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Text only comparison

Content

124 Replacements
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Styling and Annotations

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0 Annotations

[Go to First Change \(page 1\)](#)

Effective
4/17/24

Western Pennsylvania Balance of State Continuum of Care Coordinated Entry Policies

Table of Contents

- I. Overview 3
 - A. Introduction 3
 - B. Principles 3
 - C. Requirements by Program 4
 - D. Regions 5
 - E. Access Points 6
 - F. Phase Overview 6
 - 1. Prevention 7
 - 2. Access and Diversion 7
 - 3. Rapid Exit 7
 - 4. Assessment and Prioritization 7
 - 5. Referral 7
- II. Roles and Responsibilities 8
- III. Coordinated Entry Phases 13
 - A. Prevention 13
 - B. Access and Diversion 14
 - C. Rapid Exit 15
 - D. Assessment 16
 - E. Prioritization and Referral 17
- IV. Order of Priority 19
- V. Enrollment, Termination, and Data Collection 20
 - A. Informed Consent/Confidentiality 20
 - B. Enrollment 20
 - 1. Initial Enrollment 20
 - 2. Re-Enrollment 20
 - C. Termination 21
 - 1. Termination Process 21
 - 2. Appeals 21
- VI. Outreach and Marketing 21
- VII. Fair Housing, Nondiscrimination, Equal Access, and Violence Against Women Act Compliance .. 22
 - A. Nondiscrimination and Affirmative Fair Housing 22
 - B. Fair and Equal Access 25

C. Violence Against Women Act Compliance..... 25

VIII. Grievance and Appeals 26

IX. Emergency Transfer Plan 32

Appendix A: Housing Problem-Solving 35

Appendix B: Regional Written Process Requirements..... 36

Appendix C: Regional Written Processes..... 37

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I. Overview

A. Introduction

The Western Pennsylvania Continuum of Care (“the CoC,” also referred to as “One by One”) is the homeless services coalition dedicated to serving more than 20 counties in western Pennsylvania.

The U.S. Department of Housing and Urban Development (HUD) requires each CoC to establish and operate a centralized or coordinated assessment system for systematically identifying, assessing, and prioritizing the CoC’s homeless populations for housing and services.

This document describes the CoC’s coordinated entry implementation and operations. That implementation is called the Coordinated Entry System (CES); this document is called the CES Policies and Procedures (CES P&Ps).

B. Principles

The CES is guided by the following principles. These principles are visible throughout the design and implementation of the CES P&Ps.

The CES will provide each participant with their best available route to housing. The CoC will attempt to help all people experiencing homelessness, or at risk of homelessness, to return to/retain safe, stable permanent housing via the lightest touch intervention possible. A progressive engagement approach will be utilized with all participants that begins with housing problem-solving (HPS) techniques. Ongoing subsidies will be reserved for those participants who are demonstrably unable to return to/retain housing without them.

The CES will be collaborative. Coordinated entry is a system-wide activity. A successful CES is best served and enhanced by participation from many different entities, including CoC- and ESG-funded services providers, mainstream benefits providers, such as healthcare providers, and other community stakeholders. The CES will foster collaboration via its memorandum of understanding (MOU) process, the Coordinated Entry Committee, and its regional CES structure.

The CES will deliver human-centered services that honor participant choice. The CES will actively solicit and attempt to meet participant service preferences. The CES will inform participants about the foreseeable outcomes of their service preferences and will proactively support each participant’s service choices to the extent feasible. The CES will not require, coerce, or inappropriately influence a participant into engaging a service they are unwilling to engage.

The CoC will use data to assess and improve the CES. Entities including the CoC’s Board and Coordinated Entry Committee will periodically analyze data about the CES and recommend improvements based on that analysis. Those entities will consider both quantitative and qualitative data, including but not limited to, Homeless Management Information System (HMIS) data and participant feedback.

The CES will use both needs-based and strengths-based assessment approaches. The CES will assess both participant needs and participant strengths. These assessments will inform both service delivery and prioritization.

CES services will be trauma informed. The CES will deliver services that recognize participants are likely to experience both active and residual trauma. The CES will, to the extent possible, attempt to limit both the ongoing trauma of homelessness and the potential trauma of engaging in the homeless services systems.

CES services will use a Housing First model. The CES will provide services that emphasize housing as the solution to homelessness and treat all participants as “housing-ready.” The CES will not implement preconditions for services such as sobriety or income and the CES will not discontinue services to a participant except under the most serious circumstances unless the participant has been out of contact for an extended period of time and after all appropriate or prescribed steps for contact have been undertaken.

C. Requirements by Program

All activities funded by the following programs are mandated by their federal or state funder to participate in the CES:

- The Continuum of Care (CoC) Program
- The Emergency Solutions Grant (ESG) Program
- The Emergency Housing Voucher (EHV) Program
- The Supportive Services for Veteran Families (SSVF) Program¹
- State-funded programs through the Departments of Community and Economic Development (DCED) and Human Services (DHS)²

The programs are required to participate in the following ways:

- **Permanent and transitional housing:** all projects that provide permanent and transitional housing are required to:
 - Serve exclusively participants who are referred to them via the CES
 - Participate in the case conferencing process for their Region as part of the Prioritization and Referral phases of CES³
- **Street outreach:** all projects that deliver street outreach services are required to:
 - Provide the Access, Diversion, and Assessment phases of CES
 - To the extent the project is funded to do so: provide the Prevention and Rapid Exit phases of CES
 - Participate in the case conferencing process for their Region as part of the Prioritization and Referral phases of CES
 - Participate in their Region’s Street outreach network
- **Emergency shelter:** all projects that deliver emergency shelter services are required to:
 - Provide the Access, Diversion, and Assessment phases of CES

¹ The extent to which SSVF is required to engage CES is defined in part by the Department of Veterans Affairs. SSVF recipients are encouraged to contact their funder to determine how to reconcile this CES P&P with SSVF program requirements.

² Participation requirements for these programs are mandated by the relevant department; for more information, please contact the relevant program officer

³ EHV recipients may request and, at the discretion of their Region, receive approval to abstain from the case conferencing process.

- To the extent the project is funded to do so: provide the Prevention and Rapid Exit phases of CES
- Participate in the case conferencing process for their Region as part of the Prioritization and Referral phases of CES

Failure to participate in the CES in the ways specified above may result in consequences up to and including defunding (for CoC Program projects) or CoC refusal to certify for further funding (for ESG, SSVF, and other related programs).

Other projects not listed may be required to participate in CES by their funder. The CoC strongly encourages homeless services projects that are not required in CES to participate in CES; in particular, emergency shelter and street outreach projects are urged to participate in their regional case conferencing process, and housing projects are urged to accept referrals through the CES. CES participation offers many benefits to people experiencing homelessness, homeless services providers, and other housing providers, including, but not limited to:

- Coordination across agencies and programs to ensure people access the service best suited to meet their needs
- Assessments and data collection processes limited to the gathering of information most relevant to resolve a household's housing crisis
- Households are referred to programs and services for which they are eligible
- Prioritization standards are implemented across the CoC geography while respecting local partnerships and housing solutions
- Human-centered and strengths-based approaches are used to ensure scarce housing resources are provided to those most in need who are least likely to resolve their homelessness without supportive services and subsidized housing assistance

D. Regions

The CoC is divided into four Regions for the purpose of the CES. Those Regions are:

Region 1: Cameron, Elk, Forest, McKean, Potter, Warren

Region 2: Clarion, Clearfield, Crawford, Jefferson, Mercer, Venango

Region 3: Armstrong, Butler, Indiana, Lawrence

Region 4: Greene, Fayette, Washington, Westmoreland

These regions are operational support structures for the CES and are not responsible the specific policy and procedure development and implementation requirements currently held by either Regional Homeless Advisory Boards (RHABs) or the CoC as described in the current Governance Charter of One by One, the Western Pennsylvania Continuum of Care.

Each Region is required to:

- Select a CES anchor agency that will ensure the Region's requirements are met
 - Anchor agencies must have an active Memorandum of Understanding (MOU) with the CoC designating them as an access point; the contents of the MOU, including the responsibilities with which it encumbers the access point, are defined in this subsection

of the CES P&P and further by the CoC Board in consultation with, at minimum, the Coordinated Entry Committee and all CoC/ESG recipients operating in the CoC's geographic area

- Develop a written process for the Region that, at minimum, addresses:
 - How the anchor agency will be selected and any duties beyond those specified in the CES P&P
 - The Region's process for conducting street outreach in a way that is coordinated, non-duplicative, and reaches those least likely to request services (i.e., a "street outreach network")
 - The Region's process for meeting periodically and triaging participants for housing and services, which must include the Region's process for selecting participants from the Region's **Assessed List** and selecting them for placement on the Region's **Housing Prioritization List** and which may include other triage activities such as referrals to or prioritization for other services:
 - Selection for inclusion on a Region's **Housing Prioritization List** must be based primarily on relative need but may include other factors such as participant strengths, CoC focus areas, and resource availability
 - The Region's process for meeting periodically and referring participants from the **Housing Prioritization List** to available temporary and permanent housing project slots
 - Selection for referral must be based primarily on relative need but may include other factors such as the likelihood that a participant will successfully transition from the selected intervention to safe, stable, unsubsidized permanent housing

E. Access Points

Most CES activities are performed primarily by Coordinated Entry access points. Access points are any stationary or mobile location at which any of the CES phases are delivered to participants. Access points include but are not limited to participating emergency shelters, street outreach teams, and drop-in centers.

To function as an access point, a project's organization must have an active Memorandum of Understanding (MOU) with the CoC designating them as an access point. The contents of the MOU, including the responsibilities with which it encumbers the access point, are defined by the CoC Board in consultation with, at minimum, the Coordinated Entry Committee and, where feasible, each CoC/ESG recipient operating in the CoC's geographic area.

The conditions under which an MOU is approved or denied are defined by the CoC Board in consultation with, at minimum, the Coordinated Entry Committee and, where feasible, each CoC/ESG recipient. *Note:* any organization that receives federal funding to carry out the duties of an access point cannot be denied an MOU that empowers that organization to carry out those duties.

F. Phase Overview

The Coordinated Entry System process is divided into phases. Each phase is distinguished by its activities performed and participants served. Those phases are listed sequentially as follows.

Many of these phases are delivered by Coordinated Entry access points. Access points are any stationary or mobile location.

1. Prevention

People at risk and at imminent risk of homelessness receive case management, supportive services, and financial assistance including one-time payments and short-term housing subsidies to prevent them from experiencing literal homelessness.

2. Access and Diversion

People who are experiencing literal homelessness, will experience literal homelessness tonight, or who are fleeing or attempting to flee domestic violence request services from an access point. (Hereafter, they are referred to as “CES participants.”) The access point will, with immediacy, attempt to connect participants with emergency services, collect basic data, and attempt to return the participant to safe housing using Diversion techniques as part of the housing problem-solving (HPS) approach to services.

3. Rapid Exit

For participants who are unable to return to safe housing via Diversion, either the initial access point or another access point will attempt to return the participant to safe housing using Rapid Exit techniques as part of HPS.

Access points are required to deliver at least one session of Rapid Exit services to each participant. Access points are strongly encouraged to deliver multiple sessions, as success rates rise with repeated delivery. For more information about the expectations in this phase (i.e. that service providers are actively delivering case management over the 30-day Rapid Exit period), please refer to the Rapid Exit section below.

4. Assessment and Prioritization

No fewer than 30 calendar days after the Access and Diversion Phase, either the initial access point or another access point will use the **assessment tool(s)** specified in the CES P&Ps to make an initial determination of the participant’s relative need for an ongoing housing subsidy (as opposed to housing problem-solving, one-time financial assistance, etc.).

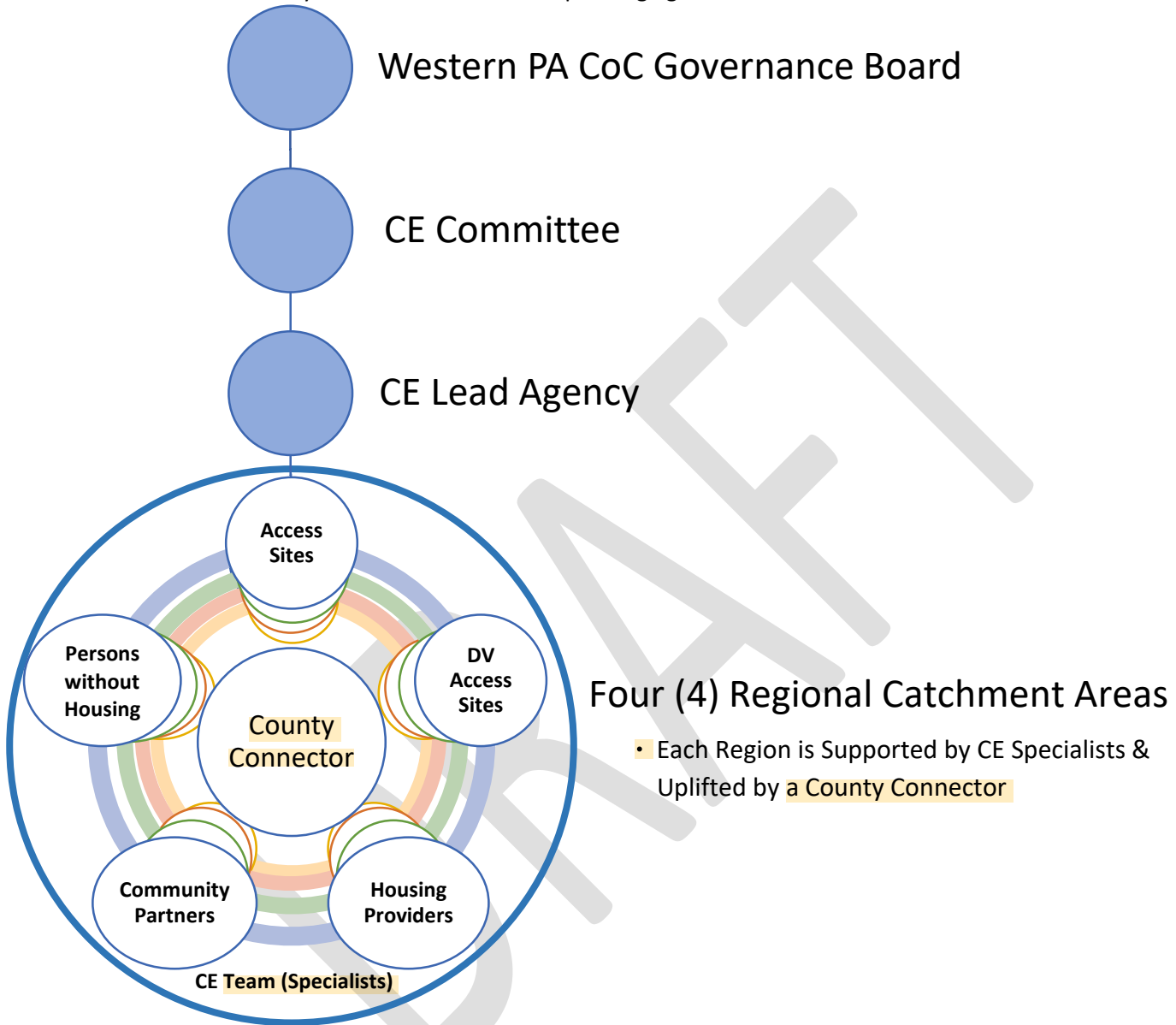
5. Referral

Stakeholders in each Region will meet periodically (as defined in each Region’s written process) to determine which participants who are active in the Assessed Phase will be added to the Region’s Housing Prioritization List.

Stakeholders in each Region will meet periodically (as defined in each Region’s written process) to determine which participants from that Region’s Housing Prioritization List will be referred to available housing project slots.

II. Roles and Responsibilities

The general structure of the Western PA CoC's Coordinated Entry Structure is as follows. Each role is further defined by MOU's and other corresponding agreements or documents.



Western PA CoC Governance Board & Coordinated Entry Committee

The Western PA CoC Governance Board is responsible for overseeing Coordinated Entry. The Coordinated Entry Committee has been convened by the Board to fulfill this responsibility.

Oversight of the Coordinated Entry System (CES) is a critical aspect of ensuring its effectiveness and alignment with the goals and principles set forth by the Continuum of Care (CoC). At its core, oversight involves the strategic management and supervision of CES activities to ensure adherence to established policies, procedures, and objectives. The Coordinated Entry Committee, as a key component of this

oversight structure, plays a central role in providing guidance, direction, and accountability for CES operations.

The Coordinated Entry Committee is typically comprised of representatives from various stakeholders within the CoC, including service providers, government agencies, nonprofit organizations, and individuals with lived experience of homelessness. This diverse composition ensures that the oversight process reflects the perspectives and needs of all stakeholders involved in addressing homelessness within the community.

One of the primary responsibilities of the Coordinated Entry Committee is to establish and regularly review CES policies and procedures to ensure they are comprehensive, equitable, and responsive to the evolving needs of individuals experiencing homelessness. This includes developing eligibility criteria, prioritization strategies, and referral protocols to streamline access to housing and supportive services.

Furthermore, the Coordinated Entry Committee oversees the implementation and performance of CES activities by monitoring key metrics and outcomes, such as housing placements, length of time spent homeless, and client satisfaction. Through data analysis and regular reporting, the committee identifies areas for improvement and makes recommendations for enhancing the efficiency and effectiveness of CES operations.

In addition to monitoring CES activities, the Coordinated Entry Committee serves as a forum for collaboration and coordination among service providers and other stakeholders involved in addressing homelessness. By facilitating communication and information sharing, the committee fosters a collective approach to problem-solving and resource allocation, ultimately maximizing the impact of CES efforts in ending homelessness within the community.

Overall, oversight of the Coordinated Entry System, spearheaded by the Coordinated Entry Committee, is essential for ensuring that CES operations are transparent, accountable, and responsive to the needs of individuals experiencing homelessness. Through strategic management and collaboration, oversight mechanisms help drive continuous improvement and progress towards the shared goal of ending homelessness.

Coordinated Entry Lead Agency

Management of a Coordinated Entry System (CES) is a multifaceted responsibility that requires strategic planning, resource allocation, and oversight to ensure the efficient and effective delivery of services to individuals experiencing homelessness. At the forefront of CES management is the Coordinated Entry Lead Agency, which serves as the central entity responsible for coordinating and administering CES activities on behalf of the Continuum of Care (CoC).

As the designated representative of the CoC, the Coordinated Entry Lead Agency assumes several critical roles and responsibilities. First and foremost, it serves as the primary recipient of the CoC's Single Source of Funding for Coordinated Entry (SSO-CE) grant, which provides essential financial resources to support CES operations. Managing these funds requires careful budgeting, financial planning, and compliance

with grant requirements to ensure that resources are utilized efficiently and effectively to meet the needs of individuals experiencing homelessness.

In addition to financial management, the Coordinated Entry Lead Agency plays a pivotal role in staffing and organizational management. This includes recruiting, hiring, and training qualified staff members to oversee CES activities, including outreach, assessment, referral, and case management. Staff members are responsible for implementing CES policies and procedures, coordinating with service providers, and maintaining accurate records in accordance with HUD's Homeless Management Information System (HMIS) requirements.

Furthermore, the Coordinated Entry Lead Agency is tasked with operationalizing CES policies and procedures to ensure consistency and standardization across service delivery systems. This involves developing and updating CES protocols, eligibility criteria, and referral processes to align with best practices and emerging trends in homeless services. Regular evaluation and quality assurance measures are implemented to monitor the effectiveness of CES operations and identify areas for improvement.

Beyond internal management functions, the Coordinated Entry Lead Agency serves as a liaison between the CoC, government agencies, service providers, and other community stakeholders involved in addressing homelessness. This includes fostering collaboration, communication, and partnership to leverage resources, coordinate services, and implement systemic changes to improve outcomes for individuals experiencing homelessness.

In summary, management of a Coordinated Entry System by the Coordinated Entry Lead Agency encompasses a wide range of responsibilities, from financial and organizational management to policy development, implementation, and stakeholder engagement. Through effective leadership and coordination, the Lead Agency plays a crucial role in ensuring that CES operations are responsive, efficient, and aligned with the overarching goal of ending homelessness within the community.

County Connector

County Connectors, as designated by the County's LHOT (or equivalent body), serve as essential points of contact and support for the Coordinated Entry System at the local level. They play a crucial role in facilitating communication, collaboration, and coordination among local service providers, agencies, and stakeholders involved in homeless response efforts within their respective counties.

Operating within a framework of collaboration and leadership, County Connectors ensure the effectiveness and responsiveness of CES operations at the local level. They serve as focal points for CES activities within their counties, providing peer support, technical assistance, and guidance to Access Sites, ensuring alignment with CoC CE Policies and Procedures, CoC Written Standards, and Access Site MOU.

Additionally, County Connectors champion the CES within their communities, promoting awareness and engagement to effectively address homelessness at the county level. They offer peer support and guidance to local service providers and agencies. Additionally, they ensure that the voices of persons

with lived experience and community partners are included in local and regional dialogue. By facilitating communication, information sharing, and joint problem-solving, County Connectors ensure that CES operations are comprehensive, inclusive, and responsive to the diverse needs of individuals experiencing homelessness within their counties.

Access Sites

Access Sites serve as critical hubs for the delivery of Coordinated Entry System (CES) activities, representing stationary or mobile locations where various phases of CES are administered to participants. These sites, which may include participating emergency shelters, street outreach teams, drop-in centers, and other service providers, play a central role in facilitating access to housing and supportive services for individuals experiencing homelessness within the community.

Access Sites are entrusted with performing key CES activities, including emergency referral, diversion, housing problem-solving, assessment, and case conferencing. These activities are guided by CES policies and procedures, which aim to streamline access to housing resources, prioritize assistance based on need, and ensure equitable access for all individuals experiencing homelessness.

In addition to service delivery, Access Sites play a crucial role in data collection and reporting, maintaining accurate records in accordance with HUD's Homeless Management Information System (HMIS) requirements. By capturing essential client information and outcomes, Access Sites contribute to the overall monitoring and evaluation of CES effectiveness and performance.

Furthermore, Access Sites engage in ongoing training and collaboration to enhance service quality and coordination within the CES system. This may involve participating in peer learning networks, attending workshops and seminars, and staying informed about emerging trends and best practices in homeless services delivery.

Overall, Access Sites represent vital touchpoints within the CES network, serving as frontline providers of assistance and support to individuals experiencing homelessness. Through their commitment to excellence, collaboration, and client-centered care, Access Sites contribute to the overarching goal of ending homelessness and promoting housing stability within the community.

CE Specialists

The role of the Coordinated Entry Specialist is integral to the effective functioning of the Coordinated Entry System (CES) within the Western PA Continuum of Care (CoC). Tasked with various responsibilities, the Specialist serves as a liaison between homeless assistance, human service, and housing programs, promoting participation in the CES and facilitating access to safe, affordable, and permanent housing for households experiencing a housing crisis.

The Specialist is responsible for outreach and engagement efforts aimed at educating and encouraging providers to participate in the CES. This includes managing the By-Name-List (BNL) and facilitating monthly case conferencing meetings to ensure coordinated and timely responses to the needs of individuals experiencing homelessness. Additionally, the Specialist collaborates with the Coordinated

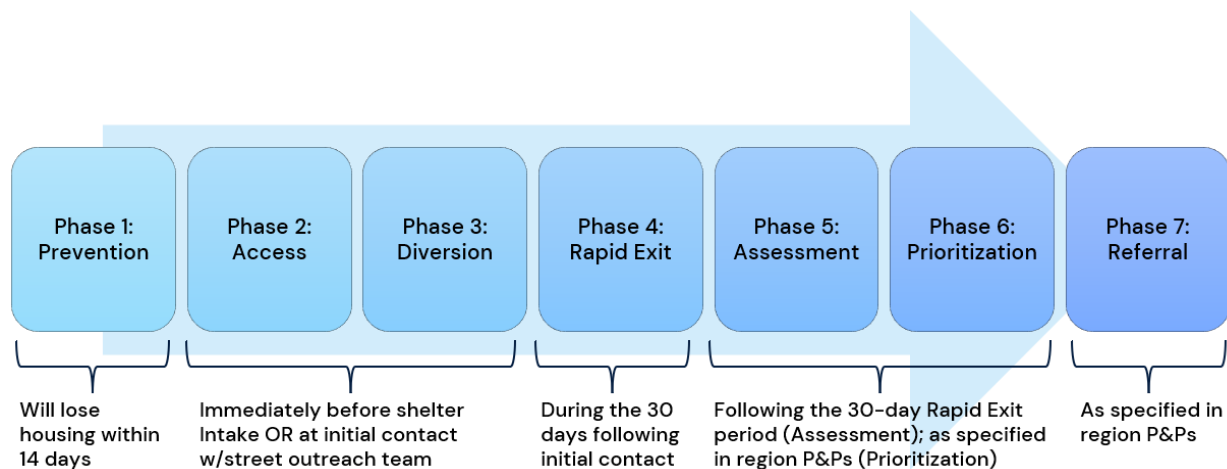
Entry Manager and other relevant stakeholders to problem-solve cases and address specific concerns related to CES participation.

Ensuring consistent linkage and communication among various stakeholders, including human service providers, housing/homeless providers, Regional Homeless Advisory Boards (RHABs), and the CoC, is a key aspect of the Specialist's role. They coordinate with participating agencies to fill program openings, provide transportation assistance to reduce barriers to housing intervention enrollments, and conduct community outreach and training sessions to increase awareness and knowledge of CES services and resources.

Moreover, the Specialist plays a crucial role in implementing trauma-informed and victim-centered practices within CES operations, interpreting and enforcing CES policies and procedures, and facilitating regular meetings among providers to focus on quality improvement and training. They actively participate in Coordinated Entry Committee meetings, RHAB meetings, and coordinated entry By-Name-List "scrub" calls to ensure equal access to housing resources and promote continual improvement of CES operations.

With a focus on maintaining data quality and timeliness, the Specialist maintains relevant records, prepares reports as needed, and ensures compliance with the CoC Program Interim Rule. They collaborate with agency staff on service provision and policy establishment, respond to consumer grievances promptly and courteously, and fulfill other duties as assigned to support the overall objectives of the CES and the Western PA CoC.

In summary, the Coordinated Entry Specialist's role is multifaceted, encompassing outreach, coordination, problem-solving, training, and data management functions to support the effective operation of the CES and ensure individuals experiencing homelessness receive the assistance and support they need to secure stable housing.



III. Coordinated Entry Phases

A. Prevention

During the **Prevention** phase, participants are:

- Assessed by the service provider to determine eligibility
- Triaged within the service provider's project and—as specified by the Region's policies and procedures—between the Region's **Prevention** project network based individual participant needs, individual participant strengths, and availability of services
- Using a progressive engagement approach that incorporates HPS Prevention techniques: served with case management, supportive services, and financial assistance, including one-time payments and short-term housing assistance, to identify the lightest-touch method to successfully eliminate each participant's barriers to remaining in safe, stable permanent housing

The Prevention phase is provided by:

- CoC-funded Supportive Services Only (CoC-SSO) and Coordinated Entry (CoC-SSO-CES) projects that are funded to provide **Prevention** services, including assessment, triage, and/or HPS Prevention services
- ESG-funded Homelessness Prevention (ESG-HP) projects
- ESG-funded Street Outreach (ESG-SO) and Emergency Shelter (ESG-ES) projects, but only to the extent necessary to determine that a participant is not experiencing literal homelessness and refer them to an appropriate service provider
- Any SSVF-funded projects that are funded to provide **Prevention** services, including assessment, triage, and/or HPS Prevention services
- Any other provider or project that are funded to provide **Prevention** services, including assessment, triage, and/or HPS Prevention services

Qualifying participants must meet the criteria under at least one of the following definitions of homelessness:

- People at imminent risk of homelessness (Category 2)
- People fleeing domestic violence (Category 4)

- People who meet the “at risk” definition

In addition, qualifying participants must meet both of the following criteria:

- During the initial or a subsequent assessment, the service provider must affirmatively determine that, without **Prevention** services, the participant will experience literal homelessness within 14 days
- Any additional requirements specified by the service provider’s funding source; for example, ESG-HP participants must have an annual income less than 30% of the area median income (AMI)

During the **Prevention** phase, service providers collect HMIS data as necessary to successfully maintain a participant in safe, stable permanent housing, which may include basic identifying information and details about participant needs and strengths.

B. Access and Diversion

During the **Access and Diversion** phase, participants are immediately:

- Connected with emergency services based on each participant’s individual needs and services availability; these services may include but are not limited to emergency shelter and medical attention
- Requested to provide basic HMIS data as needed to uniquely identify and as needed, recontact the participant
- Using a progressive engagement approach that incorporates HPS Diversion techniques: served with case management, supportive services, and one-time financial assistance as needed to identify the lightest-touch method to successfully re-establish the participant in safe, stable permanent housing before spending the night experiencing sheltered or unsheltered homelessness
- *If diversion is unsuccessful*: refer the participant to emergency services, including emergency shelter

The **Access and Diversion** phase is provided by:

- CoC-SSO and CoC-SSO-CES projects
- ESG-HP projects^{4 5}
- ESG-SO and ESG-ES projects
- Any SSVF-funded projects that can provide **Access and Diversion** services
- Any other provider or project that can provide **Access and Diversion** services

⁴ ESG-HP projects can continue to provide HPS Diversion services to people who are on the cusp of experiencing literal homelessness; while these services should be classified as Diversion, the participants must be qualified as eligible under the ESG-HP project’s criteria as usual

⁵ ESG-HP projects can continue to provide services to participants who begin experiencing literal homelessness while enrolled in the ESG-HP project; whether the participant should remain continuously enrolled or should be exited and re-entered into that project to denote the transition between housing and homelessness should be defined by the CoC in its HMIS policies and procedures



Qualifying participants must meet the criteria under at least one of the following definitions of homelessness:

- People experiencing literal homelessness (Category 1)
- People fleeing domestic violence (Category 4)
- People who are already enrolled in an ESG-HP project who begin to experience literal homelessness and who wish to continue receiving services from the ESG-HP project⁶

In addition, qualifying participants must meet any additional requirements specified by the service provider's funding source; for example, SSVF can only serve veterans. (If a person requests **Access and Diversion** services from a provider who cannot serve them due to funding source eligibility restrictions, the service provider must refer that person on the spot to another provider who can serve them.)

During the **Access and Diversion** phase, participants receive immediate services designed to return them immediately to safe, stable permanent housing as an alternative to shelter entry or unsheltered homelessness. If those services are unsuccessful, participants will be referred to emergency services as needed and available, including emergency shelter.

During the **Access and Diversion** phase, service providers collect HMIS data as immediately necessary to successfully identify participants, route them to emergency services, and provide HPS Diversion services. Participants who are transitioning from the **Prevention** phase may have very limited or no data collection needs under **Access and Diversion**.

C. Rapid Exit

During the **Rapid Exit** phase, participants are:

- Over a 30-day period and using a progressive engagement approach that incorporates HPS Rapid Exit techniques: served with at least one but potentially several sessions of case management, supportive services, and one-time financial assistance as needed to identify the lightest-touch method to return the participant to safe, stable permanent housing

The **Rapid Exit** phase is provided by:⁷

- CoC-SSO and CoC-SSO-CES projects (*only if they are funded to provide longer-term case management*)
- ESG-SO and ESG-ES projects
- Any SSVF-funded projects that can provide **Rapid Exit** services
- Any other provider or project that can provide **Rapid Exit** services

Qualifying participants are:

⁶ For more information, refer to the **Prevention** phase footnotes regarding ESG-HP

⁷ In addition to the listed projects and funding sources, rapid re-housing projects, including those funded by the CoC Program, ESG, and SSVF, can provide rapid exit services. Whether rapid exit services are located primarily in emergency shelter/street outreach projects, in rapid re-housing projects, or in both is a decision that should be made at the regional level.

- People experiencing literal homelessness (Category 1), including people who are also fleeing domestic violence (Category 4)

During the **Rapid Exit** phase, service providers collect HMIS data as necessary to successfully provide HPS Rapid Exit services. *Note:* the Rapid Exit phase lasts for a minimum of 30 days to ensure each participant has dedicated time to explore the routes back to housing that exist within their own lives and support networks. A 30-day period was selected because it is long enough for most participants to identify and access any available routes but much shorter than the median time from intake to housing referral through CES.⁸ Case managers are expected to continue offering Rapid Exit services

D. Assessment

During the **Assessment** phase, participants are:

- Assessed to determine relative level of need and best-fit housing options using the **assessment tool(s)** specified in this document

The **Assessment** phase is provided by:

- CoC-SSO and CoC-SSO-CES projects
- ESG-SO and ESG-ES projects
- Any SSVF-funded projects that can provide **Assessment** services
- Any other provider or project that can provide **Assessment** services

Qualifying participants are:

- People experiencing literal homelessness (Category 1), including people who are also fleeing domestic violence (Category 4), who initially requested assistance under the **Access and Diversion** phase at least 30 days ago

Two tools have been identified serve as assessment tools; the quantitative assessment tool is the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), and the qualitative assessment tool is the Housing and Service Needs Assessment. The scores generated by these assessments will be used to inform a household's placement on the regional by-name list, along with the following criteria and data points:

- Chronic homeless status
- Length of time (LOT) homeless
- Severity of service needs and housing needs as measured by the assessment tools

Each region's by-name list will be ordered in the following way:

⁸ Median time from intake to referral through CES was 63 days as of mid-2022. This data incorporates only the small percentage of CES participants who receive a housing referral; due to a demand that significantly exceeds available resources, most participants do not receive housing referrals. Even among subpopulations, the only group of CES participants whose median time from intake to referral were participants who were being transferred from a rapid re-housing (RRH) project to another permanent housing project—and even for that group, the median time from intake to referral was 13 days.

Priority Bracket	Criteria	Tie-Breaker
First Priority	Special populations designated in accordance with this policy	HN/SN Score, LOT homeless, then VI-SPDAT Score
Second Priority	People experiencing chronic homelessness	HN/SN Score, LOT homeless, then VI-SPDAT Score
Third Priority	All eligible households not included under First Priority or Second Priority	HN/SN Score, LOT homeless, then VI-SPDAT Score

Assessment services should be provided as soon as possible after the 30-day **Rapid Exit** phase ends. The CoC will develop and implement processes or mechanisms to provide the following information to case managers on a timely and ongoing basis:

- When a participant first becomes eligible for **Assessment** services due to their 30-day **Rapid Exit** phase ending
- When a person has been eligible for **Assessment** services for more than 7 days but has not yet received them
- When a person has been eligible for **Assessment** services for more than 14 days but has not yet received them; *this information will also be provided to at least one second-level reviewer at the Region or CoC level to ensure all participants are assessed in a timely manner*

During the **Assessment** phase, service providers collect HMIS data as necessary to complete the **assessment tool(s)** and to inform case conferencing during the **Prioritization and Referral** phase.

Participants cannot be required to re-complete an assessment unless more than 6 months have passed since their last assessment; they may, however, request re-assessment at their discretion.

E. Prioritization and Referral

During the **Prioritization and Referral** phase:

- Each Region will meet periodically and determine which participants who have been assessed should be added to that Region's housing prioritization list
- Each Region will meet periodically and determine which participants on that Region's housing prioritization list will be referred to available project slots
- Contingent on resource availability, and until/unless a participant is referred to an open housing slot: participants are offered HPS Rapid Exit services until both the participant and their case manager jointly agree that the participant cannot benefit further from those services

The **Prioritization and Referral** phase is provided by:

- CoC-SSO, CoC-SSO-CES projects
- ESG-SO and ESG-ES projects
- All CoC projects that provide transitional and permanent housing, including Rapid Re-Housing (CoC-RRH), Permanent Supportive Housing (CoC-PSH), Transitional Housing (CoC-TH), and Joint Component TH-RRH (CoC-TH-RRH)
- ESG-funded RRH (ESG-RRH) projects

- EHV-funded providers that offer access to housing, which may be EHV recipients (i.e. public housing authorities), EHV subrecipients, or a combination
- Any SSVF-funded projects that work with participants experiencing literal homelessness and can provide information relevant to successful prioritization or referral
- Any SSVF-funded projects that accept housing referrals through the Coordinated Entry System
- Any other provider or project that can either provide information relevant to successful prioritization or referral

Qualifying participants are:

- People who have received **Assessment** services but who have not yet been added to a housing prioritization list
- People on a housing prioritization list who do not currently have a referral to an open housing slot

Each Region will define, in its CES policies and procedures:

- The qualities of its housing prioritization list, which must, at minimum, include:
 - Size, which may be fixed at a certain number of households or flexible based on factors such as project slot availability
 - Whether the list is sub-divided based on participant or housing characteristics (for example: a region may elect to have two housing prioritization lists, one for CoC-PSH and one for all other housing options)
- Its process for meeting periodically and adding participants to its housing prioritization list, which must, at minimum, include:
 - Who is typically invited to prioritization meetings
 - How frequently meetings are held, which may be fixed at a certain number of times per week/month/year or flexible based on factors such as housing prioritization list slot vacancies
 - Where meetings are held, which may be fixed at a single location, fixed on a rotating schedule, flexible based on factors such as space availability, exclusively virtual, or defined on ad hoc basis by a specific person or people
 - *If meetings are not all-virtual*: how the meetings will be made fully accessible to invitees who are unable or unwilling to attend in person
- Its process for meeting periodically and referring participants from its housing prioritization list to housing project slots, which must, at minimum, include:
 - Who is typically invited to prioritization meetings
 - How frequently meetings are held, which may be fixed at a certain number of times per week/month/year or flexible based on factors such as housing prioritization list slot vacancies
 - Where meetings are held, which may be fixed at a single location, fixed on a rotating schedule, flexible based on factors such as space availability, exclusively virtual, or defined on ad hoc basis by a specific person or people
 - *If meetings are not all-virtual*: how the meetings will be made fully accessible to invitees who are unable or unwilling to attend in person

- How the region will determine which participants on the housing prioritization list are referred to which available or soon-to-be-available housing project slots, which may include factors such as ‘best fit’ and maximizing the number of households that can be served by the CoC’s resources
- The region’s process for making the following exceptions to this document, all of which are subject to oversight from the CoC’s coordinated entry committee and board:
 - Advancing a participant from the **Rapid Exit** phase to the **Assessment** phase before the end of the participant’s 30-day Rapid Exit period
 - Referring a participant to an available housing project directly from any phase other than **Referral and Prioritization**

During the **Prioritization and Referral** phase, service providers collect HMIS data as necessary to inform the case conferencing process.

IV. Order of Priority

Participants will be prioritized using the prescribed methodology in the Western PA CoC’s Written Standards, applying the priority brackets identified in Section III. Subsection D. of this document.

For example, if the following order of prioritization was identified in the written standards:

Order of Prioritization (example)

1. Chronically Homeless – Currently Literally Homeless
2. Chronically Homeless – Needing a PSH to PSH Transfer (Chronic Status Documented by Current Provider within 45 days of Current Project Enrollment)
3. Chronically Homeless – Needing a RRH to PSH Transfer (Chronic Status Documented by Current Provider within 45 days of Current Project Enrollment)
4. Non-Chronic – Severe Needs as Indicated by Assessment
5. Non-Chronic – Severe Needs as Indicated by Assessment and Currently Needing PSH to PSH Transfer
6. Non-Chronic – Severe Needs as Indicated by Assessment and Currently Needing RRH to PSH Transfer
7. Non-Chronic – Currently Literally Homeless or Category 4 Homeless and based on Length of Time Homeless
8. Non-Chronic – PSH to PSH Transfer based on Length of Time Homeless
9. Non-Chronic – RRH to PSH Transfer based on Length of Time Homeless

In this example, there are three (3) groupings: Participants who are experiencing chronic homelessness (1-3), participants who are not experiencing chronic homelessness but who have severe needs (4-6), and participants who are not experiencing chronic homelessness and who have limited or no needs (7-9).

Participants in these groupings would be prioritized by applying the priority brackets to the written standard order:

First Priority = Special Populations Designated as Part of the CE Policies: No Special Populations¹ have been identified by the CoC and therefore none of the three (3) groupings would be in the first priority bracket.¹

¹ While no special populations have been identified, please note that participants identified under Section IX and needing an Emergency Transfer would align with the First Priority Designation.

Second Priority = People Experiencing Chronic Homelessness: Participants in the grouping of households experiencing chronic homelessness (1-3) would be prioritized next. These cases would be reviewed at Case Conferencing to identify the household with the most severe needs.

Third Priority = All eligible households not included under First Priority or Second Priority: Participants in the remaining groupings, Non-chronic with severe needs (4-6) and Non-chronic with limited or no needs (7-9), would be prioritized next. These cases would be reviewed at Case Conferencing to identify the household with the most severe needs and are grouped as such in order to emphasize this prioritization methodology. Therefore, participants in grouping (4-6) would be prioritized before grouping (7-9), but all participants in each subgroup would be considered simultaneously.

V. Enrollment, Termination, and Data Collection

A. Informed Consent/Confidentiality

Relevant releases of information must be kept in each case file, including, but not limited to, the PA HMIS Collaborative Client Consent. Projects must have written confidentiality/privacy standards with respect to their files, information sharing and personally identifying data maintained in HMIS. A notice should be made available to participants upon intake and upon request. Records containing personally identifying information must be kept secure and confidential.

Regional policies for Case Conferencing must adhere to confidentiality standards, and unless an additional Release of Information (ROI) is obtained, should limit attendees to access sites, housing providers, and other agencies and their representatives who have a PA HMIS Agency Participation Agreement in place.

B. Enrollment

1. Initial Enrollment

Participants are initially entered into the Region's coordinated entry project in HMIS during either the **Prevention** phase or the **Access and Diversion** phase.

2. Re-Enrollment

Participants who are terminated from CES either due to their request or due to inactivity may re-enroll in CES at any time.

If they request re-enrollment in the Region that was previously providing CES services, they should resume receiving CES services in the same phase from which they were terminated.

Re-enrolled participants cannot be required to re-complete an assessment unless more than 6 months have passed since their last assessment; they may, however, request re-assessment at their discretion. Unless participants are re-assessed, they should be prioritized according to their pre-existing assessment score(s).

C. Termination

1. Termination Process

Participants cannot be terminated (i.e. removed involuntarily) from CES except under the following circumstances:

- The participant has exited CES to transitional or permanent housing
- The participant has been entered into a coordinated entry project but has not had any service activity in the last 60 days
 - HMIS will automatically exit any participant who meets this criterion
 - The CoC will implement a process to notify participant case managers when a participant enrolled in a coordinated entry project has not had any service activity in the last 45 days
- The participant requests removal from the CES; participants can do this for any reason but common reasons include having returned to housing or moving to a different jurisdiction
- Under the most serious circumstances when the participant presents a clear threat of harm to all CES service providers who can provide services to the participant or to all CES service facilities that can provide services to the participant; *terminations for this reason must be approved by the CoC board, which must expedite to the maximum extent possible its review and approval or denial of any such request*

When a participant is terminated, their case manager must make all reasonable attempts to notify the participant in writing. Case managers must attempt to notify the participant via postal mail or email, and by giving written notice to the participant in person. Case managers must record the method(s) of notification in HMIS or, if a case manager is unable to provide notification, must record that notification could not be provided in HMIS.

2. Appeals

Participants can appeal any termination. Appeals must be submitted in writing to CE Committee within 60 days of the participant's coordinated entry project exit date. A representative of the CES, preferably the CE Specialist for the Region in which the appeal originates, must make reasonable attempts to assist the participant in submitting their appeal, including referring the participant to resources for writing, printing, and mailing or sending the appeal.

Appeals should follow the Grievance and Appeals policy outlined in Section VII.

VI. Outreach and Marketing

In order to reach persons who are most vulnerable to homelessness, who are unsheltered, or who may have barriers to accessing programs and resources, the Coordinated Entry Lead Agency will ensure that access to local homeless systems and resources is well advertised to the entire community. This includes taking explicit steps to make advertising and communications materials easy to understand, making the system easily accessible, and taking specific action to reach out to those who may be least likely to seek out resources on their own. CE plans include advertising and outreach strategies that clearly communicate how persons in need can access the CE system. These strategies and related materials are explicitly aimed at persons who are homeless, vulnerable to homelessness, and/or who are unsheltered, disabled, and/or currently not connected to services. Outreach, advertising, and marketing tools will

explicitly convey that services are available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Marketing and outreach will be accomplished through, but shall not be limited to, the following strategies:

- The CE Lead Agency will ensure that all advertising materials clearly identify the local CE system and process for seeking assistance.
- CE Lead Agency will ensure that marketing materials are easily accessible to persons with developmental disabilities and are available in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency as needed (based on local need/population).
- The CE Lead Agency will identify methods for translation services for usage across the CoC.
- The CE Lead Agency will create consistent marketing materials which identify the CE system and point the consumer and community agencies to the local CE access by including: phone numbers, addresses, hours of operation, after-hours information, etc.
- The CE Lead Agency will work with the local designated access sites to ensure the distribution of all advertising materials to local providers and stakeholders in the local CE system. Access Sites are encouraged to utilize their LHOT and/or Housing Coalitions to distribute marketing materials. The LHOT/Housing Coalitions include organizations who most frequently encounter homeless households, particularly households with the highest barriers and/or those not currently connected with services. LHOT/Housing Coalition members include:
 - Law enforcement
 - Other Housing Providers
 - Health Care Systems
 - Emergency Shelters
 - Mental Health Providers
 - Substance Abuse Providers
 - Education Systems
 - Community meal sites and food pantries
 - Faith-based organizations and churches
 - Street outreach teams (where applicable)

VII. Fair Housing, Nondiscrimination, Equal Access, and Violence Against Women Act Compliance

A. Nondiscrimination and Affirmative Fair Housing

Nondiscrimination

24 CFR §578.93(a) requires All participating providers to operate in compliance with federal nondiscrimination and equal opportunity requirements; see 24 CFR 5.105 (a) for a full list of applicable laws, regulations and Executive Orders.

Fair Housing

The Fair Housing Act prohibits discrimination in housing on the basis of:

- Race

- color
- National origin
- Religion
- Sex
- Familial status (families with children)
- Disability

Additionally, each program, needs to address their state, local and municipality requirements regarding fair housing rules and regulation.

Reasonable Accommodations and Modification for Persons with Disabilities

Persons with disabilities may be entitled to reasonable accommodation and/or modifications. A request for reasonable accommodation must be made by or on behalf of a person with a disability. The request must be necessary i.e. there must be a disability related need for the reasonable accommodation or modification. In addition, the request must be reasonable. i.e. cannot impose an undue financial and administrative burden on the housing provider or fundamentally alter the nature of the provider's operations. The Act makes it unlawful to refuse to make reasonable accommodations to rules, policies, practices, or services when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy a dwelling. The Act also makes it unlawful for a housing provider or homeowners' association to refuse to allow a reasonable modification to the premises when such a modification may be necessary to afford persons with disabilities full enjoyment of the premises.

A "reasonable accommodation" is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces.

A "reasonable modification" is a structural change made to existing premises, occupied or to be occupied by a person with a disability, in order to afford such person full enjoyment of the premises. Reasonable modifications can include structural changes to interiors and exteriors of dwellings and to common and public use areas.

A "disability" is defined as (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; OR (2) individuals who are regarded as having such an impairment; OR (3) individuals with a record of such an impairment.

- The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.
- The term "substantially limits" suggests that the limitation is "significant" or "to a large degree."
- The term "major life activity" means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking. This list of major life activities is not exhaustive

Required Documentation

A provider is entitled to obtain information that is necessary to evaluate if a requested reasonable accommodation may be necessary because of a disability. If a person's disability is obvious, or otherwise known to the provider, and if the need for the requested accommodation is also readily apparent or known, then the provider may not request any additional information about the requester's disability or the disability-related need for the accommodation.

If the requester's disability is known or readily apparent to the provider, but the need for the accommodation is not readily apparent or known, the provider may request only information that is necessary to evaluate the disability-related need for the accommodation.

If the requesters disability is not obvious or the need for the request is not obvious, a housing provider may request reliable disability-related information that (1) is necessary to verify that the person meets the Act's definition of disability (i.e., has a physical or mental impairment that substantially limits one or more major life activities), (2) describes the needed accommodation, and (3) shows the relationship between the person's disability and the need for the requested accommodation.

Guidance for Creation of Nondiscrimination and Fair Housing Policies

All provider agencies, including assessment centers are required to uphold and provide to the Western CoC designated Lead Agency of Coordinated Entry with the following:

- Verification that they have policies which ensures the agency does not tolerate discrimination and comply with all nondiscrimination, fair housing, and equal opportunity laws.
- Verification of availability of aids and services, upon request, to ensure effective communication, such as the availability of qualified sign language interpreters, documents in Braille, or other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.
- Verification that a program has a reasonable accommodation policy that would allow a person with a disability equal opportunity to occupy and enjoy the full use of a housing unit will be provided.
- If the agency acts as a landlord, verification that the agency has a reasonable modification policy that would allow a person with a disability equal opportunity to occupy and enjoy the full use of a housing unit will be provided.
- Verification that the agency has a complaint procedure to report discrimination to be provided to and/or provided to program participant. The contact information should include the following:
 - Point of Contact Information from the Provider Agency
 - Fair Housing Law Center, Attention: Southwestern PA Legal Services, Inc., 10 West Cherry Avenue, Washington, PA 15301; (877) 725 - 4472
 - US Department of Housing and Urban Development, 10 Causeway Street, Room 321 Boston, Massachusetts 02222-1092; (617) 994-8300; (800) 827-5005; TTY (617) 565-5453

Affirmatively Furthering Fair Housing

24 CFR § 578.93(c) requires that CoC Programs must affirmatively market housing and supportive services to eligible persons--regardless of race, color, national origin, religion, sex, age, familial status, or handicap--who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities. To ensure the coordinated entry process assists CoC Program and ESG Program recipients in meeting the Affirmatively

Furthering Fair Housing requirement, Western PA CoC is committed to providing marketing resources, auxiliary aids and other services necessary to ensure effective communication with persons accessing the homeless response system, which includes ensuring that information is provided in appropriate accessible formats as needed, such as Braille, audio, large type, assistive listening devices, and sign language interpreters, as well as accommodation for persons with limited English proficiency. Resources will be developed and made available by the CoC designated Lead Agency and marketing plans described within the Coordinated Entry Policy and Procedure Manual.

Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2).

Resources

HUD template for creation of Affirmative Fair Housing Marketing Plan (HUD Form 935.2a):

Multi-Family Housing: <http://portal.hud.gov/hudportal/documents/huddoc?id=935-2a.pdf> Single Family

Housing: <https://www.hud.gov/sites/documents/935-2B.PDF>

B. Fair and Equal Access

The Pennsylvania Western Region Continuum of Care will ensure fair and equal access to the Coordinated Entry system programs and services for all consumers regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, sexual orientation, or domestic violence status.

To ensure fair access by individuals with disabilities, physical and communication accessibility barriers must be addressed by appropriate accommodation within each Coordinated Entry System.

All authorized user agencies are required to comply with Fair Housing Act, State and Local anti-discrimination laws and all other funding and program requirements.

C. Violence Against Women Act Compliance

The Western CoC Board of Directors are aware and understand the need for protection policies to address the safety planning needs of all individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, human trafficking or stalking that meet both the requirements of HUD and the laws of the Commonwealth of Pennsylvania. It is the intention of this Western CoC to ensure that the Coordinated Entry System has built into is core the safety factor as a major part of all parts and parcels of the Coordinated Entry System. Therefore, the Coordinated Entry System shall meet the following:

- All persons who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, human trafficking or stalking shall expect and receive safe, confidential access to the Coordinated Entry Process including immediate access to the emergency services necessary for their safety including, but not limited to, the domestic violence hotlines, shelter, safety planning and housing when possible.
- These persons shall remain anonymous within the PAHMIS/Client Track assessment tool and during the initial assessment processes.
- Participating providers of CES will ensure that no participant be denied access to the CES on the basis that the participant is or has been a victim of domestic violence, sexual assault or stalking.
- Safety and Confidentiality Training shall be provided at least annually to both DVACs and GACs to ensure that safety is in the forefront during assessment and housing determination periods.
- Domestic Violence Assessment Centers must obtain written consent from the victims before permitted to share information with PA HMIS/CE participating agencies following their agency' sharing of information protocols.
- List Management of DV records will be completed by the Assessing Domestic Violence Assessment Center, in cooperation with DV CE Specialist and General CE Specialists.
- Personal Identification information of an identified victim should never be disclosed in an email, notes, or other public areas of information.

VIII. Grievance and Appeals

The Coordinated Entry System will respond to grievances in the following manner, depending on the nature of the concern or grievance. The CoC Executive Board prohibits retaliation of any kind against individuals who have submitted a grievance. This policy refers to complaints and grievances regarding the Coordinated Entry System only.

Definitions

Complaint is defined as a verbal expression of dissatisfaction by the participant, agency, or community member regarding Coordinated Entry services provided by the Western PA Continuum of Care member agencies which can be resolved at the point at which it occurs by the staff present. Complaints are considered resolved when the participant, agency, or community member is satisfied with the action taken by the agency in question.

Grievance is defined as a written expression of dissatisfaction with some aspect of Coordinated Entry service that has not been resolved despite attempts to do so by participants, agencies, or community members at the point of service. Any such written expression sent to the Coordinated Entry Oversight Committee will be considered a grievance.

Types of Grievances

Participant/Community Member grievances: If an individual has a complaint or grievance regarding a particular agency, representative of that agency, it is recommended they follow that agency's procedure for collecting and resolving complaints or grievances. In addition, housing program grievances about experience(s) with homeless housing programs will be redirected back to the program to follow grievance policies and procedures of that organization. Agencies should maintain internal

documentation of all complaints received. This information should not be sent to the Coordinated Entry Committee unless requested.

An effort to resolve complaints locally should be made before filing a formal grievance with the Coordinated Entry Committee. Regional CE Specialists can assist in connecting participants in their attempts to resolve issues locally. The contact information for the Coordinated Entry Specialists are:

Region 1: region1@accesscewpa.org

Region 2: region2@accesscewpa.org

Region 3: region3@accesscewpa.org

Region 4: region4@accesscewpa.org

DV: dv@accesscewpa.org

The provider completing the Pre-Screen, assessment, and referral shall address any complaints by the participant at the time they are made aware of the complaint or client dissatisfaction. The participant and the provider will try to work out the problem directly as a first step in the process. If the complaint is not resolved, the participant may initiate the Coordinated Entry Committee Grievance Procedure.

The individual 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 grievance should be filed on the Coordinated Entry Grievance and Appeals form and if not, must include the following: his/her name and contact information, person/agency with whom the grievance is being filed, explanation of complaint/grievance, signature and date. The individual has the right to withdraw his/her grievance at any time, prior to action being taken by the Coordinated Entry Committee. An individual may withdraw from participating in any grievance proceedings at any time.

Provider Grievances: It is the responsibility of all boards, staff, and volunteers of COC-funded and ESG-funded projects to comply with the policies and procedures of the Western Pennsylvania Continuum of Care Coordinated Entry System. Anyone filing a grievance concerning a violation or suspected violation of the policies and procedures must be acting in good faith and have reasonable grounds for believing an agency is violating the Coordinated Entry System policies and procedures. An effort to resolve complaints locally should be made before filing a grievance with the Coordinated Entry Committee. Regional CE Specialists can assist in attempts to resolve issues locally. If this does not resolve the issue, the provider may begin the grievance procedure.

Procedure for filing a grievance with the Coordinated Entry Committee

Any person or agency wishing to file a grievance should submit a written statement to the CES Lead Agency describing the alleged violation of the Coordinated Entry System policies and procedures; and any actions taken on behalf of the person or agency to resolve the issue. The statement should be as specific as possible and contain the name and location of the agency, date and time of incident, and any other details that may be helpful to the Coordinated Entry Committee as they investigate the incident. Grievance paperwork filed with the CES Lead Agency must provide name and contact information of the individual(s)/agency filing the complaint, so the Coordinated Entry Committee can contact them to discuss the grievance. Identifiable information of the reporting person will be considered confidential and is only collected to enable further investigation of the grievance. Grievances that do not contain the contact information of the person filing the grievances, or grievances filed by a third party, will not be

considered and no further action will be taken. Grievances must be submitted by the person experiencing the grievance or their stated representative. Third party submissions, or grievances filed by a person or agency alleging an act between original parties, will not be considered. Grievances must be filed with the CES Lead Agency within 60 calendar days from the date of the incident. Grievances filed after 60 calendar days from the date of the incident will not be reviewed by the Coordinated Entry Committee.

Reasonable accommodations are available upon request.

Grievance Review Procedure (Agency Specific)

The first person to review the grievance is the CES Lead Agency. The Coordinated Entry Committee will notify the agency stated in the grievance within 14 calendar days of receiving the grievance. This notification will be sent to the staff member listed on the Agency Participation Agreement, CE MOU, or other such document identifying agency leadership. The notification will contain as much information as possible regarding the complaint without disclosing personally identifiable information of the individual and/or provider filing the grievance to ensure confidentiality. Agencies have 7 calendar days from receiving the grievance notification to provide a response if they would like it to be included in the grievance review by Coordinated Entry Committee.

The Coordinated Entry Oversight Committee will review all information, conduct interviews with the reporting person and agency stated in the grievance, and gather relevant information about the situation. This can include but is not limited to: reviewing agency client files, ClientTrack records, interviewing agency staff, or interviewing witnesses or other involved parties. The review process will be completed within 14 calendar days from the date the agency stated in the grievance was provided notification of the grievance.

Following the grievance review process, the Coordinated Entry Committee shall make a determination as to whether the grievance has been substantiated as a violation of the coordinated entry system policies and procedures. The Committee will provide written documentation to the agency in violation of the determination, the corrective action required, and timeline to complete corrective actions. A written statement summarizing the outcome of the grievance review will be provided to the reporting individual and/or agency. In the interest of transparency, the Coordinated Entry Committee reserves the right to notify the Local Coordinated Entry System participants, CE Leads, coalition Lead(s), or other parties impacted or potentially affected by the violation.

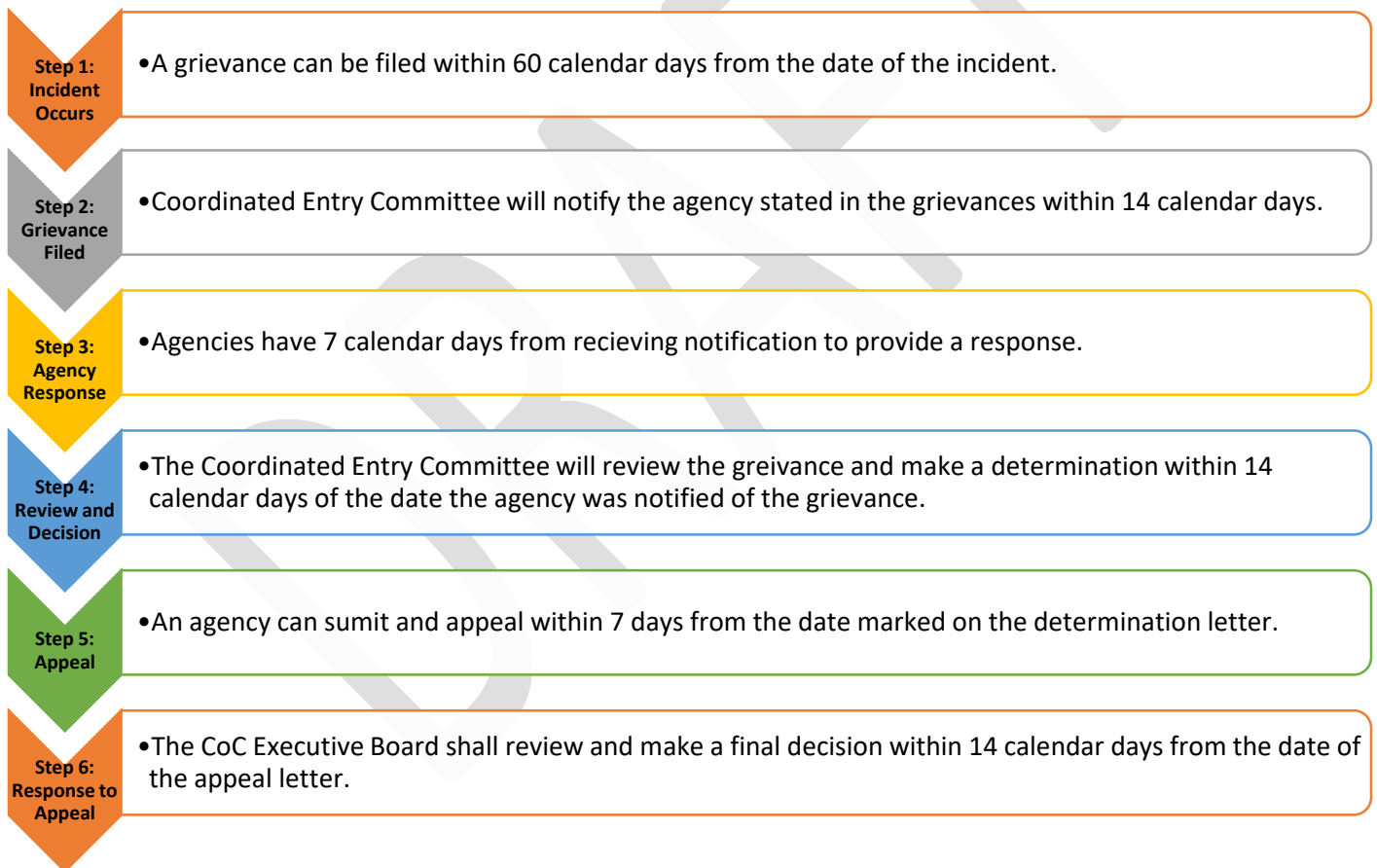
The agency issued corrective action plan may request a meeting, in person or via telephone, to discuss the implementation of corrective action plan. The Coordinated Entry Oversight Committee may provide training and reasonable assistance in the agency's effort to comply. All efforts shall be made to resolve grievances in a timely manner. The time frames provided indicate a maximum number of days for each step in the process.

Grievance Appeal Procedure

An appeal may be filed with the CoC Executive Board if either party believes the Coordinated Entry Committee failed to comply with the Coordinated Entry policies and procedures for investigating a grievance, acted in an unreasonable manner, would like to have new information considered that was not previously available, or do not agree with the findings based on the evidence presented. An appeal

must be submitted in writing within 7 calendar days from the date marked on the determination letter from the Coordinated Entry Committee. Appeals received after 7 calendar days from the date of the letter will not be reviewed. The CoC Executive Board will review the appeal and may designate one or more Board members or other assigned committee to review the appeal, supporting documentation, and collect additional information necessary to consider the appeal. After gathering relevant information, the review of all collected information and make a determination as to whether the Coordinated Entry Committee followed Coordinated Entry grievance procedure and the corrective action was reasonable based on the evidence presented. The Board President or designated Board member(s) or other assigned committee will inform the appealing party in writing of their determination within 14 calendar days from the date of the appeal letter. The decision of the CoC Executive Board is final.

Coordinated Entry Grievance Timeline



Coordinated Entry Grievance and Appeals Form

If there is a problem or concern, we want to know about it. The information on this form will be used to address your concerns and otherwise kept confidential. If you need assistance completing this form, please contact us at cemanager@accesscewpa.org. You can expect a response within five working days. Completing this form will not negatively affect your status within the Coordinated Entry system.

Name of person completing this form: _____

Who should we follow up with in regards to this form: _____

Phone #: _____ Email: _____

Secondary Phone #: _____

Preferred Method of Contact: Call Email Mail: Address _____

Can we leave confidential info? Voicemail Email Mail

Alternative contact information: _____

Can we leave confidential info? Yes No

Program staff, agency/site involved in incident: _____

What is this in regards to:

- Housing Assessor
- The assessment
- Coordinated entry system score, homeless status, or recommended housing intervention
- Provider (housing, shelter, or other agency involved in Coordinated Entry)
- Denial from housing program
- Other

Please provide a Narrative Description of Incident (a space is provided on the next page)

- Explain the complaint or issue (names of those involved and dates);
- How has your concern been addressed? (by yourself or others);
- What would you like to see happen?

IX. Emergency Transfer Plan

Emergency Transfers

The Western PA CoC is concerned about the safety of participants in homeless assistance programs, and such concern extends to participants who are victims of domestic violence, dating violence, sexual assault, or stalking.

In accordance with the Violence Against Women Act (VAWA),² Western PA CoC homeless assistance programs providing housing or rental assistance must allow participants who are victims of domestic violence, dating violence, sexual assault, or stalking 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.³ CoC/ESG providers will work with the Western PA CoC's Coordinated Entry System to enact an emergency transfer through resources beyond those available within the providers' own organization. The ability of the Western PA CoC's Coordinated Entry System to honor such request for participants currently receiving assistance, however, may depend upon a preliminary determination that the participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether another dwelling unit is available and is safe to offer the participant for temporary or more permanent occupancy.

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.

Eligibility for Emergency Transfers

A participant is eligible for an emergency transfer when any member of the household is a victim of domestic violence, dating violence, sexual assault, or stalking, and reasonably believes that there is a threat of imminent harm from further violence if the participant remains within the same unit. If the participant is a victim of sexual assault, the participant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

² Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

³ Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

A participant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan. Participants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

To request an emergency transfer, the participant shall notify their housing provider/ case manager and submit a written request for a transfer to that provider. The provider must provide reasonable accommodations to this policy for individuals with disabilities. The participant's written request for an emergency transfer should include either:

A statement expressing that the participant reasonably believes that there is a threat of imminent harm from further violence if the participant were to remain in the same dwelling unit assisted under the provider's program; OR

A statement that the participant, or a member of the participant's household was a sexual assault victim and that the sexual assault occurred on the premises during the 90- calendar-day period preceding the participant's request for an emergency transfer.

Confidentiality

The housing provider and the Western PA CoC's Coordinated Entry System will keep confidential any information that the participant submits in requesting an emergency transfer, and information about the emergency transfer, unless the participant gives the housing provider written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the program. This includes keeping confidential the new location of the dwelling unit of the participant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the participant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Participants for more information about the provider's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

While the provider cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request, the provider must act as quickly as possible to move a participant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit, either within the provider's own inventory or through a transfer facilitated through the Western PA CoC's Coordinated Entry System.

If a participant reasonably believes a proposed transfer would not be safe, the participant may request a transfer to a different unit. If a unit is available, the transferred participant must agree to abide by the terms and conditions that govern occupancy in the unit to which the

participant has been transferred. Neither the provider, nor the the Western PA CoC's Coordinated Entry System Liaison may be able to transfer a participant to a particular unit if the participant has not or cannot establish eligibility for that unit.

At the participant's request, the housing provider will also assist participants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Protocol for transfer request

If the provider cannot transfer the participant through resources operated by/ available through their own organization, the housing provider or case manager will need to contact the Coordinated Entry Specialist to request assistance. The Coordinated Entry Specialist will work quickly, following the protocol outlined in the Coordinated Entry Policies and Procedures manual in order to assist the housing provider to identify an alternate safe unit.

Safety and Security of Participants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the participant is urged to take all reasonable precautions to be safe.

Participants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Participants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

Participants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Appendix A: Housing Problem-Solving

Housing Problem-Solving (HPS) is a set of three approaches—Homelessness Prevention, Diversion, and Rapid Exit—designed to engage participants’ existing strengths and support networks to help them remain in or return to permanent housing without an ongoing subsidy.

Although HPS is an emerging practice, early data suggests that coordinated entry systems that deploy HPS as a core activity can successfully help more than 50% of coordinated entry participants retain or return to housing without an ongoing subsidy.

HPS requires both coordinated entry systems and service providers to reorient their thinking about how to resolve episodes of homelessness. Systems and providers must approach each participant with curiosity and confidence in that participant’s capacity to achieve and maintain safe, stable permanent housing without a subsidy. Instead of assuming participants would not request homeless services assistance except as a last resort, systems and providers must assume that many participants have resources they have not yet tapped. This can happen for many reasons:

- Participants who are acting from places of fear or trauma may not be cognizant of their resources and need assistance to think through their options
- Participants may be unwilling to access their resources out of hurt, pride, or social pressures
- Participants may need third-party mediation to help access or support them in accessing their resources
- Participant resources may be locked behind barriers that could be resolved with comparatively small one-time payments

For more information about HPS, please refer to the following page on the HUD Exchange: <https://www.hudexchange.info/resource/6494/covid19-homeless-system-response-housing-problem-solving/>

Appendix B: Regional Written Process Requirements

Each Region is required to develop written processes for implementing the CES P&Ps. This Appendix both collects requirements from other parts of this document and specifies requirements that are not otherwise defined.

At minimum, each Region's written processes must include:

- How the Region's anchor agency is selected, whether anchor agencies serve for a specific or undefined duration, and any additional responsibilities beyond those defined in this document
- The structure and qualities of the Region's housing prioritization list(s)
- The Region's process for selecting participants to add to its housing prioritization list(s)
- The Region's process for selecting participants to refer to available housing project slots
- How the Region will create and operate a street outreach network, including how that network will provide coverage to the Region's entire geographic area and reach those who are hardest to serve; the activities of the street outreach network may take into account and be limited by the Region's current funding for street outreach activities

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Appendix C: Regional Written Processes

Homeless Prevention

Region 1	Region 2	Region 3	Region 4
<p>Current homeless prevention activities are operating with efficiency and remain driven by local relationships and client input. Access sites are expected to be aware of the homeless prevention partners in their local communities and have ongoing and regular communication, including, where needed, releases of information to coordinate application assistance.</p> <p>The region has no additional requirements of specific regional policies governing homeless prevention activities.</p>			

Effective Marketing and Outreach Expectations

Region 1	Region 2	Region 3	Region 4
<p>The region has no additional requirement of specific regional policies governing marketing and outreach. Partners are expected to adhere to the expectations outlined in the CoC-wide policies.</p>			

Expectations for Access Sites

Region 1	Region 2	Region 3	Region 4
<p>The Region has not identified any additional region-specific expectations for access sites.</p>	<p>The Region has not identified any additional region-specific expectations for access sites.</p>	<p>Access sites must be engaged with clients in document gathering during the Housing Problem-Solving Phase of the Coordinated Entry Process.</p>	<p>The Region has not identified any additional region-specific expectations for access sites.</p>

Discontinuation of Rapid Exit Services

Region 1	Region 2	Region 3	Region 4
<p>Rapid Exit Services shall continue indefinitely where a client remains engaged with the Coordinated Entry System. After 45+ days without engagement and demonstrated re-engagement activities (minimum 3 attempts using multiple methods (e.g. phone, email)), the household will be indicated as missing/inactive and will follow the CoC-wide policy for attrition at 60 days.</p> <p>Additional reasons for discontinuing rapid exit services include:</p> <ol style="list-style-type: none"> a) Household moves to another CoC &/or doesn't want to be in our CoC 			

- b) Household Incarcerated/Institutional setting with known sentence to be longer than 90 days

See Section V.c.1. for additional information regarding termination.

Moving from Triage to Prioritization

Region 1	Region 2	Region 3	Region 4
Households will move from the Triage List to the Prioritization List based on Housing Need (HN) and Service Need(SN) ranking and chronic homeless status:			
Chronically Homeless, High SN + High HN, High SN + Moderate HN, High SN + Low HN, Moderate SN + High HN, Moderate SN + Moderate HN, Moderate SN + Low HN, Low SN + Moderate HN, Low SN + Low HN			

Prioritization List

Region 1	Region 2	Region 3	Region 4
The Prioritization List will consist of a size equivalent to:			
The greater of 20 households or 100% of program openings	The greater of 20 households or 100% of program openings	The lesser of 40 households or 100% of program openings	The lesser of 150% of program openings or 100% of households reaching 30 days enrolled in CE
The Prioritization List will be track households referred to projects and will be arranged into a PSH- list and a Non-PSH list. These lists will be arranged and managed by the CE Specialist.			

Housing Referral Process

Region 1	Region 2	Region 3	Region 4
Housing Referral for openings will occur at Case Conference Meetings*, which will be held:			
Monthly & Virtually	Bi-Weekly & Virtually	Weekly & Virtually	Weekly & Virtually
At the beginning of Case Conference sessions, the moderator will allow for providers to identify any priority or unique cases that would need to be considered in relation to “fast-tracking” any phase or the CES processes or be included in prioritization conversation.			

* *Lawrence County Exception:* Lawrence County Community Action Program is able, with current resources, to offer ESG-RRH to 100% of qualifying households. As such, they will continue to immediately connect this service to households experiencing homelessness.

Prioritization Decision Making & Tie Breakers

Region 1	Region 2	Region 3	Region 4
<p>Housing Referral Prioritization decisions for housing openings will be primarily indicated by Housing Needs and Service Needs, relying on critical input from direct-line staff/case managers. Prioritization will follow this order:</p> <p>Chronically Homeless, High SN + High HN, High SN + Moderate HN, High SN + Low HN, Moderate SN + High HN, Moderate SN + Moderate HN, Moderate SN + Low Housing Need, Low SN + Moderate HN, Low SN + Low HN</p> <p>In cases of decision-making challenges, the region has opted to use the following tie-breaking methodology:</p>			
<p>Specially assigning the decision to the CE Manager, CE Regional Specialist, and CE DV Specialist, with input from Referring Agencies, and requiring an expedited decision which may not exceed seventy-two (72) hours.</p>	<ol style="list-style-type: none"> 1) Length of Time Homeless (LOTH) 2) Popular anonymous vote 3) Establishment of a Tribunal 	<ol style="list-style-type: none"> 1) Receiving provider makes the tie-breaking decision; providing it aligns with written standards and CE or other CoC P&P's 	<ol style="list-style-type: none"> 2) Popular vote of conference attendees 3) Receiving provider makes the tie-breaking decision; providing it aligns with written standards and CE or other CoC P&P's

Document Readiness for Housing Referral

Region 1	Region 2	Region 3	Region 4
<p>The Housing Provider (receiving agency) will be responsible for collecting all required documentation for housing referrals (e.g. proof of disability). The region expects partner agencies and access sites to collaborate in gathering all necessary documentation. In</p>	<p>The Housing Provider (receiving agency) will be responsible for collecting all required documentation for housing referrals (e.g. proof of disability). The region expects partner agencies and access sites to collaborate in gathering all necessary documentation. In</p>	<p>The Access Site (referring agency) will be responsible for collecting all required documentation for housing referrals (e.g. proof of disability). The region expects partner agencies and access sites to collaborate in gathering all necessary documentation. In</p>	<p>The Housing Provider (receiving agency) will be responsible for collecting all required documentation for housing referrals (e.g. proof of disability). The region expects partner agencies and access sites to collaborate in gathering all necessary documentation. In</p>

addition, Access sites should work on document readiness during the housing problem phase of the CES.	addition, Access sites should work on document readiness during the housing problem phase of the CES.	addition, Access sites should work on document readiness during the housing problem phase of the CES. PSH Referrals require all appropriate documentation is secured prior to making a referral.	addition, Access sites should work on document readiness during the housing problem phase of the CES.
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Eligibility Documentation for Referrals Includes:

PSH – Chronically Homeless: Proof of disabling condition, proof of homeless history (4 episodes totaling 1 year within the last 3 years, or consecutive year of homelessness leading up to referral), proof of current Category 1 homelessness

PSH – Non-Chronically Homeless: Proof of disabling condition; proof of current Category 1 homelessness

CoC RRH: Proof of current Category 1 and/or Category 4 homelessness

ESG RRH: Proof of current Category 1 homelessness

Additional Case Conferencing

Region 1	Region 2	Region 3	Region 4
The region has elected to not have additional case conference sessions for households who are triaged but not prioritized, or any other groups. Access sites will continue to provide Rapid Exit Services to these households.			

Regional Data Considerations

Region 1	Region 2	Region 3	Region 4
The region has identified no additional or special region-specific data considerations.			

Region-Specific VSP Processes

Region 1	Region 2	Region 3	Region 4
The region has identified no additional or special region-specific VSP processes.	The region has identified no additional or special region-specific VSP processes.	The Victim Service Providers (DV Access Sites) in this region can submit data via the CoC-wide process or by collaborating locally with their Non-	The region has identified no additional or special region-specific VSP processes.

		DV Access Sites in their County.	
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Updating/Revising Policies and Procedures

Region 1	Region 2	Region 3	Region 4
<p>The region shall update their policies at least yearly, using a single or series of collaborative meetings. The CE Specialist is responsible for ensuring the review process occurs and will submit any recommendations to the Coordinated Entry Committee for final adoption and submittal to the CoC Governing Board.</p> <p>a) Voting process: The region will adopt any recommendations by consensus of open group forum (majority) – provided each County is represented (DV and non-DV access sites, housing provider. Providers may represent more than one type of representative, but will only have one vote.</p>			

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