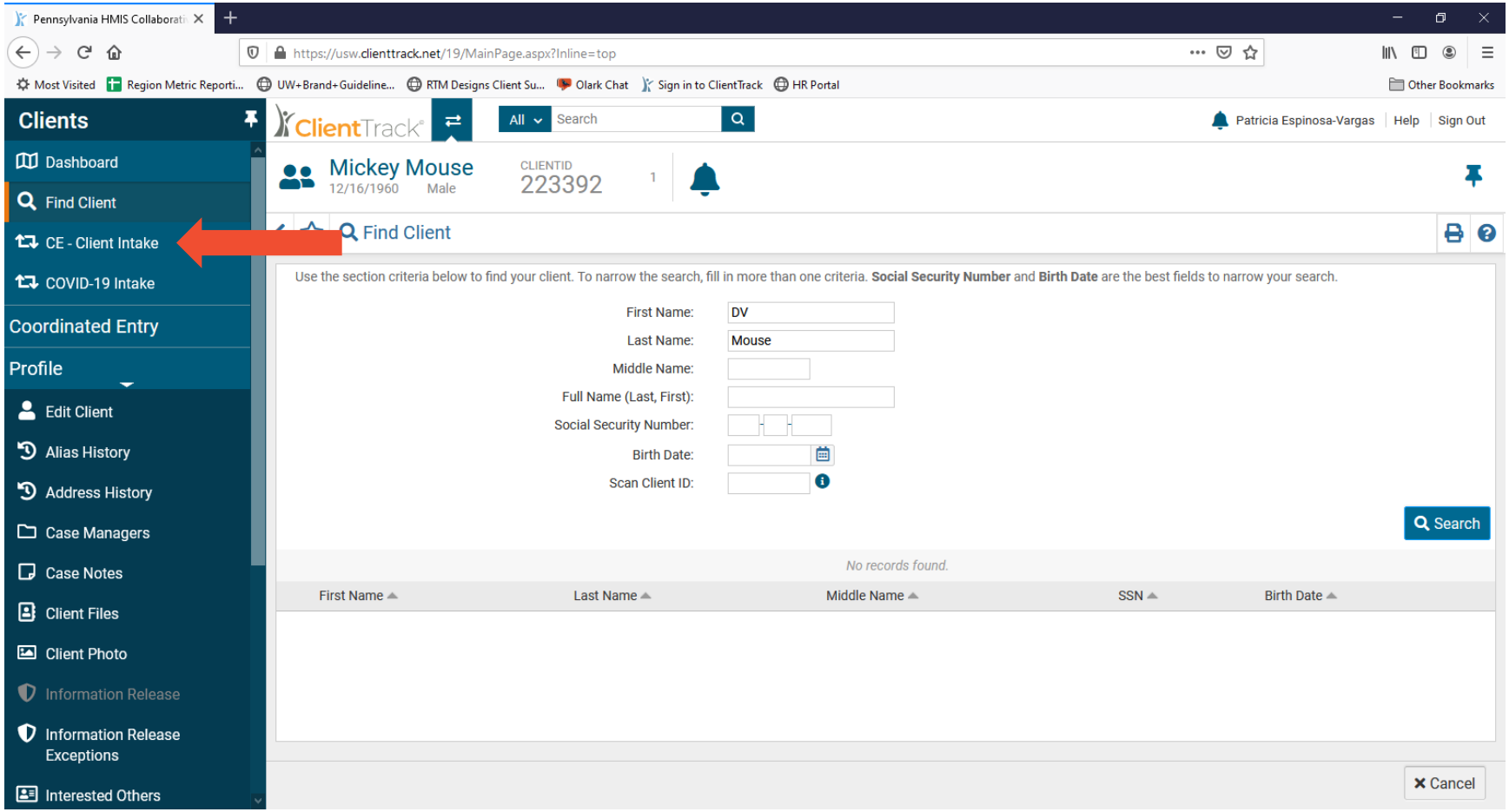
Please read the following: ***"You have chosen to have your information into our secure data system anonymously, we must ask that you now choose a passcode. This passcode will be used to identify you as services reach out. You may choose any alphanumeric passcode as long as it has not been chosen by someone else, and it is not related to your name. What passcode would you like to be identified by?"***

Connect to Home Coordinated Entry System Policies and Procedures

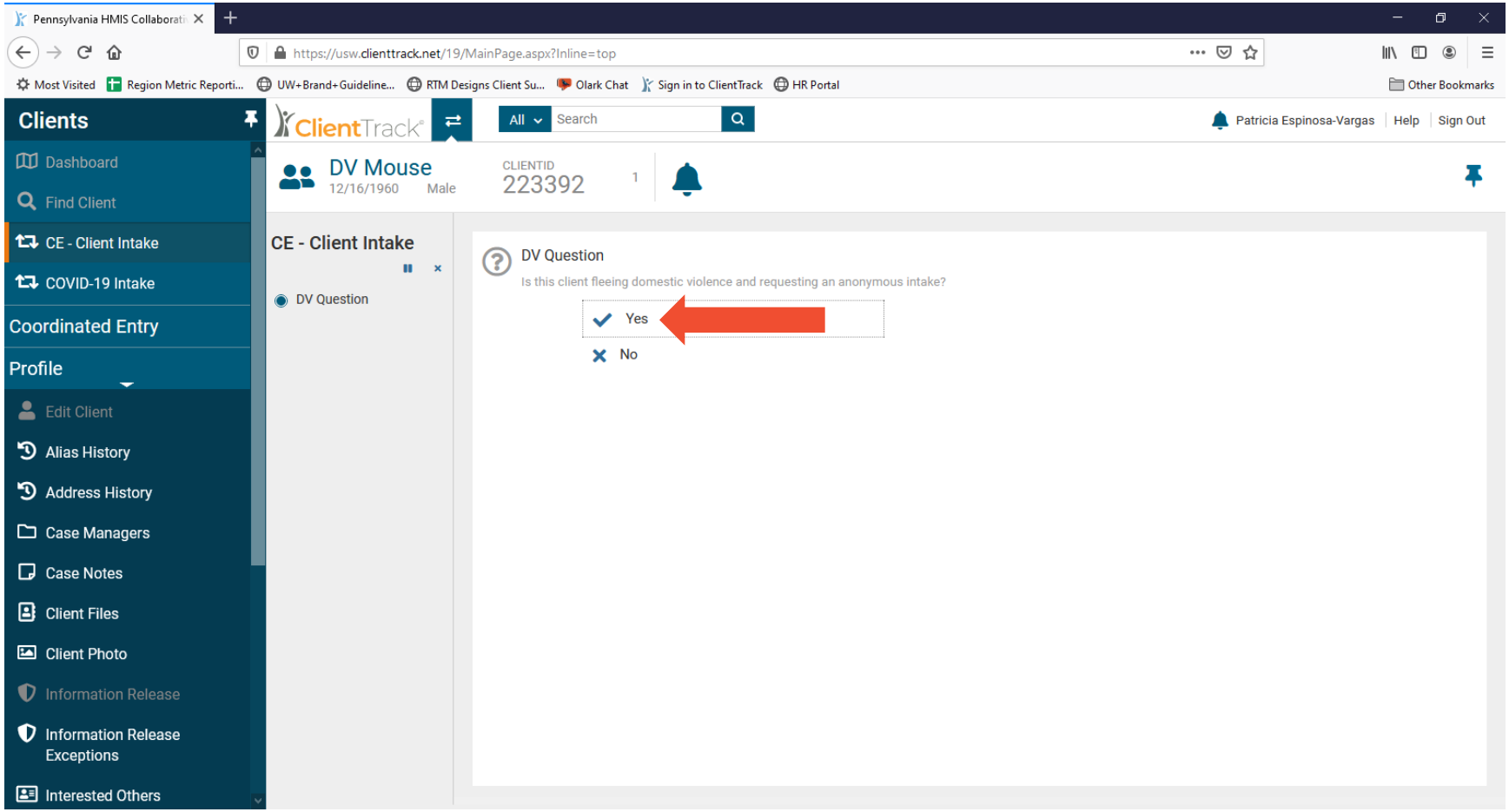
6. Search HMIS by the following:
   - First Name: DV
   - Last Name: Their chosen passcode
   - Click Search
     - If a client in HMIS already has this passcode, please ask that the client choose another one



7. Assuming no results were found, Click CE – Client Intake

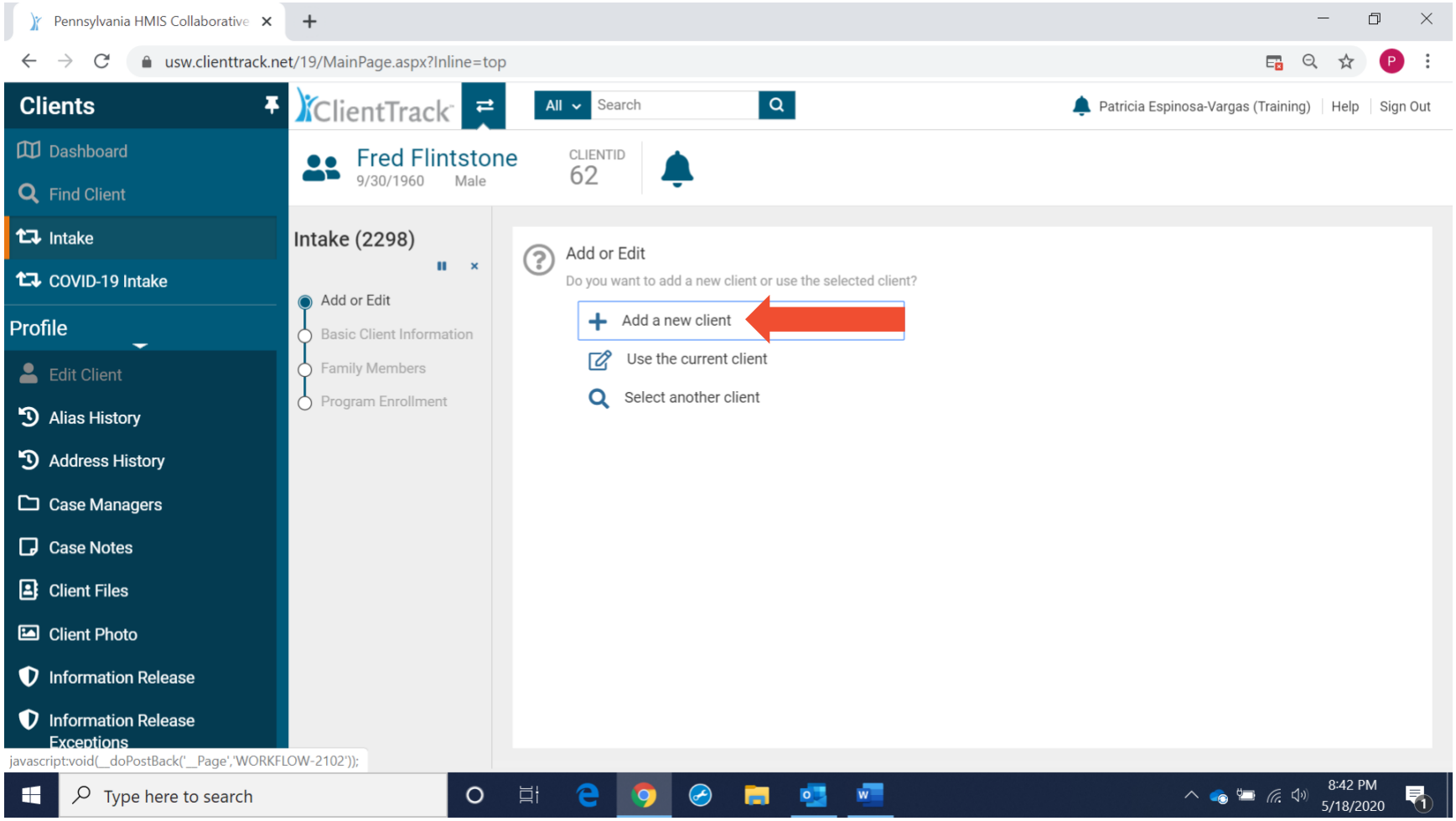


8. Click Yes to the DV Question if the client is fleeing domestic violence and requesting an anonymous intake



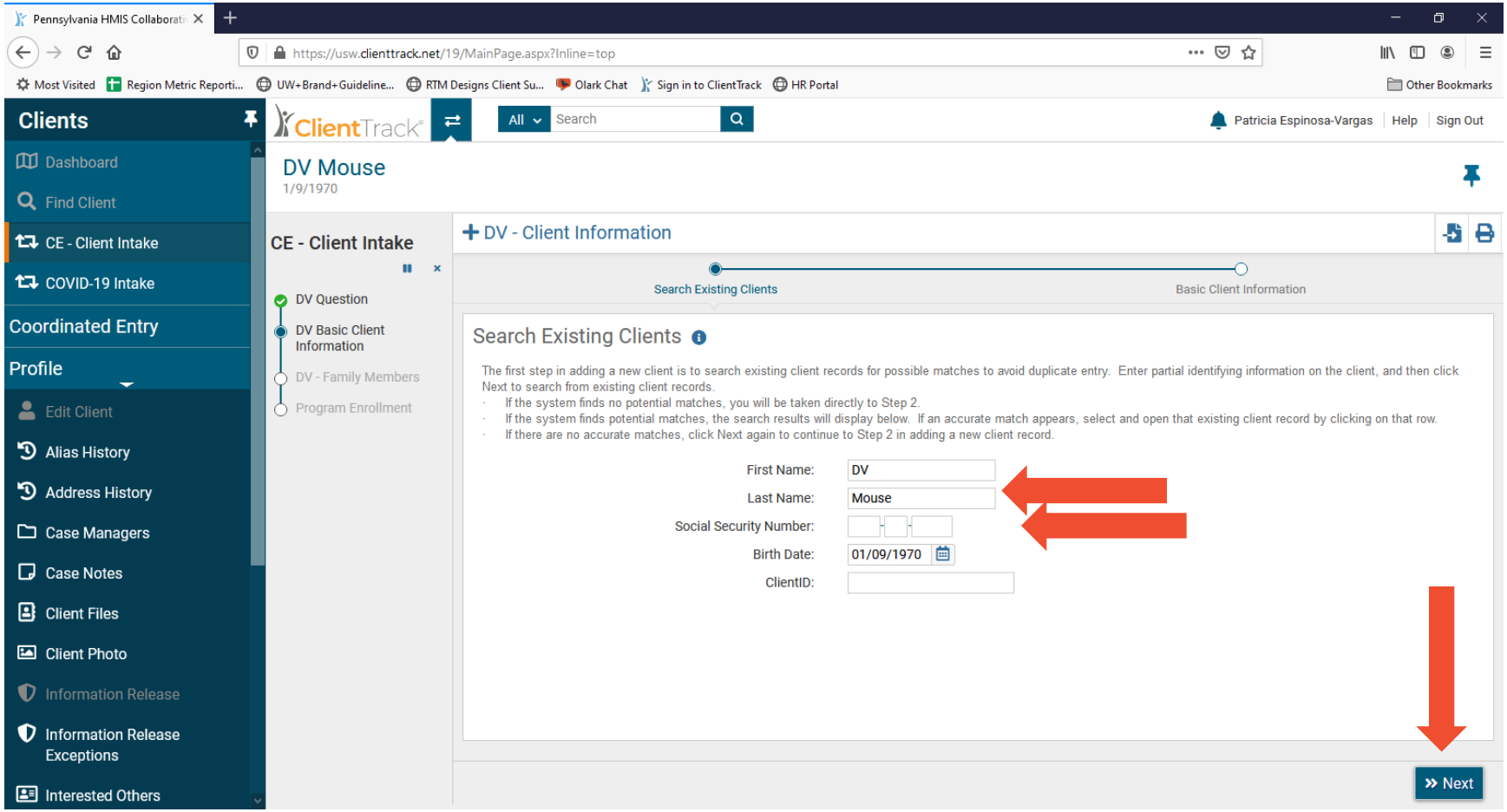
Connect to Home Coordinated Entry System Policies and Procedures

9. Click Add a new client
   - This is assuming the client was not already in the system with their passcode…if they were, and you located them through the Find Client search, click Use the current client



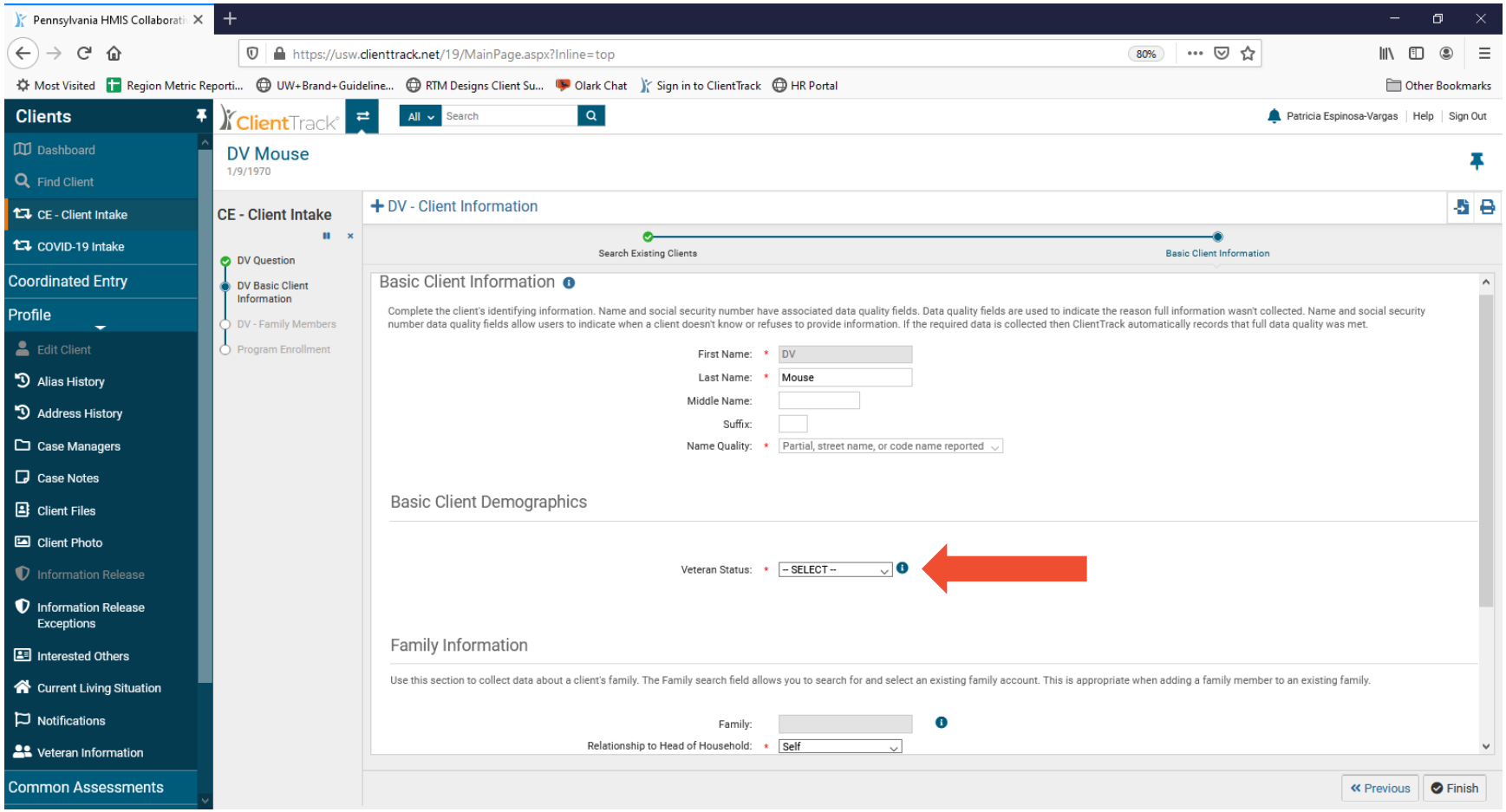
Connect to Home Coordinated Entry System Policies and Procedures

10. Search the system one more time, then click Next:
    a) First Name: The letters DV will pre-populate as the client's First Name, please do not edit this
    b) Last Name: Type in the client's chosen Passcode
    c) Birth Date: A fictitious date of birth (01/09/1970) will pre-populate, please do not edit this
    d) Leave Social Security Number and Client ID blank



Connect to Home Coordinated Entry System Policies and Procedures

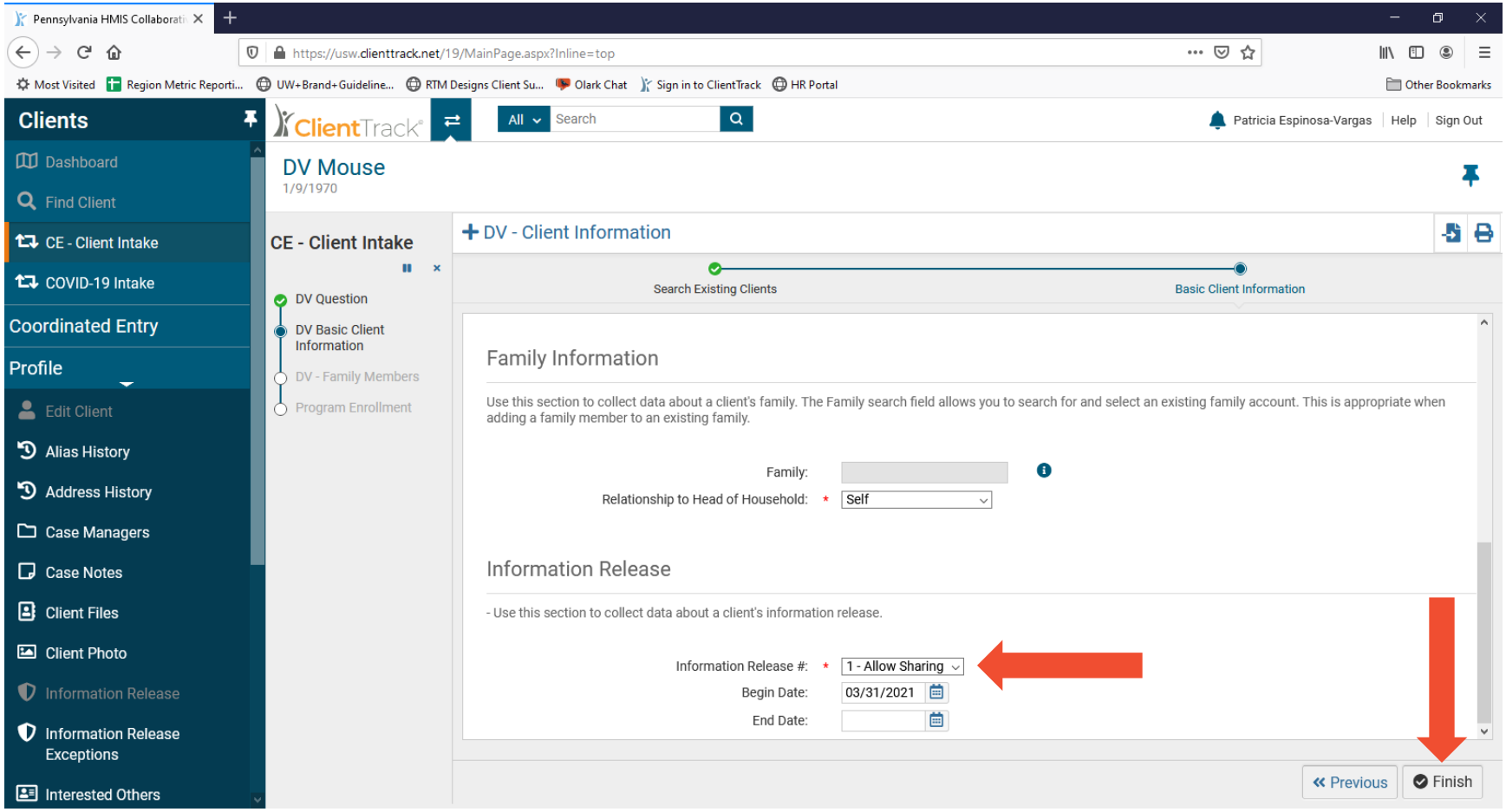
11. With an Anonymous DV Intake demographics are all extracted from the intake, however, we must ask if the client/household has military service. Please read the following, then choose the appropriate response…
"The following question you may choose to refuse to answer if you feel that it is potentially identifying: Are you or anyone in your household a veteran or active duty?"



Connect to Home Coordinated Entry System Policies and Procedures

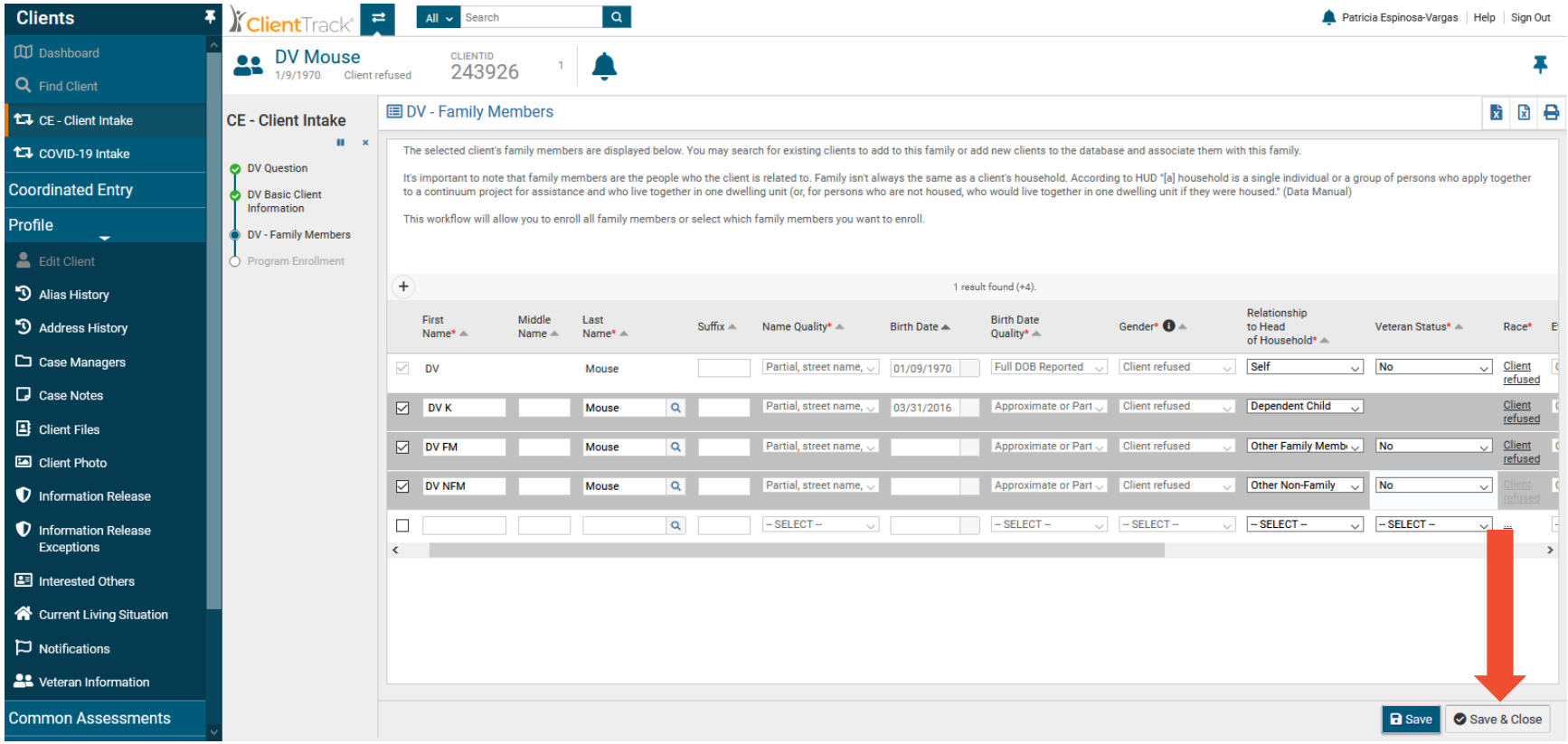
12. Before moving on to the next screen, we must obtain consent for entry into HMIS, choosing the appropriate Sharing after reading the following: ***"Do I have your permission to enter your information into the Eastern Pennsylvania secure data system called HMIS and potentially place your name on the By Name prioritization list for housing services?"***

- Client Consents Fully: 1-Allow Sharing
- Client opts out of HMIS: 2-No Sharing
  - Note: A client whom opts out of HMIS may still receive shelter referrals verbally (i.e. not electronically)
- Click Finish when complete



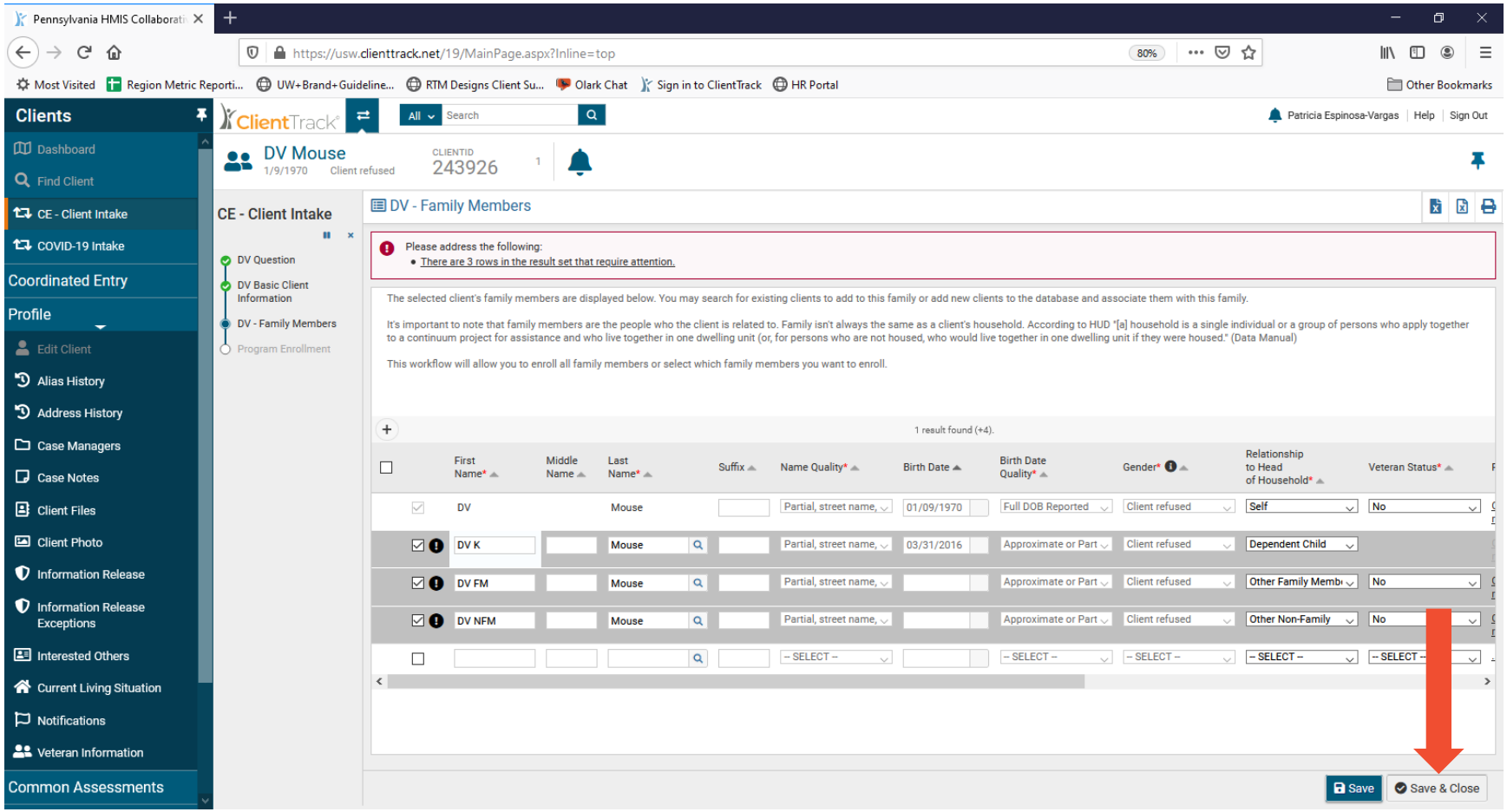
Connect to Home Coordinated Entry System Policies and Procedures

13. In the Family Members section we may ONLY indicate 1 minor child (even if the client has 5) and 1 Family member (even if the client has 2 with them), this is to not make them potentially identifiable as it relates to family size. Familial information being entered may ONLY be entered the following way:
    - Has a child or multiple children:
        - First Name: **DV K** Last Name: Client's chosen passcode Relationship to Head of Household: Dependent Child
    - Has a Spouse or Relatives:
        - First Name: **DV FM** Last Name: Client's chosen passcode Relationship to HOH: Other Family Member (never Spouse)
    - Has a Friend of Non-Family Member:
        - First Name: **DV NFM** Last Name: Client's chosen passcode Relationship to HOH: Other Non-Family
    - Please note that Veteran Status must be completed for persons not listed as a child, click Save & Close when complete



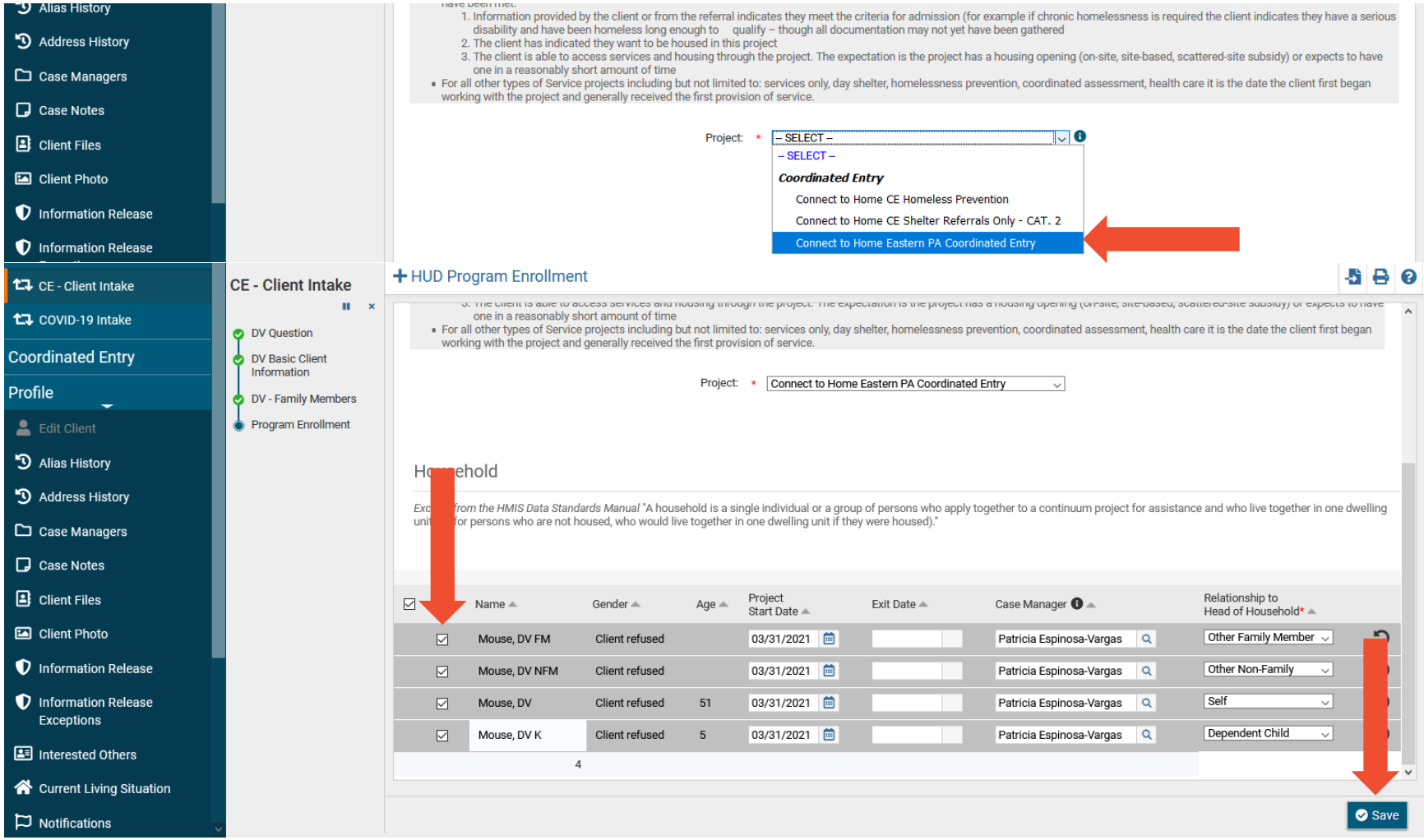
Connect to Home Coordinated Entry System Policies and Procedures

14. You may be directed to the same screen, if you see exclamation points, hover over them, chances are it's simply alerting you to similar names in the system, if that is the case, click Save & Close again to continue
    - Note: For a child (DV K), a fictious birthdate will populate, for additional household members, no date of birth is entered (aside from the fictious Head of Household birthdate)



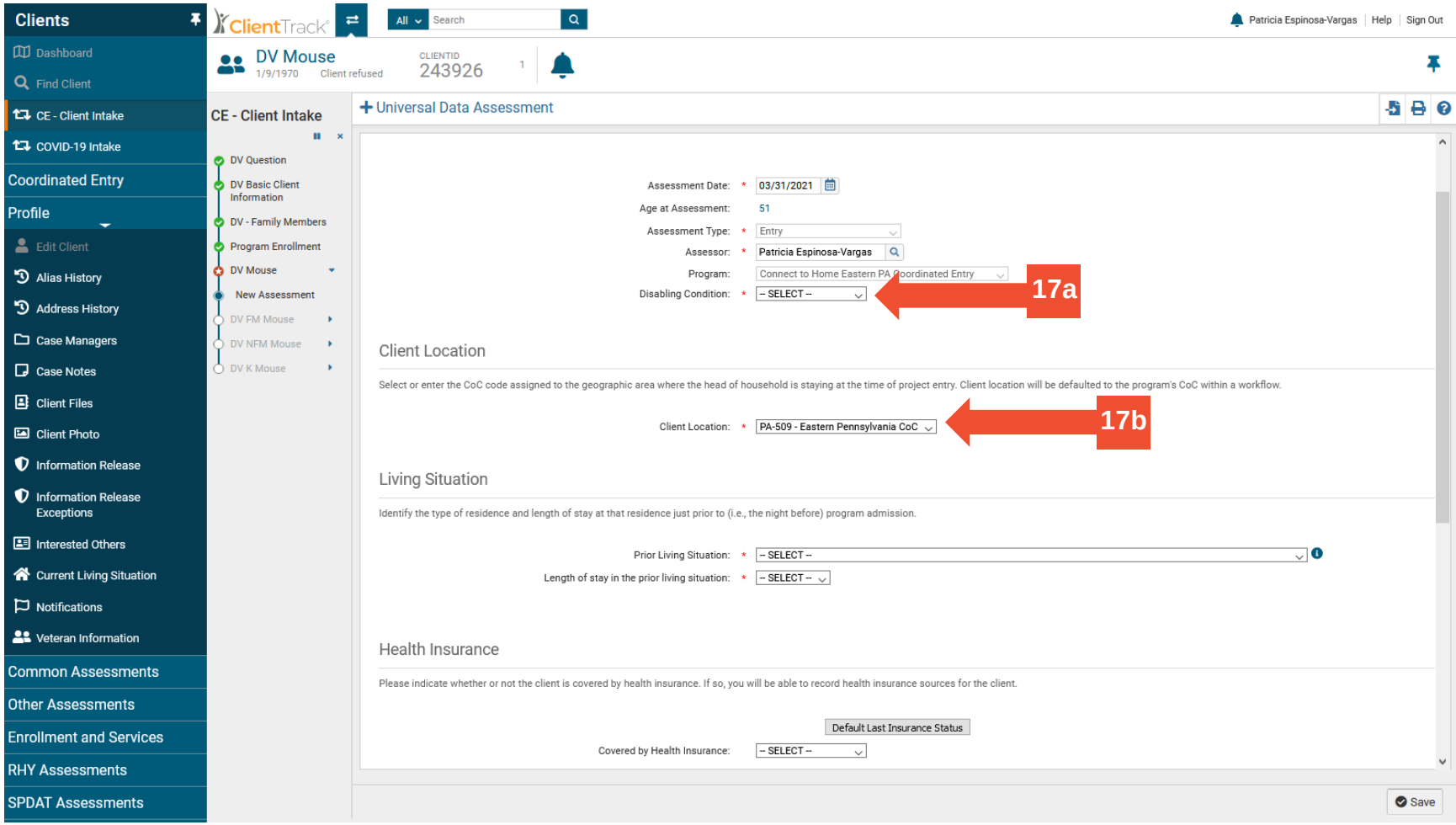
Connect to Home Coordinated Entry System Policies and Procedures

15. Choose the Connect to Home Eastern PA Coordinated Entry option (the other options are related to those NOT completing a VI-SPDAT)
    - Once you choose this option, you will be prompted to select/enroll household members seeking services into the HUD Enrollment, click Save when complete



Connect to Home Coordinated Entry System Policies and Procedures

16. Complete the Universal Data Assessment
    a. Disabling Condition: Please read the following, then choose the appropriate response…
    "The following question you may choose to refuse to answer if you feel that it is potentially identifying: Do you have a disabling condition which consists of any physical, mental, or emotional impairment, including an impairment caused by drug or alcohol disorder, or brain injury that impedes your ability to maintain housing or employment?"
    b. Client Location should default to Eastern Pennsylvania CoC

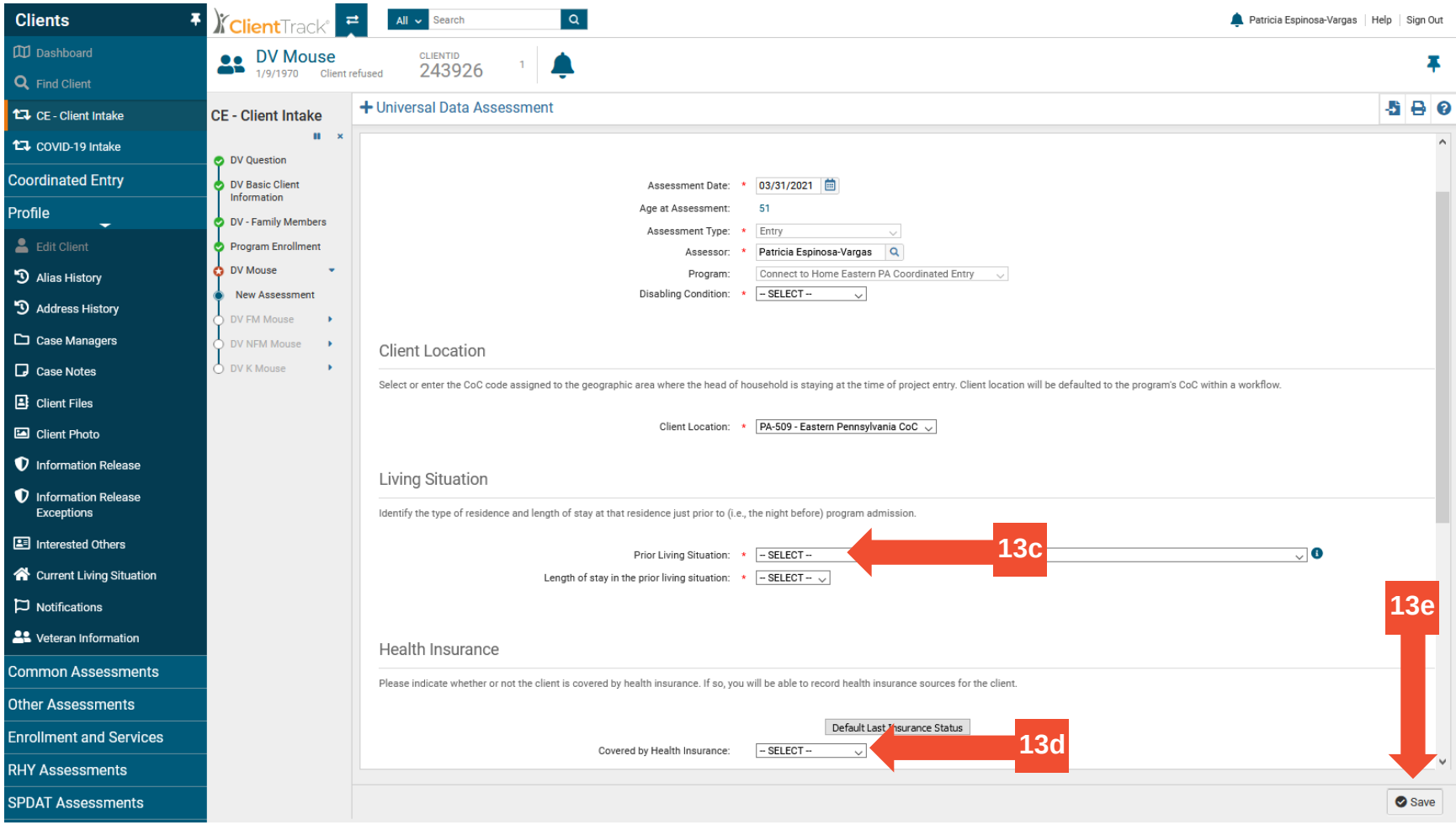


    c. Complete the Living Situation, please note that this question may differ to how we interpreted it in the past. **This response to this question should reflect where the client slept <u>last night</u>**

Connect to Home Coordinated Entry System Policies and Procedures

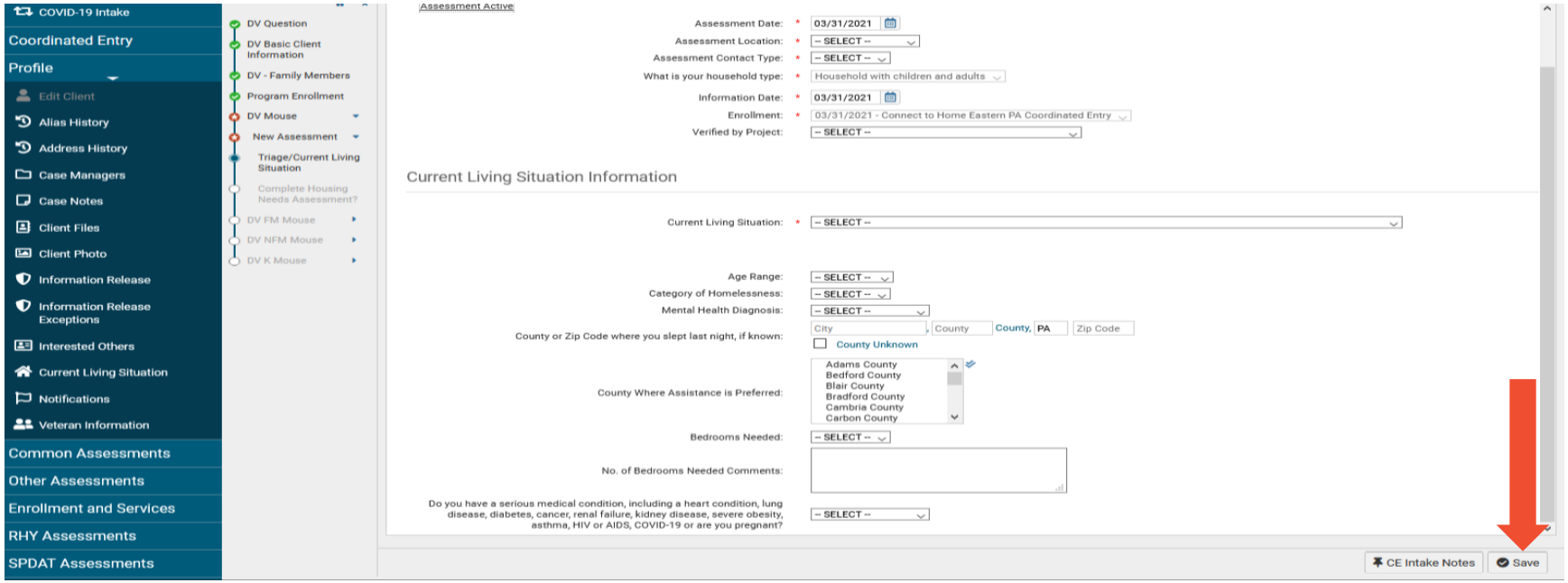
- Note: depending on their housing situation last night, different fields/questions will populate that are required to be answered

d. Health Insurance: This question is not required to be asked, please leave it blank
e. Click Save to move to the next screen

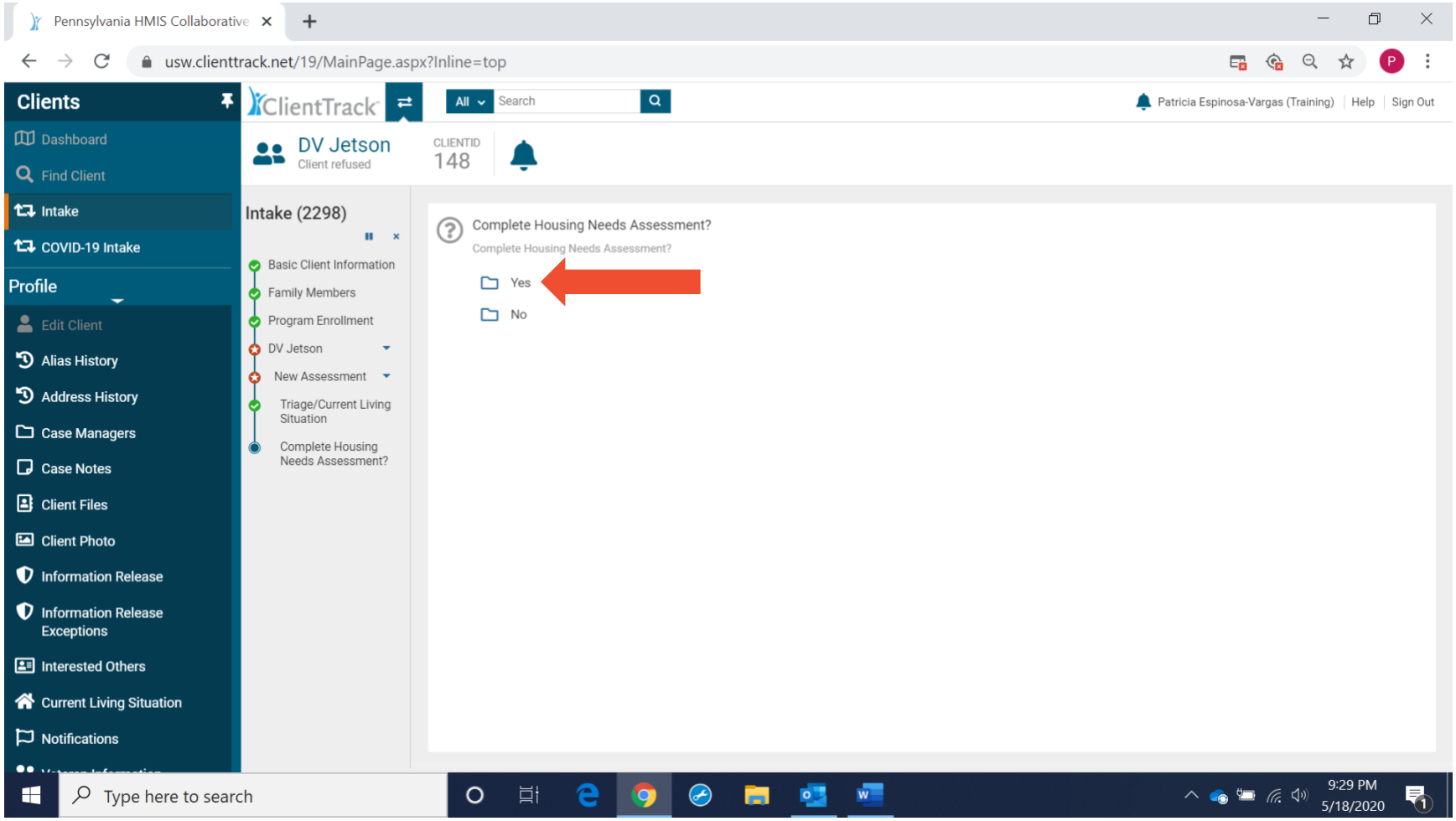


Connect to Home Coordinated Entry System Policies and Procedures

17. Complete the Triage Assessment
    a. Assessment Contact Type: For 211, the response should always be Phone, For Access Sites it will likely be In-Person
    b. Current Living Situation: Where the client expects to sleep **tonight** (depending on the response, addition fields/questions will populate that are required to be answered)
    c. Age Range: Please notate the client's age range, this is helpful to identify services for Youth (18-24) for example
    d. Category of Homeless: Leave this Blank, this is not a field that the Eastern COC uses
    e. Mental Health Condition: Please read the following, then choose the appropriate response…
       "The following question you may choose to refuse to answer if you feel that it is potentially identifying: Do you have a mental health diagnosis that impedes your ability to maintain housing or employment?"
    f. County or Zip Code if known: Please enter the client's current city/county/zip code
    g. County where assistance is preferred: Client's may opt to be housed in their current county of residence, or another county, if a client states that they are willing to be housed anywhere, please attempt to narrow it to their surrounding counties, or at least, counties in which it is realistic for them to relocate to (do they have transportation to get there if offered assistance?)
    h. Bedrooms needed: Please ask and respond accordingly (you may enter comments if appropriate)
    i. Disability related question: Please ask as it is written and respond accordingly
    j. Click Save when complete

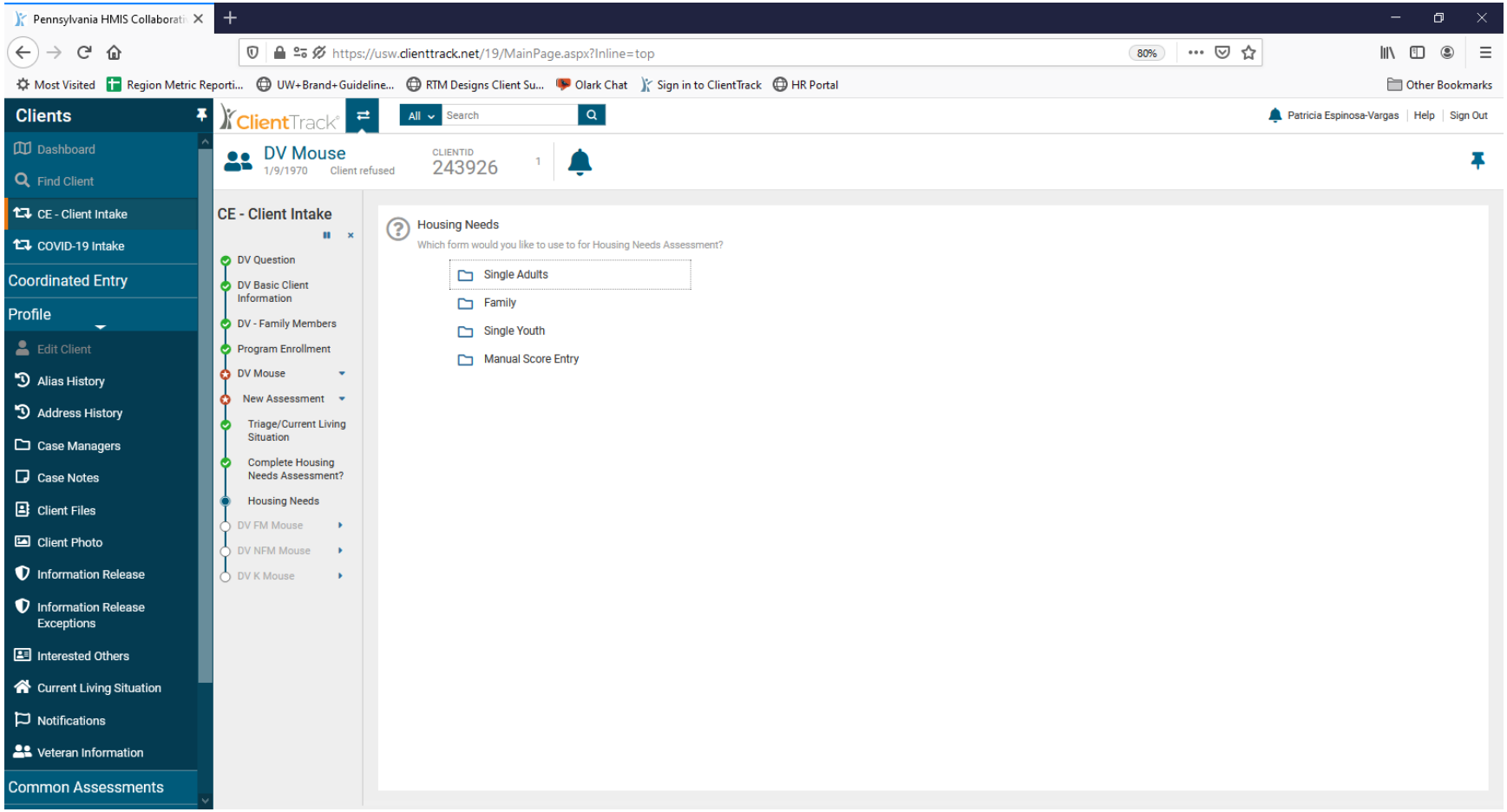


18. Click Yes for a Housing Needs Assessment



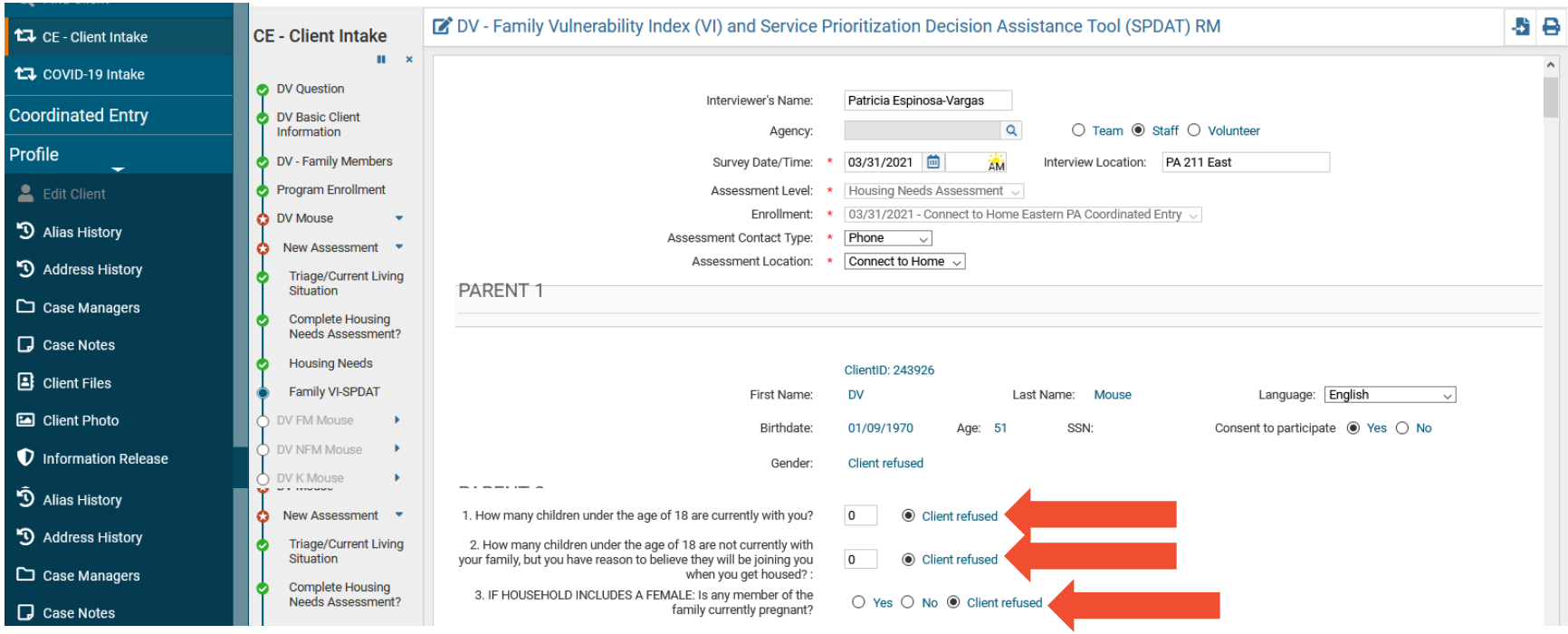
Connect to Home Coordinated Entry System Policies and Procedures

19. Choose the correct VI-SPDAT type to field
    - Single: Single individual, or Adult (ages 25 and older) only households, this includes adult couples with no minor children
    - Family: Households with a minor child in the household, ages 17 and younger
    - Single Youth: Unaccompanied youth/young adult (ages 24 and younger)
    - Please never select Manual Score Entry, that is not relevant to the Eastern COC



Connect to Home Coordinated Entry System Policies and Procedures

20. Read the following Script before fielding the VI-SPDAT: ***"I have a brief survey that I would like to complete with you. The answers will help us determine how we can best support you with available resources. Most questions only require a yes or a no, some questions required a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The more honestly you answer these questions, the better we can figure out how to assist you. The information collected goes into the Eastern Pennsylvania secure data system. If you do not understand a question, let me know, I would be happy to clarify. If it seems to me that you don't understand a question, I will do my best to explain it to you with you needing to ask for clarification."***
    - Add your Name, Staff, and Interview Location
    - Add the Assessment Contact Type and Assessment Location
    - Choose the Client's Preferred Language
    - Choose Yes to Consent to Participate
    - If completing a Family VI-SPDAT, please mark **Client Refused for questions 1, 2 and 3**
    - Field the rest of the VI-SPDAT as normal

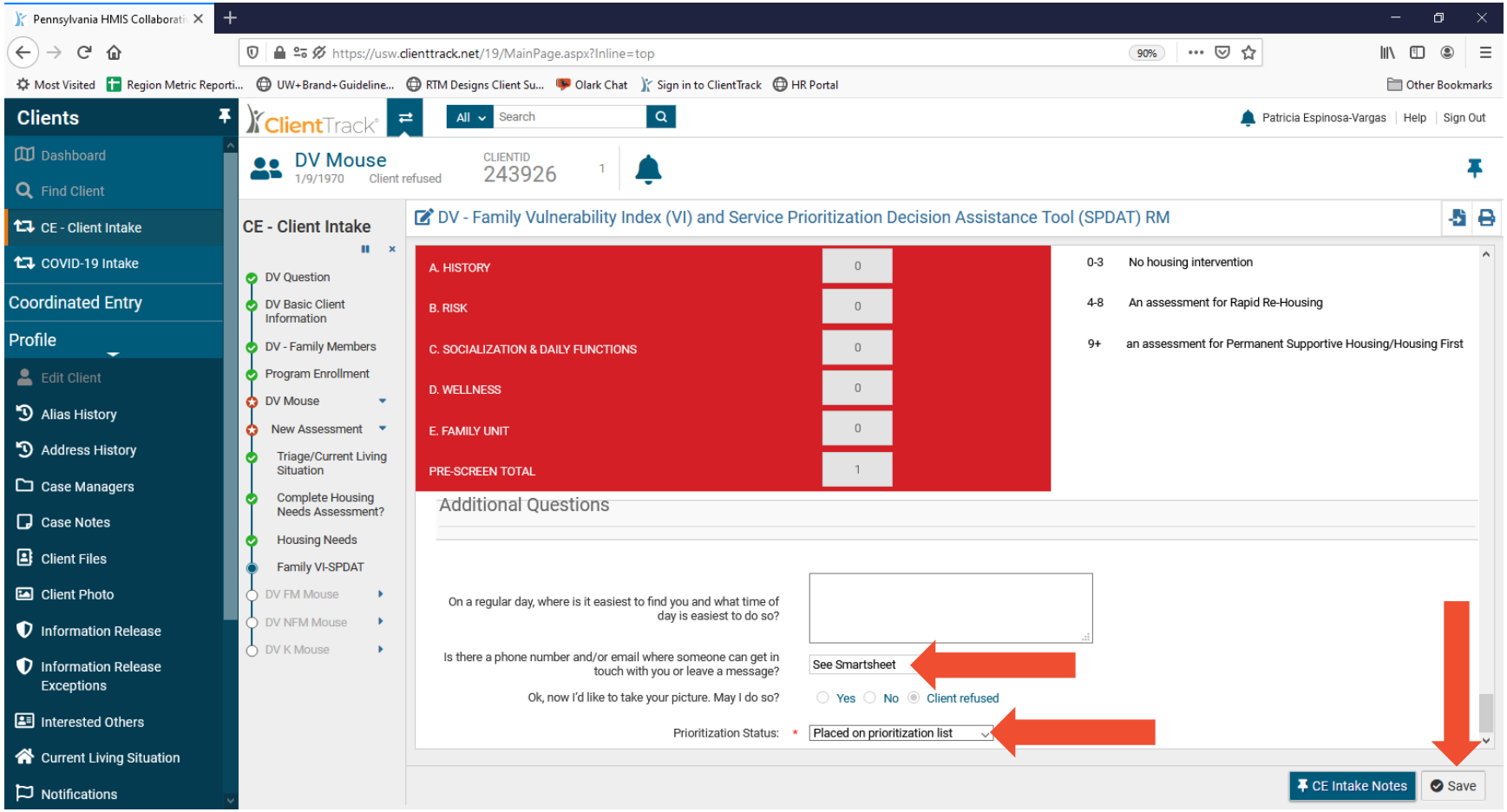


At the bottom of the SPDAT (Additional Questions) please choose/type the following:

- Is there a phone number and/or email someone can get in touch with you or leave a message?: **See Smartsheet** (if you did not already add the client's contact information to the Smartsheet, please do so now)

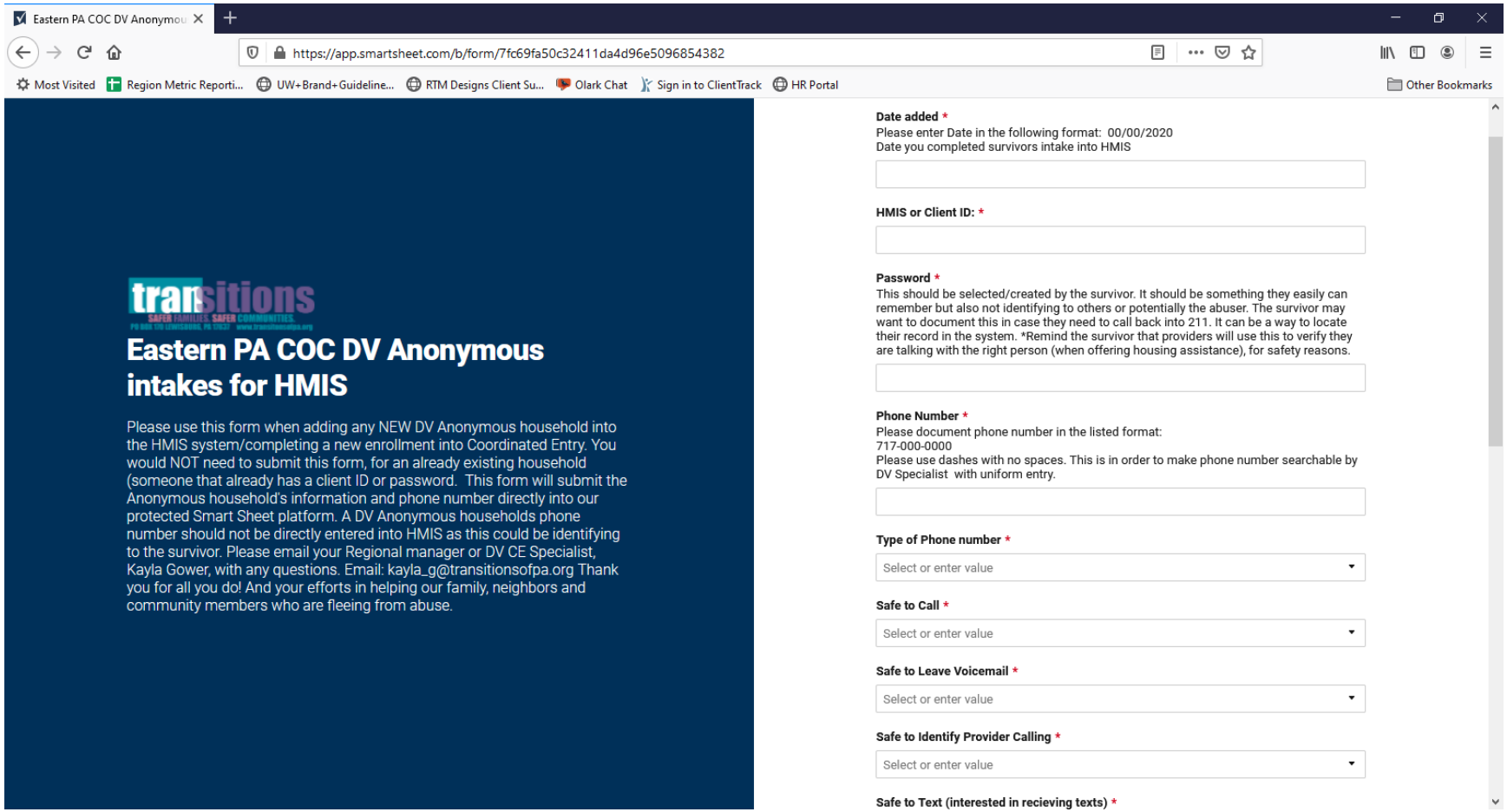
Connect to Home Coordinated Entry System Policies and Procedures

- Prioritization Status: Placed on prioritization list
- Click Save when complete



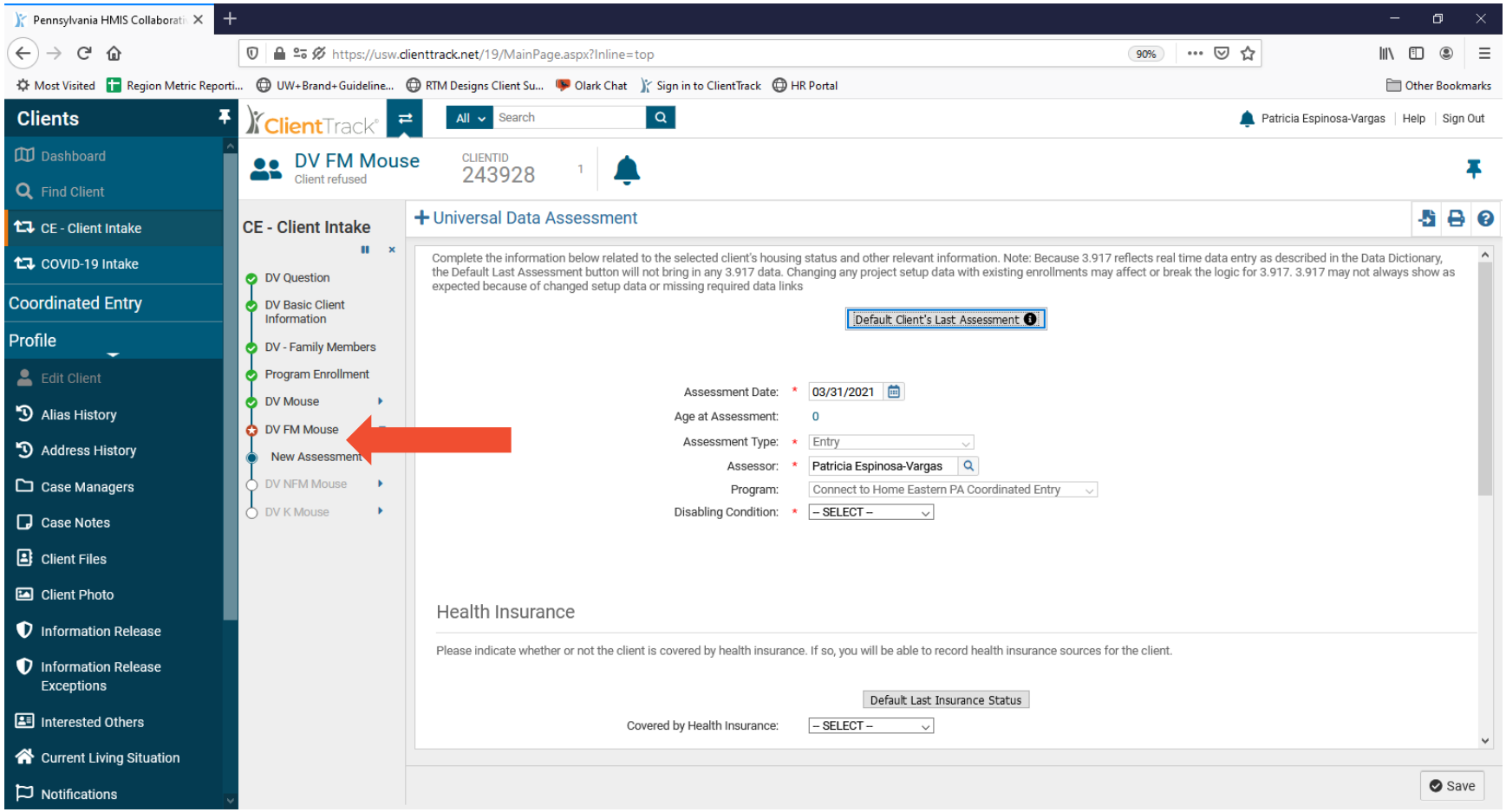
Connect to Home Coordinated Entry System Policies and Procedures

21. Open Smartsheet to enter the client's contact information, completing all fields, then click Submit when finished (https://app.smartsheet.com/b/form/7fc69fa50c32411da4d96e5096854382)
    - Note: For safety purposes, a client's contact information may only be housed in this sheet, it may not appear anywhere in HMIS

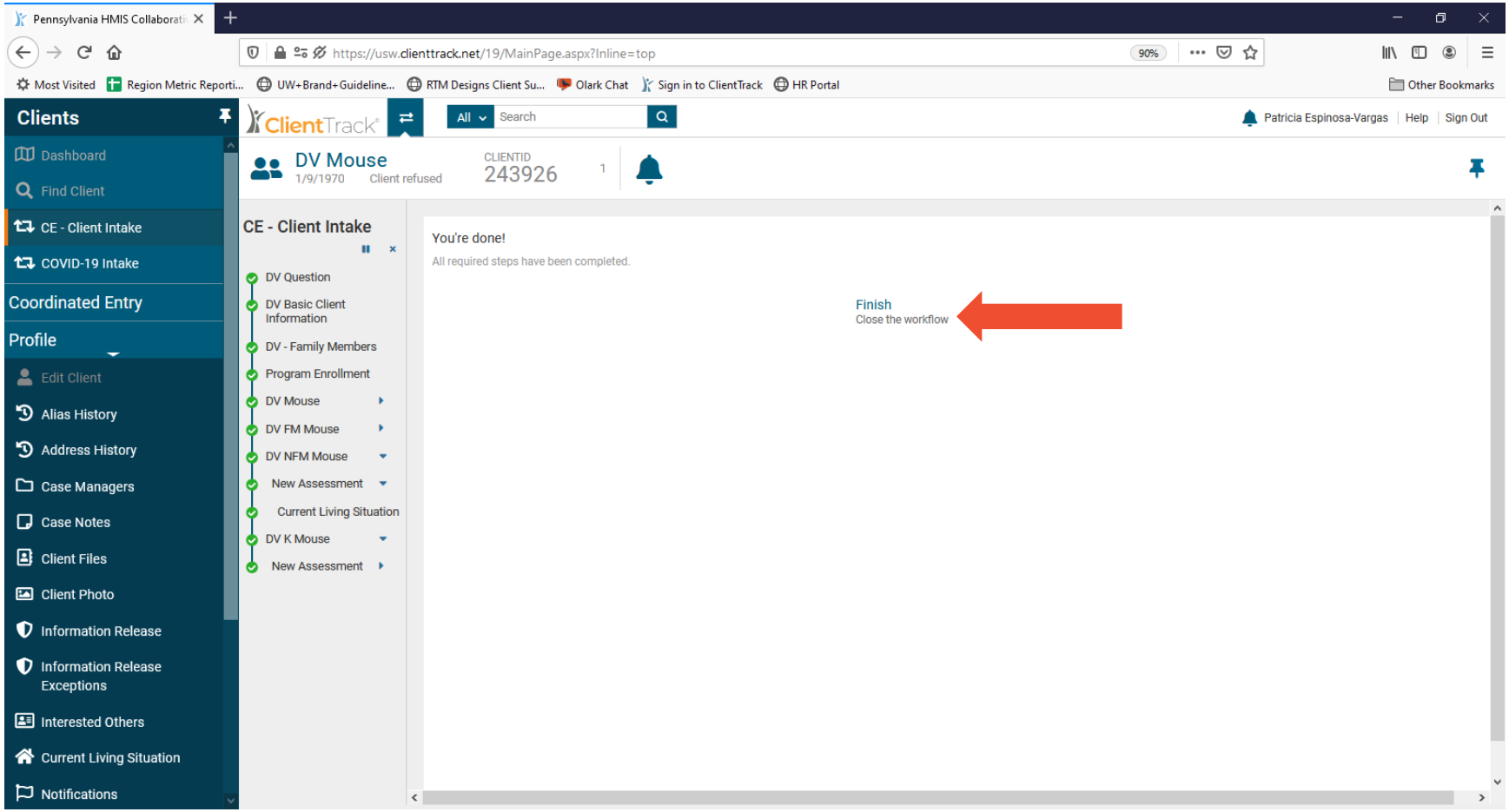


Connect to Home Coordinated Entry System Policies and Procedures

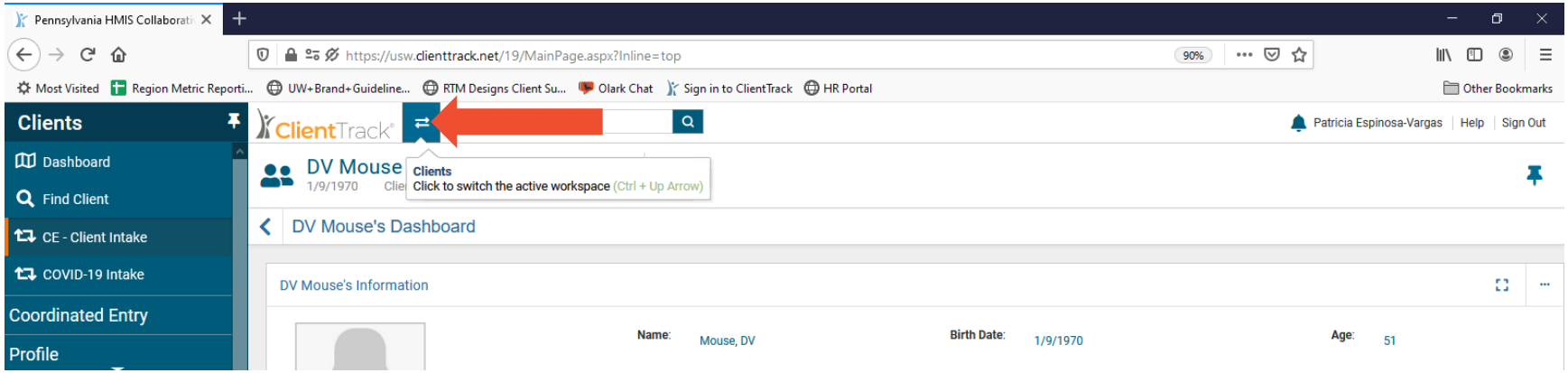
22. Moving back to HMIS, please complete the Universal Data Assessment and Current Living Situation for any additional household members you included in the enrollment (i.e. 1 child, 1 relative, 1 other family member if they had them present in their household)
    - In this example, on the left, it can be seen that we are completing this assessment for DV FM Mouse as indicated by the "star"

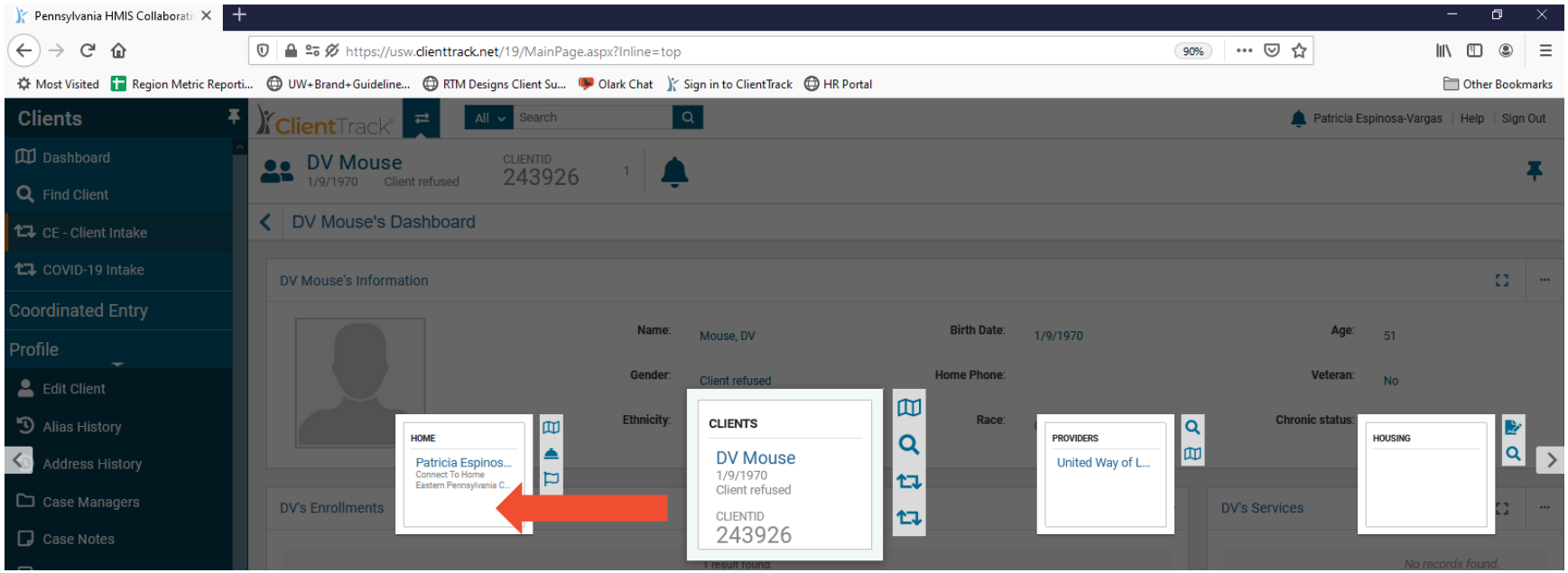


23. Click Finish to close the workflow



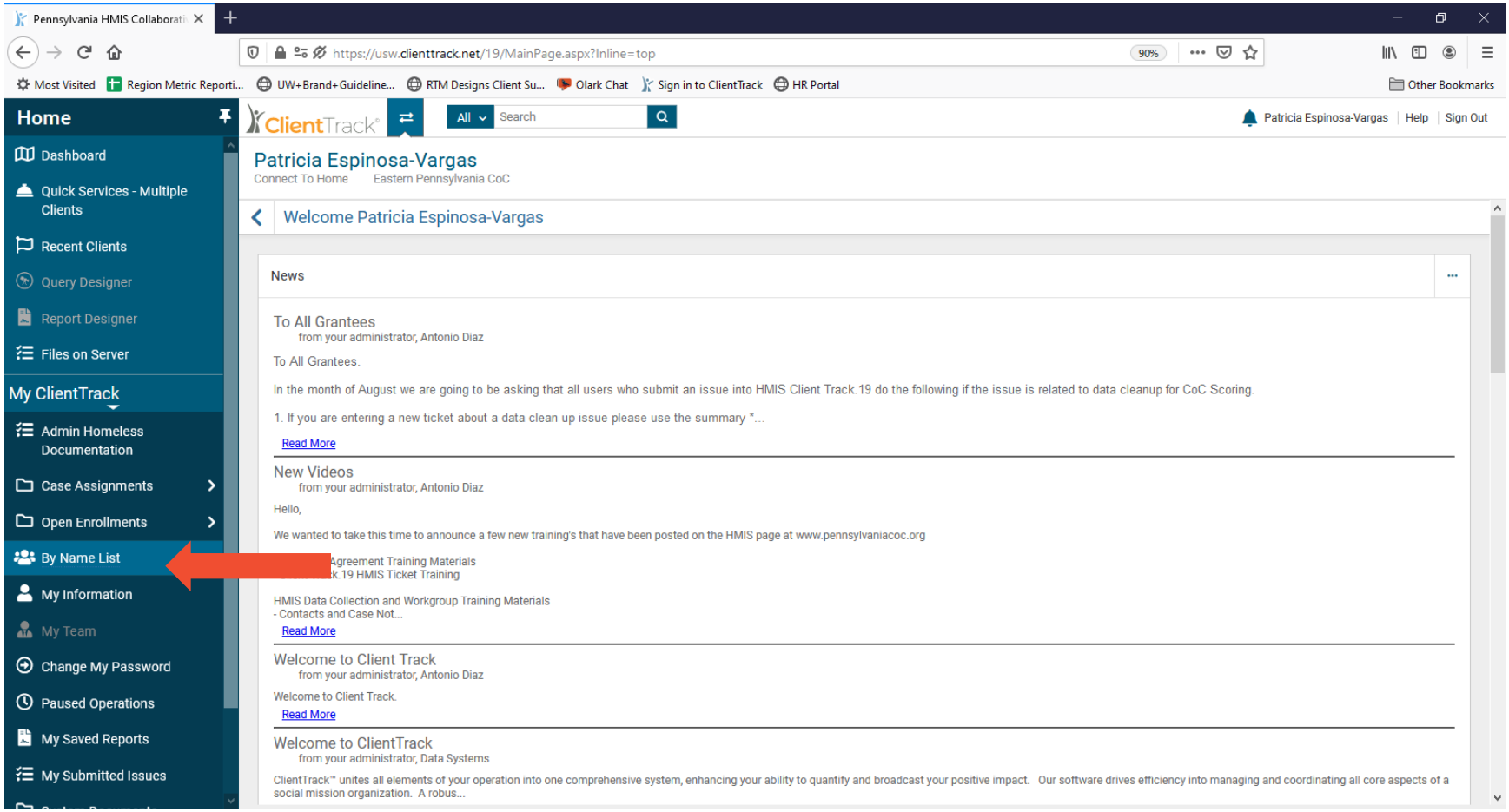
24. Please verify that the Client is now on the By Name List by doing the following:
    - Click the arrows to switch the workspace
    - Then, click Home





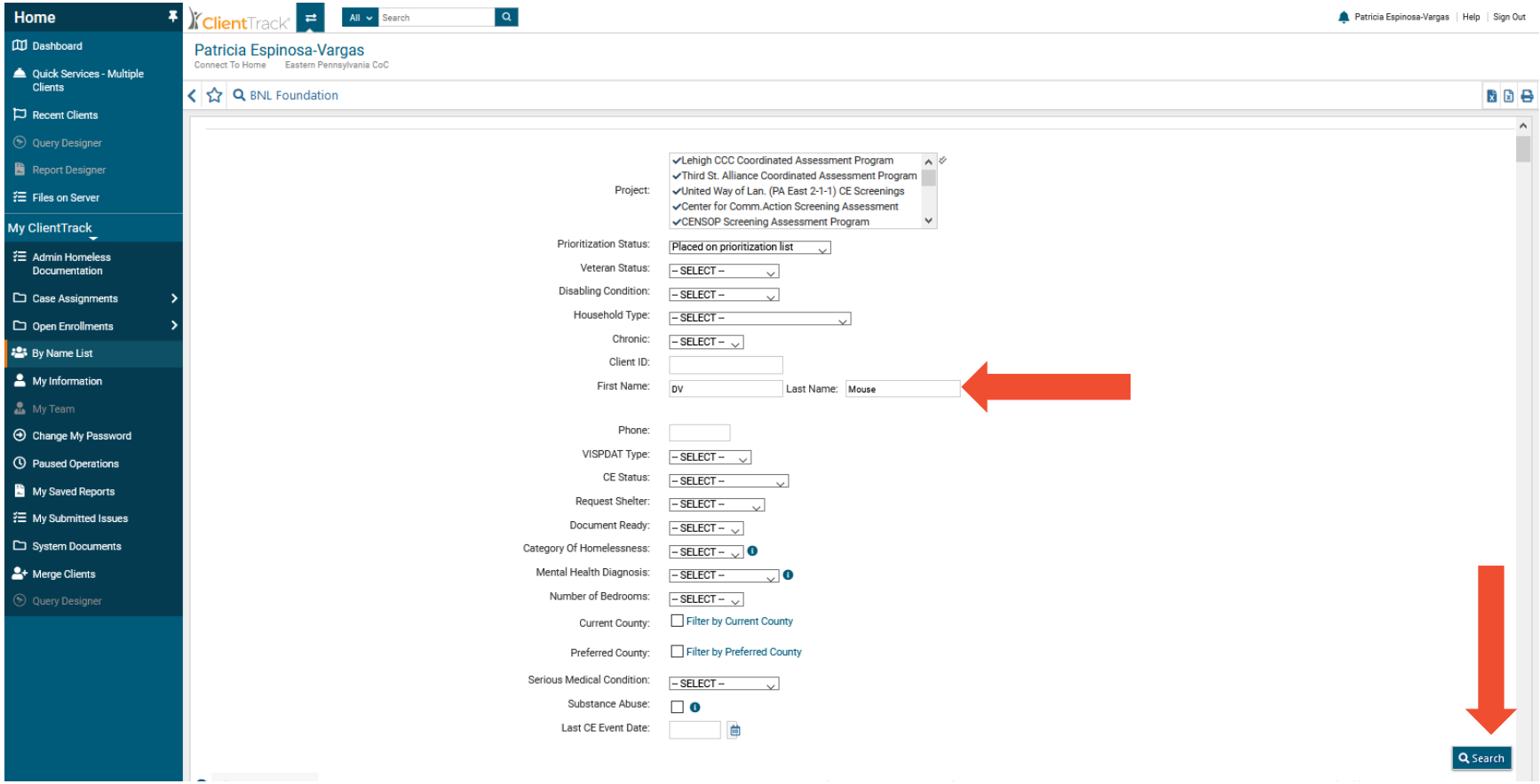
Connect to Home Coordinated Entry System Policies and Procedures

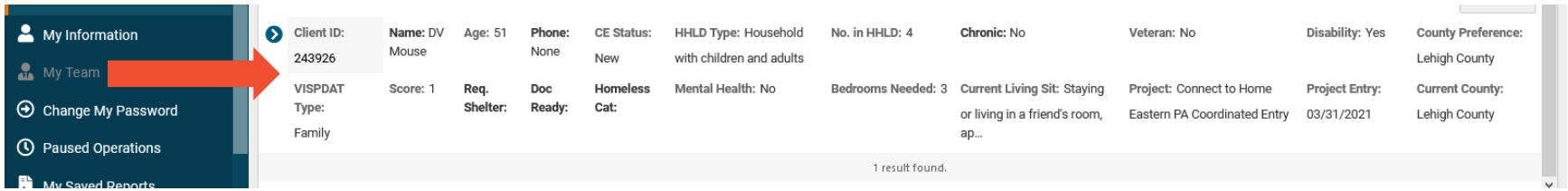
25. Click By Name List



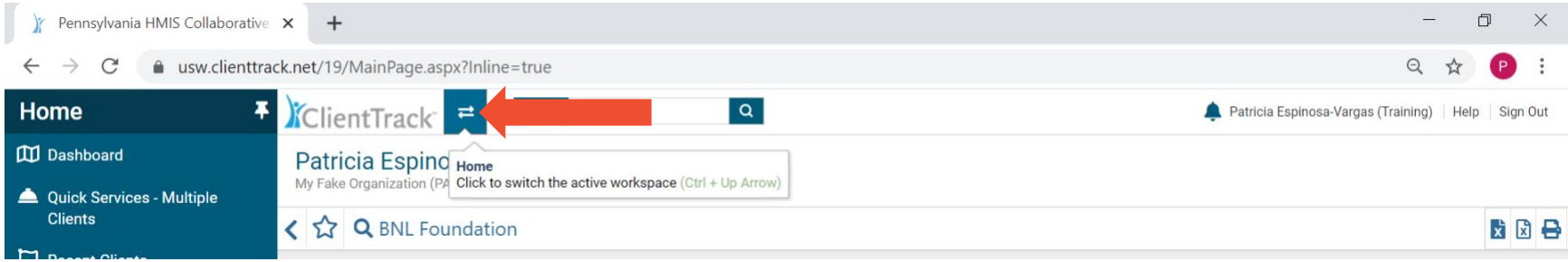
Connect to Home Coordinated Entry System Policies and Procedures

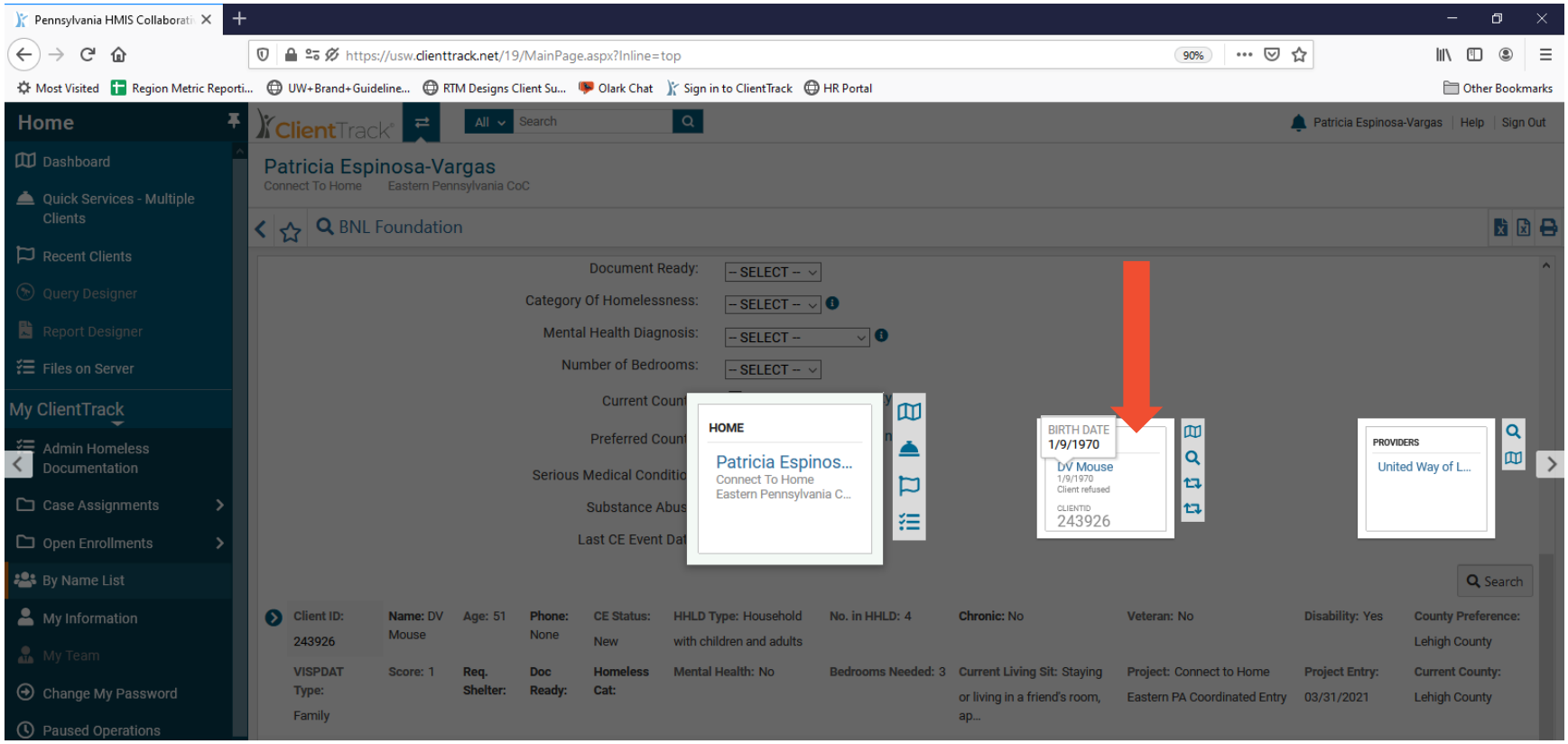
26. Search for your client on the By Name List, if you can see you client on the list, they have been successfully placed





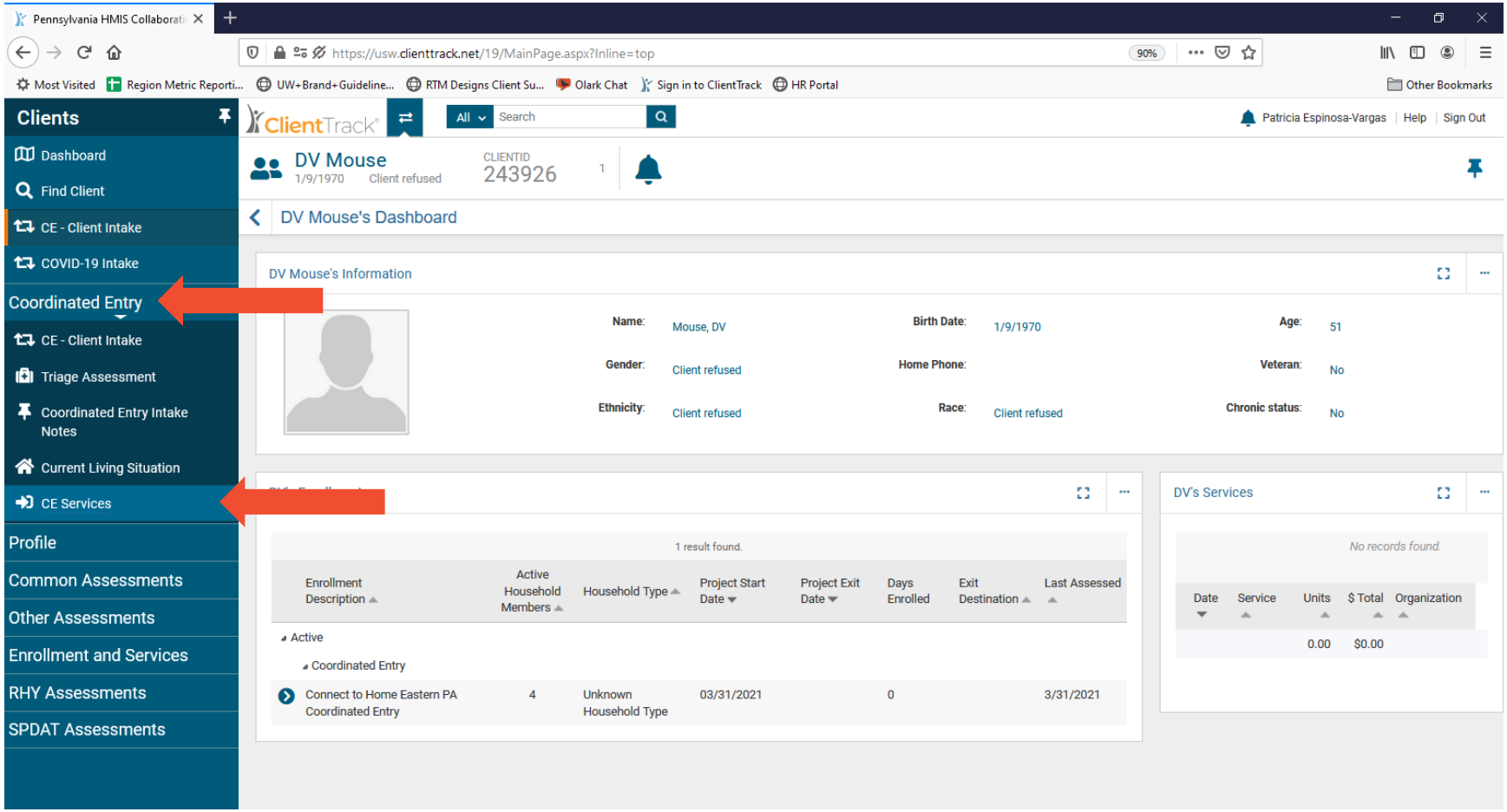
27. Return to the Client Workspace by clicking the arrows to switch back to your Client screen



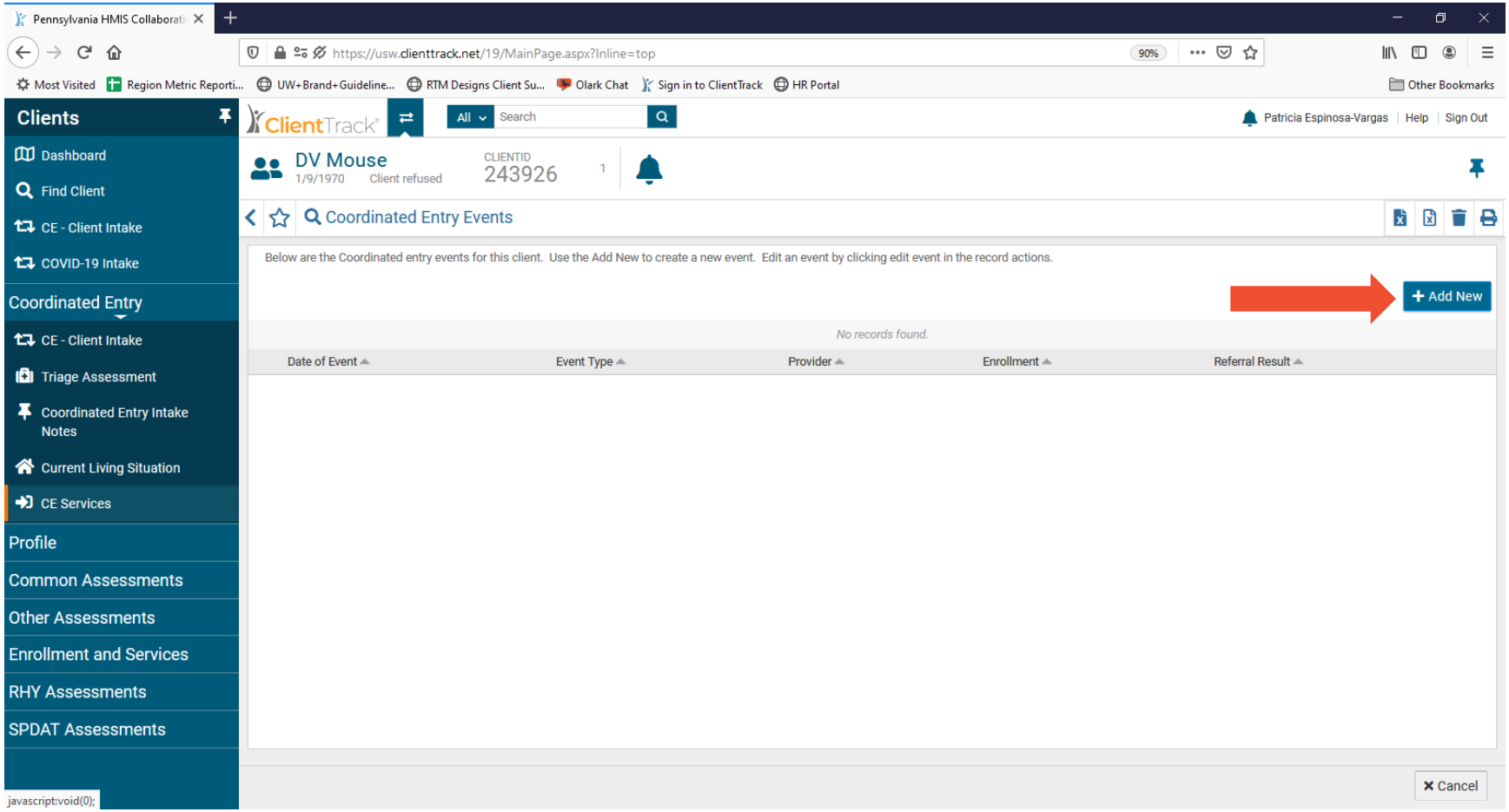


Connect to Home Coordinated Entry System Policies and Procedures

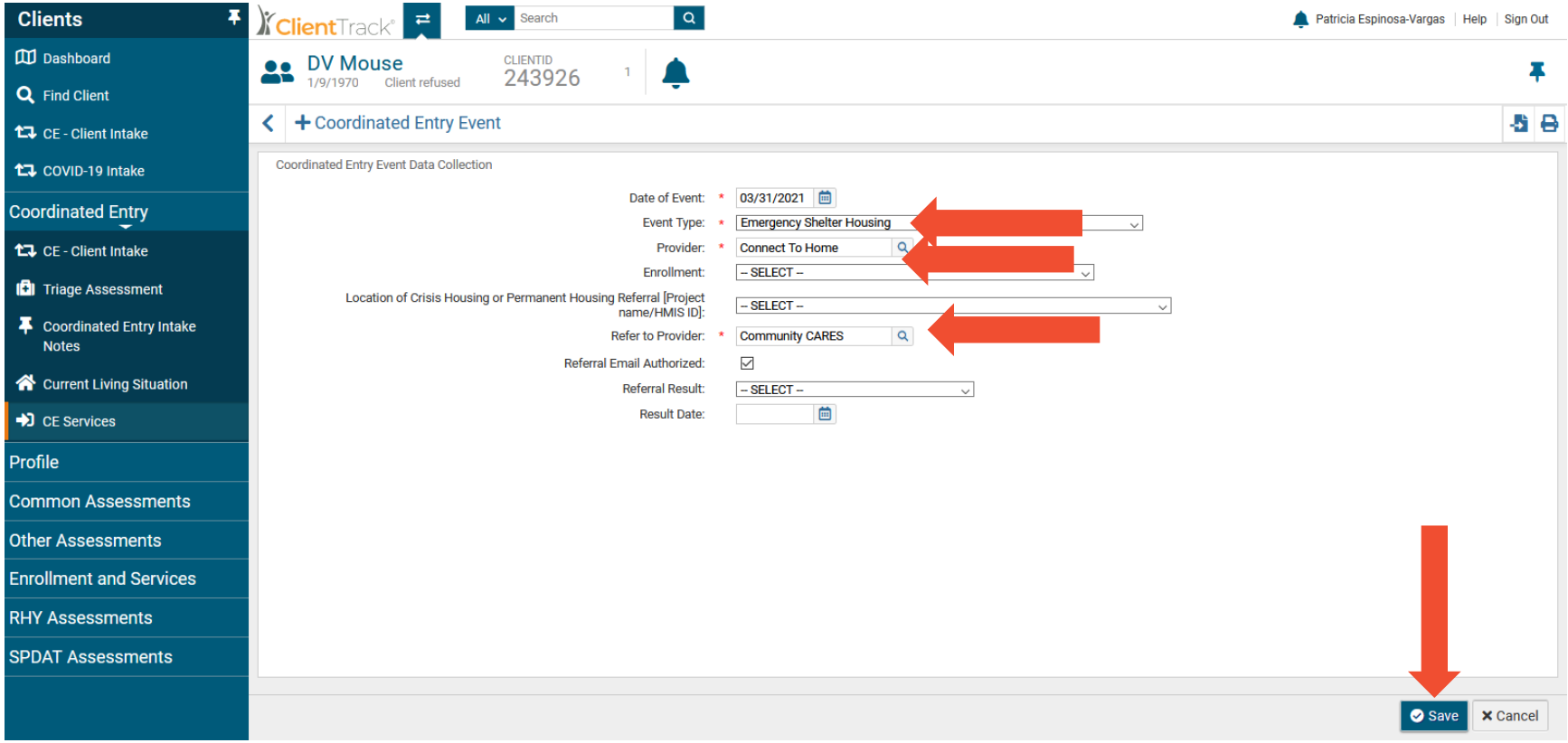
28. If making referrals for Shelter or Rental Assistance/Deposit, click CE Services under the Coordinated Entry tab/menu on the left
    - If the client is not needing/requesting Referrals, proceed to Step 33



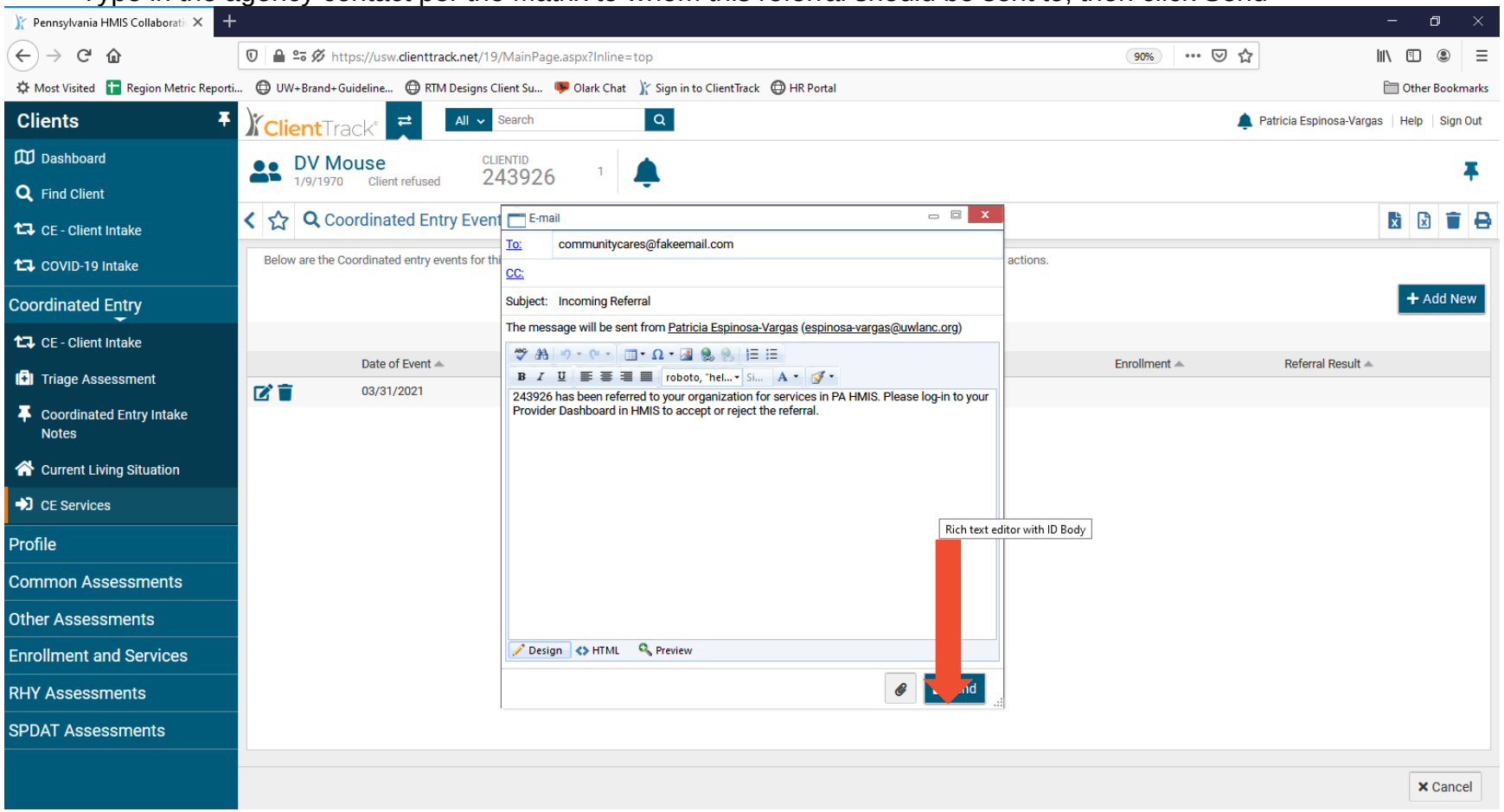
29. Click Add New



30. Please choose/click the following:
    f. Utilize the Matrix to first identify potential Emergency Shelter, Transitional Housing, Rental Assistance Providers, and to ensure the client meets any eligibility the Provider has listed
    g. Providers may be listed currently, in differing categories (in the near future this will be more precise, but for now, look for providers under multiple categories
    h. Locate the Provider you are attempting to refer to
    i. Click Email Authorized is this is an HMIS Provider that can log in to receive referrals, leave it blank if it is a non-HMIS provider
    j. Click Save to view the Email pop-up to then send your provider an email alert of this referral



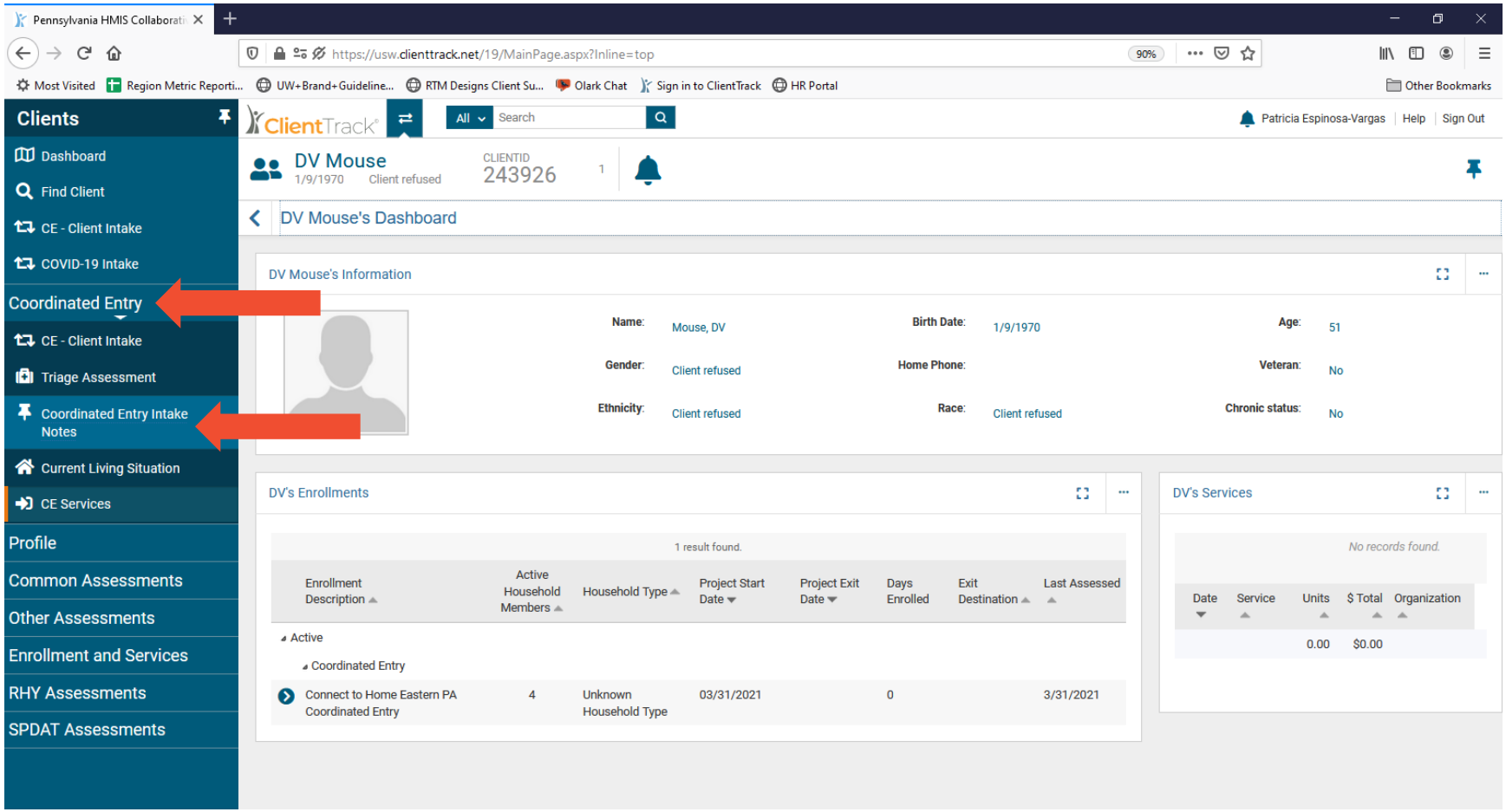
31. You will now need to create an email to send to the agency staff person listed on the Matrix as an alert of a referral
    - Type in the agency contact per the Matrix to whom this referral should be sent to, then click Send



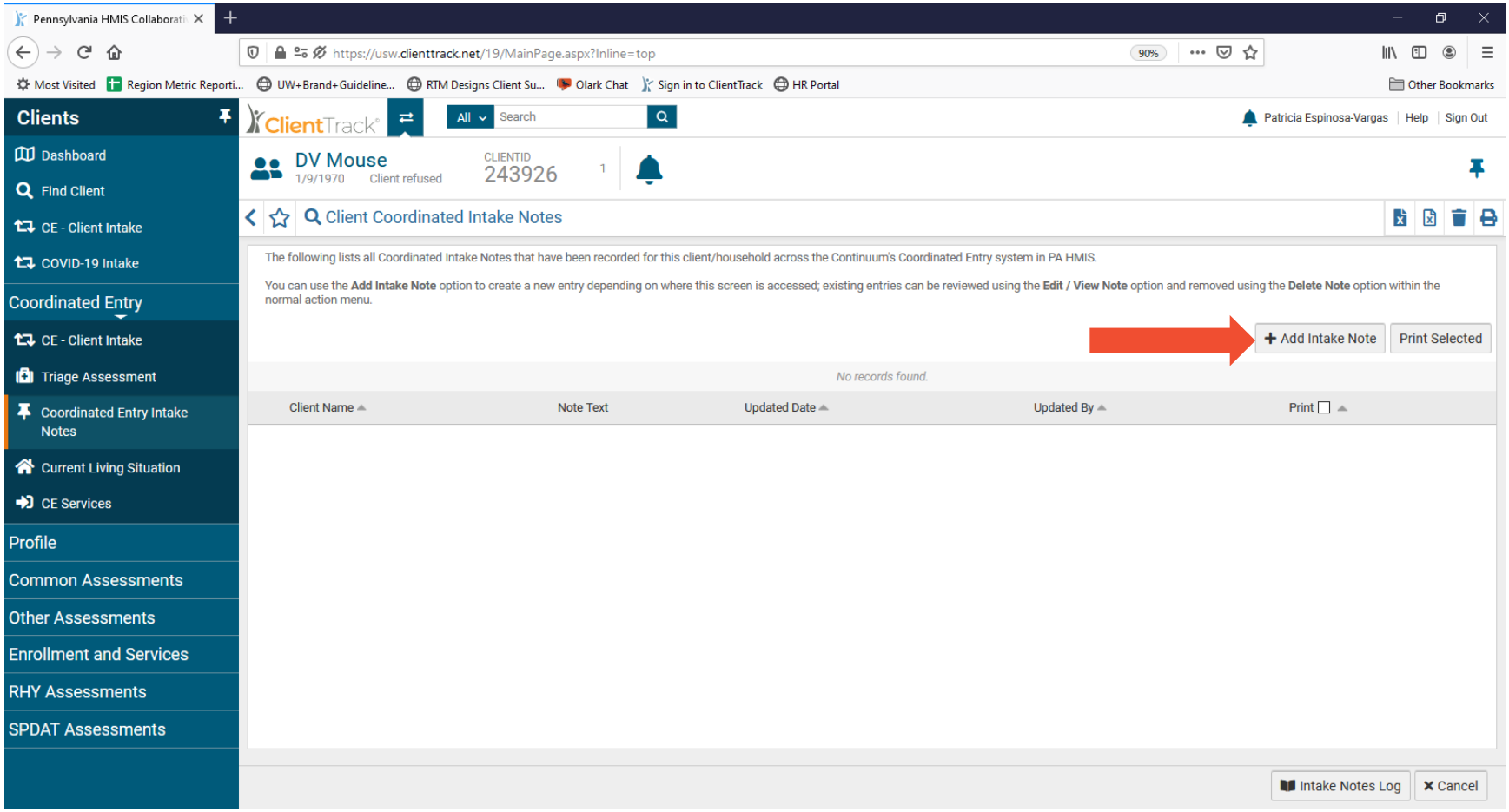
32. If multiple referrals need to be made, repeat the above steps to continue to add Referrals, when complete, click Cancel to return to the client's Dashboard

33. We must now add our Intake Notes, please Coordinated Entry Intake Notes under the Coordinated Entry tab

Connect to Home Coordinated Entry System Policies and Procedures

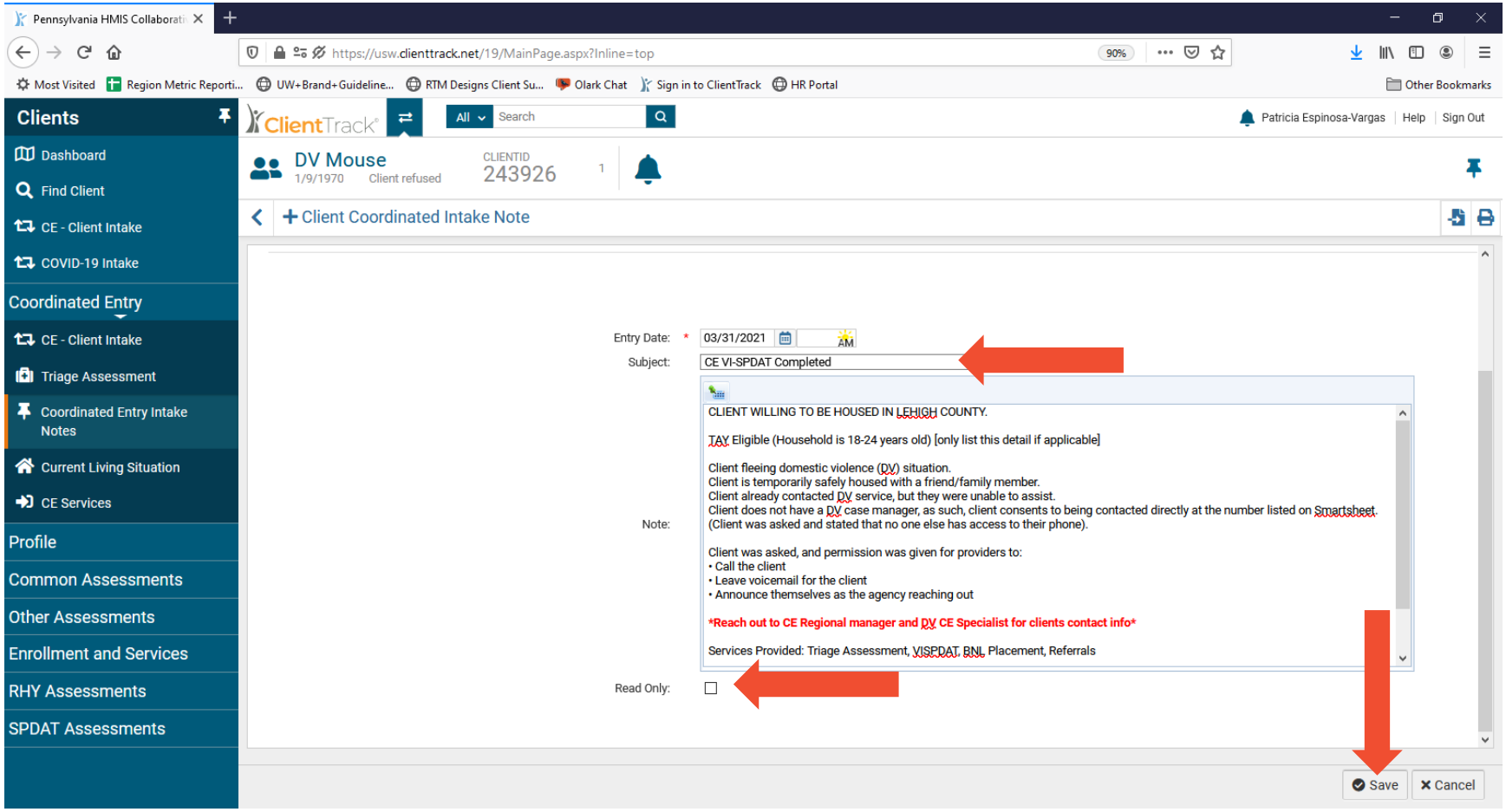


34. Click Add Intake Note



Connect to Home Coordinated Entry System Policies and Procedures

35. Add your Intake Note following the approved Anonymous DV Notes method (if you do not have access to this document for approved notes, please reach out to your Regional Manger for guidance). As a rule, absolutely no personal identifying information may be include in the note. This means, no gender, no name, no phone number, etc.
    - Subject: Choose from the drop-down menu, the appropriate selection CE VI-SPDAT; or CE Prevention Referral; or CE Shelter Referral
    - Click Read Only
    - Click Save when complete, then click Cancel to return to the Dashboard



36. When ending the conversation with the Client, please read the following statement: ***"Thank you, this completes the screening process. We have referred you to the emergency shelter providers in your area who will be contacting you as resources become available (Intake Specialist may provide name of the shelter only). Your name and contact information have also been placed on a prioritized list for other housing services. If your housing situation changes in the meantime, please contact us or call 211 to provide an update. (Coordinated Entry Specialist must provide 211 as an alternative way to connect with CE).***

    211 Only: Please add the following to the above statement: ***"Often, people with housing concerns need help with food or appreciate information on employment services. I have that information too if you would like it."***

Connect to Home Coordinated Entry System Policies and Procedures

Sample Domestic Violence Notes

ANONYMOUS DV CLIENT (Client's name in HMIS - First Name: DV • Last Name: Passcode)

1. **Start with always including that client has fled, or is attempting to flee**
   Never detail a survivors story in the 211 Database or HMIS. One because it can be personally identifying and two because a survivor should never have to "prove" abuse. Disclosing the abuse is enough to meet eligibility. If a survivor chooses to share their story, remember to; listen, validate their feelings, ensure them that this is wrong and you are sorry they have had to experience this abuse. Abuse is never okay and it's not the survivors' fault!
   a. **Why:** It is helpful for providers/queue managers to know if this is an active situation

2. **Where they slept last night**
   a. **Why:** While every housing situation is treated as critical, someone sleeping on the streets may be considered to be a slightly more of an urgent need over someone temporarily housed

3. **Reference DV Hotline**
   Make sure there is a conversation about safety. Is there an active safety crisis? We want those warm hand offs to be offered when appropriate but make sure the survivor isn't solely calling for housing. It may be more beneficial for the survivor to complete the VISPDAT assessment prior to the warm hand off. After the survivor can feel some relief that they have gained access to those basic housing resources; then they may be able to focus on those higher levels of need; such as wellness and emotional healing
   a. **Why:** We must do our due diligence in asking at the very minimum if a client has reached out to a DV/Sexual Assault/Sex Trafficking hotline, etc.…documenting it is helpful for providers and queue managers to know the level of service a client is willing to consider or has considered

4. **Reference a DV Case Manager/Point of Contact**
   a. **Why:** For safety reasons, DV case managers are always the preferred method of contact, but recognizing that it is not always possible, we should mention when it is not an option, then confirming with the client that in the absence of a DV case manager, they consent to being contacted directly by a provider; this is only documented in Smartsheet
      - **Where to document Contact Information:** Use the Smartsheet link: https://app.smartsheet.com/b/form/7fc69fa50c32411da4d96e5096854382 to document the contact information, but know that we need to provide the autonomy/choice to define safety, danger and what is threatening for themselves

5. **Permission**

a. **Why:** The DV Specialist and Regional Managers should know when it is ok to contact a client and by what method, as well as how they should address the person calling…without this information, it may jeopardize the client not receiving services as quickly as possible if the client's phone is not safe to call, or if a client does not know who the provider is, they may think it's a prank or scam call
    - **Reminder:** As victim service providers start to utilize Rapid Funds (PCADV Bonus funds), they may receive calls from advocates on a blocked number or shows up as " No caller ID", to offer housing assistance. Knowing if we can leave a voicemail will be important as consumers may not answer a blocked number.

6. **Services & Referrals Offered by Intake Specialist and by whom**
    a. **Why:** A checks and balances that we have done all of the work required of Specialists

ANONYMOUS DV (First Name: DV • Last Name: Passcode)

SUBJECT/REGARDING: CE VI-SPDAT Completed

NOTE:
HMIS ID#123456
CLIENT WILLING TO BE HOUSED IN BLAIR AND CARBON COUNTIES.

TAY Eligible (Household is 18-24 years old) ***[only list this detail if applicable]***

Client fleeing domestic violence (DV) situation.
Client is temporarily safely housed with a friend/family member. (or: Client housed currently with their abuser.; or: Client in a rental, at-risk for eviction.; or: Client in a DV shelter., etc…)
Client already contacted DV service, but they were unable to assist.
Client does not have a DV case manager, as such, client consents to being contacted directly at the number listed on Smartsheet. (Client was asked and stated that no one else has access to their phone).

Client was asked, and permission was given for providers to:
- Call the client
- Leave voicemail for the client
- Announce themselves as the agency reaching out

Reach out to CE Regional manager for clients contact info

Services Provided: Triage Assessment, VISPDAT, BNL Placement, SmartSheet, Referrals

PEV, 211

Connect to Home Coordinated Entry System Policies and Procedures

ANONYMOUS DV (First Name: DV • Last Name: Passcode)

SUBJECT/REGARDING: CE VI-SPDAT Completed

NOTE:
HMIS ID#123456
CLIENT WILLING TO BE HOUSED IN MONROE COUNTY ONLY.

Client fleeing domestic violence (DV) situation.
Client is still housed with abuser.
Client initially unwilling to contact DV hotline, but agreed to take down number (did not want warm transfer).
Client does not have a DV case manager, as such, client consents to being contacted directly at the number listed on Smartsheet. (Client was asked and stated that their abuser does have access to their phone). Client indicated that it is best to call Monday-Friday, between 9am-1:30pm when their abuser is at work, or email them at the address included on Smartsheet.

Client was asked, and permission was given for providers to:

- Call the client (between hours listed above)
- Email the client (abuser does not have access to this)
- Announce themselves as the agency reaching out—after validating HMIS ID number or Password

*Note: Client asks that providers NOT leave a message.

Reach out to CE Regional manager for clients contact info

Services Provided: Triage Assessment, VISPDAT, BNL Placement, SmartSheet, Referrals

PEV, 211

PUBLIC/NON-ANONYMOUS DV (First Name: Patricia • Last Name: Espinosa-Vargas DV)

1. **Never document abuse**
   A public/non-anonymous DV Survivor will be entered into HMIS with their name and full details as it relates to their housing situation, however, under no circumstances should abuse be documented in HMIS. If a survivor chooses to share their story, remember to; listen, validate their feelings, ensure them that this is wrong and you are sorry they have had to experience this abuse. Abuse is never okay and it's not the survivors' fault!
   a. **Why:** Because the client has chosen to be entered in "publicly" we still want to protect their privacy and not disclose abuse that was shared with us.

2. **The only option to designate that the client is a Survivor will be by placing the letters DV at the end of their last name AND placing the term CAT4 at the top of their Case Note**

PUBLIC/NON-ANONYMOUS DV (First Name: Patricia • Last Name: Espinosa-Vargas DV)

SUBJECT/REGARDING: CE VI-SPDAT Completed

NOTE:
CAT4

Patricia Espinosa-Vargas DV, HMIS ID#123456
717-111-1111
Allentown, Lehigh County, 18102

CLIENT WILLING TO BE HOUSED IN LEHIGH AND NORTHAMPTON COUNTIES ONLY.

Client and her two children (males, ages 6 and 2) and currently staying with her mother but can't stay there for much longer. She believes that she will have to leave on August 31, 2020. Client reports that she has no other family or friends that she can stay with when she leaves.

Client reports that she is employed, earning $13.00/hour and working 25/hours per week. Additionally, she receives Child Support of $80.00/week.

Client was not interested in shelter referrals at this time. Client was interested in Prevention/Rental Assistance referrals. This Specialist advised if the client changes her mind and wants shelter referrals, to call back to 211.

Services Provided: Triage Assessment, VISPDAT, BNL Placement, Referrals
Referrals Provided: ABC Rental Assistance

PEV, 211

Connect to Home Coordinated Entry System Policies and Procedures

Connect to Home Coordinated Entry Open and Exited Enrollment Tasks

Note: It is imperative that every single time someone contacts Coordinated Entry that we do a "Profile Check" and update or add any missing or relevant information from their previous contact with Coordinated Entry.

EXITED FROM ENROLLMENT (Not Homeless)

- **Checking their status or minor (but important) update such as phone number, nothing else having changed**
  1. Add a case note summarizing the conversation
  2. If updated phone number or other minor change, make that appropriate change
  - ★ *Do not enter a new enrollment, do not go through a new intake, do not add a new current living situation*

- **Requests new referrals, housing situation is still not yet literally homeless** *(note: this may include situations such as previously in a rental to now being doubled-up)*
  1. If last contact/enrollment was 90 days or less from this current contact, simply add new referrals (if possible) and add a case note
  2. If more than 90 days from last contact/enrollment, click CE-Client Intake and go through a new intake (make referrals if possible and add a case note)

- **Has a new housing/living situation (is now Category 1 (Literally Homeless) or Category 4 (DV)**
  1. Click the CE-Client Intake button and add a new intake, complete all screens including HUD Enrollment, Universal Data, Triage Assessment, etc.
  2. Complete a new VI-SPDAT or update an existing one if appropriate
  3. Make Referrals (if requested and possible)
  4. Add a case note

IMPORTANT: With every contact from someone whom is on the By Name List, please check to see if they have listed a Preferred County/ies of Preference by doing the following:
1. Under the CE Tab, click Triage Assessments
2. Click to view their most recent Triage Assessment
3. If no County/Counties of Preference is listed…
4. Return to the Dashboard and click the Action Button to Edit the CE Intake Workflow to Add their Preferred County/ies

ACTIVE ON THE BNL/OPEN ENROLLMENT
(Category 1 & 4 – Literally Homeless)

- **Checking their status, nothing else changed**
  1. Verify the client is on the BNL with an active/open Coordinated Entry enrollment
  2. Assuming the client is on the BNL…ask the client the following:
     - "Where do you expect to sleep tonight?"
  3. Review with the client (while on the BNL) the county/counties they are currently waiting for services in
  4. Add a Current Living Situation from the Coordinated Entry tab with the response to where the client expects to sleep tonight
  5. Add a Coordinated Entry Intake Note

- **Change of Phone Number, nothing else changed**
  1. Verify the client is on the BNL with an active/open Coordinated Entry enrollment
  2. Assuming the client is on the BNL…ask the client the following:
     - "Where do you expect to sleep tonight?"
  3. Review with the client (while on the BNL) the county/counties they are currently waiting for services in
  4. Update phone number in the Client Profile AND within the VI-SPDAT
     - If DV-Anon, please ignore this and immediately contact the Regional Manager with the change so they may add to Smartsheet
  5. Add a Current Living Situation from the Coordinated Entry tab with the response to where the client expects to sleep tonight
  6. Add a Coordinated Entry Intake Note

- **Requests new referrals or Changed their county/zip code/current living situation**
  1. Verify the client is on the BNL with an active/open Coordinated Entry enrollment
  2. Edit the CE Intake Workflow (on the client's Dashboard, click the Action Button to select "Edit CE Intake Workflow", updating all appropriate questions—be sure to change the county/zip code if appropriate)
     - Change the Information Date to today's date
  3. Make Referrals (if possible)
  4. Add a Coordinated Entry Intake Note (include change of county/zip if appropriate)

Connect to Home Coordinated Entry System Policies and Procedures

Appendix A: Connect to Home Coordinated Entry System of Eastern PA Partnership Agreement

The Eastern Pennsylvania Continuum of Care (CoC) Coordinated Entry System (CES) coordinates and manages access, assessment, prioritization and referral to housing and services for any person(s) experiencing or at imminent risk of homelessness in the following counties: Adams, Bedford, Blair, Bradford, Cambria, Carbon, Centre, Clinton, Columbia, Cumberland, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Lehigh, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Schuylkill, Somerset, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne and Wyoming. Participation in CES is required for all projects funded by HUD Continuum of Care or Emergency Solutions Grants (including those administered by the Commonwealth of Pennsylvania) and is strongly encouraged for all other housing and service providers in order to ensure equitable and coordinated access for all.

By signing this agreement, CES partners agree to work with other CES funders, service providers and referral partners throughout the thirty-three county CoC region under a shared set of guiding principles, roles, and responsibilities as follows.

I. Guiding Principles

The Eastern Pennsylvania Continuum of Care (CoC) Coordinated Entry System (CES) is guided by the following principles:

- Every person experiencing homelessness should be treated with dignity, respect and kindness, and have their rights to privacy, confidentiality and safety honored.
- By coordinating entry to housing and services for people experiencing homelessness, more families and individuals can exit from homelessness to permanent housing with stability as quickly, efficiently and effectively as possible.
- Coordinated entry is inclusive of all populations experiencing homelessness, including families, youth, veterans, survivors of domestic violence, people with disabilities, people with mental illness, recent immigrants and people identifying as LGBTQIA.
- Coordinated entry protects the safety and confidentiality of people fleeing/attempting to flee and survivors of domestic violence while simultaneously providing them with access to housing and services.
- Coordinated entry embraces a housing first approach to ending homelessness in which people are housed as quickly as possible without preconditions or service participation requirements.
- People experiencing homelessness are prioritized for appropriate housing and services based on their vulnerability and severity of need using an evidence-based assessment tool rather than on a “first come, first served” basis.
- People experiencing homelessness are not denied access to coordinated entry assessment and referral because of perceived barriers to housing and services such as sobriety, income level, mental health status or other factors.
- Coordinated entry should be aligned with affordable housing, veteran affairs, child welfare, health, mental health, education, legal, judicial, and other public systems to the greatest extent allowed by law and policy.
- Coordinated entry is a continually evolving system that requires a commitment to ongoing learning, evaluation, and quality improvement.

- Ongoing coordinated entry planning efforts strive to incorporate diverse stakeholder voices and needs, including those of people with the lived experience of homelessness.
- The long-term financial sustainability of coordinated entry requires the commitment and alignment of federal, state, local and private funding sources.

II. Roles

Each Eastern Pennsylvania Continuum of Care (CoC) Coordinated Entry System (CES) partner organization has one or more of the roles set forth in the Coordinated Entry Policies and Procedures. All Operations Partner roles (Call Center, Access Sites and Regional Managers) have been assigned through competitive RFP processes, approved by the CoC's elected Governing Board, and implemented to the greatest extent that funding resources and/or partner organization in-kind contributions allow.

III. Responsibilities

Eastern Pennsylvania Continuum of Care (CoC) Coordinated Entry System (CES) partner organizations share the following responsibilities:

- Compliance with all CES processes, policies and procedures detailed in the **Eastern PA CoC Coordinated Entry System Policies and Procedures Manual**, including policies related to referral, grievance, prioritization, data sharing, and client confidentiality, among others.
- Compliance with all PA HMIS processes, policies, and procedures.
- Ensure that people experiencing or at imminent risk for homelessness understand how the CES system works.
- Make appropriate staff available for regular CES trainings and meetings.
- Distribute CES marketing and outreach materials.
- Compliance with all applicable civil rights and fair housing laws and requirements. 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.

IV. Termination of Agreement

Any party may terminate their participation in this agreement with written notification to the appropriate CES Regional Manager and the Eastern PA CoC Coordinated Entry Committee Chairperson. Referral partners must give at least 30 days notice of termination. Access Sites must give at least 60 days notice before ceasing operations. Organizations employing Regional Managers must give at least 90 days notice in order for the CoC to identify and select a new organization to employ a Regional Manager.

Participation in the Eastern PA CoC Coordinated Entry System is a requirement of certain funders, including HUD's CoC and ESG programs. Termination of this agreement may negatively impact the Partner's ability to obtain and/or retain funding.

V. Expenses

Unless the CoC has provided grant funding to a CES Operations Partner organization through separate contract, all expenses incurred by the participants of the Eastern PA Coordinated Entry System are the responsibility of the Partner.

VI. Agreement

The signature of the Executive Director/Chief Executive Officer or designee of the Partner Organization indicates agreement with the terms set forth in this Partnership Agreement.

By signing this Agreement, I understand and agree to the terms within on behalf of my organization.

Name of Organization:

Name and Title of Signer:

Signature **Date**

Agreed to and accepted on behalf of the Eastern Pennsylvania Continuum of Care.

President, Eastern Pennsylvania Continuum of Care Board **Date**

Appendix B: Connect to Home Coordinated Entry Referral Zone Map

County	Zone	Region
Adams	3	South Central
Bedford	1	South Central
Blair	2	South Central
Bradford	8	Northern Tier
Cambria	2	South Central
Carbon	9	Pocono
Centre	4	South Central
Clinton	8	Northern Tier
Columbia	6	Central Valley
Cumberland	7	Central Valley
Franklin	3	South Central
Fulton	1	South Central
Huntingdon	1	South Central
Juniata	5	Central Valley
Lebanon	7	Central Valley
Lehigh	10	Lehigh Valley
Lycoming	8	Northern Tier
Mifflin	5	Central Valley
Monroe	9	Pocono
Montour	6	Central Valley
Northampton	10	Lehigh Valley
Northumberland	6	Central Valley
Perry	7	Central Valley
Pike	9	Pocono
Schuylkill	6	Central Valley
Snyder	5	Central Valley
Somerset	2	South Central
Sullivan	8	Northern Tier
Susquehanna	8	Northern Tier
Tioga	8	Northern Tier
Union	5	Central Valley
Wayne	9	Pocono
Wyoming	8	Northern Tier

Zone	County	Region
1	Bedford	South Central
	Fulton	
	Huntingdon	
2	Blair	
	Cambria	
	Somerset	
3	Adams	
	Franklin	
4	Centre	
5	Juniata	Central Valley
	Mifflin	
	Snyder	
	Union	
6	Columbia	
	Montour	
	Northumberland	
	Schuylkill	
7	Cumberland	
	Lebanon	
	Perry	
8	Bradford	Northern Tier
	Clinton	
	Lycoming	
	Sullivan	
	Susquehanna	
	Tioga	
	Wyoming	
9	Carbon	Pocono
	Monroe	
	Pike	
	Wayne	
10	Lehigh	Lehigh Valley
	Northampton	

Region	County	Zone
Central Valley	Columbia	6
	Cumberland	7
	Juniata	5
	Lebanon	7
	Mifflin	5
	Montour	6
	Northumberland	6
	Perry	7
	Schuylkill	6
	Snyder	5
	Union	5
Lehigh Valley	Lehigh	10
	Northampton	
Northern Tier	Bradford	8
	Clinton	
	Lycoming	
	Sullivan	
	Susquehanna	
	Tioga	
	Wyoming	
Pocono	Carbon	9
	Monroe	
	Pike	
	Wayne	
South Central	Adams	3
	Bedford	1
	Blair	2
	Cambria	2
	Centre	4
	Franklin	3
	Fulton	1
	Huntingdon	1
	Somerset	2

Appendix C: Connect to Home CES of Eastern PA Notice and Consent for Non-HMIS Participants

I, _____ [print first and last name], understand that the Eastern PA Coordinated Entry System (CES) is a partnership of agencies sharing information to provide a more coordinated homeless response system. I authorize that my information can be shared by CES partners to improve services for me. I also authorize that my information can be viewed by the CES Regional Managers for the purpose of system evaluation, which will help improve services offered to me and others in the CES region.

By initialing "yes" below and affixing my signature, or, when meeting via phone and permitting a CES Partner Agency staff to sign on my behalf, I agree that my information may be shared with other CES partners and System Administrators. I understand that agencies participating in CES may change from time to time and that a copy of the current list of agencies is available upon request.

Yes:___ (please initial)

Participant Signature: _____ Date: _____

OR Verbal Consent obtained by phone
CES Agency Staff Signature: _____ Date: _____

Description Of Information That Can Be Shared
This form authorizes identifying assessment information, including but not limited to the items listed below, to be routinely shared in the CES to better help me and/or my family.

- Family/Household Information (Names, Date of Birth, Race, Gender)
- Income and Benefits Information
- Education and Employment History
- Housing History and Barriers
- Homeless Status and History
- Veteran Status
- Program and Service Involvement and Contacts
- Health Information, including Physical Health and Behavioral Health (but not Case Records)
- Photo

Information From CES Screening and Assessment May Be Shared With:

- Social Service Agencies
- Housing Providers
- Veterans Services
- Shelter Programs
- Housing and Redevelopment Authorities
- Victim Services (including Domestic Violence) Agencies

Purpose Of Sharing

- Information from the CES screening and assessments will be shared for the purpose of:
- Assessing my program eligibility
- Prioritizing my need for services
- Linking me to the most appropriate services
- Evaluating CES services and system performance
- Evaluating service gaps, needs and duplication in CES

This authorization is voluntary and strictly for sharing information needed for entering and moving through the Coordinated Entry System and may NOT be used for any other purpose. The information collected, maintained, and stored by Eastern PA Continuum of Care, and shared with service providers, may include records relating to your behavioral and/or mental health, alcohol and drug abuse treatment, HIV/AIDS, and genetics.

This information is necessary for determining your eligibility for housing and services.

You will not be denied help if you do not want to sign this form or if you do not want to allow CES to share your personal information. You have the right to revoke this authorization at any time by giving verbal or written notice of revocation to the CES. Revoking this authorization will not affect any action taken or information shared prior to notice of revocation. You may have a copy of this authorization.