



Southern Nevada Coordinated Entry System Policies & Procedures

Draft 12/12/17

1. THIS IS A DRAFT; ALL SECTIONS ARE SUBJECT TO CHANGE BASED ON BOARD AND CoC FEEDBACK.
2. ALL SECTIONS REQUIRED TO BE IN THE P+P BY HUD PER THE CPD-17-01 NOTICE ARE HIGHLIGHTED AND HAVE FOOTNOTES THAT REFERENCE THE SPECIFIC REQUIREMENT
3. Areas where CoC/Board input and/or assistance is needed are in red font (see pages 28, 31).

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1. PURPOSE AND BACKGROUND

The Southern Nevada Coordinated Entry System for homeless services launched its Households without Minor Children pilot in July 2014, and launched implementation for sub-populations (i.e., Families/Households with Minor Children, Youth, and people experiencing or fleeing domestic violence) in October 2017. This document outlines the policies and procedures for all populations experiencing homelessness in Southern Nevada. Where relevant, unique and separate policies and procedures that apply to particular sub-populations are noted.

The Southern Nevada Continuum of Care, which includes all of the housing and homeless service providers in Southern Nevada, uses the Coordinated Entry System to engage individuals and families in housing and services. Coordinated Entry is a centralized or coordinated process designed to streamline participant intake, assessment, and provision of referrals. A Coordinated Entry system covers a specific geographic area, is easily accessed by anyone seeking housing or services, is well advertised, and includes comprehensive and standardized assessment, prioritization, and referral processes.

The purpose of a Coordinated Entry System is to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, and connected to housing and homeless services based on their strengths and needs. It uses standardized tools and practices, incorporates a system-wide Housing First (no barriers to entry) approach, and, in an environment of scarce resources, coordinates housing support so that those with the highest vulnerability and most severe service needs are prioritized.

Implementing Coordinated Entry is a federal requirement for several federal programs under the Department of Housing and Urban Development (HUD). In Southern Nevada, we have used it as an opportunity to initiate changes in our homeless response system, shifting from an ad hoc access and assessment process to a standardized process for all clients with coordinated referrals to housing and supportive services.

A glossary of key terms and commonly used acronyms used throughout these Policies & Procedures is available as an appendix.

2. KEY PRINCIPLES

As part of Southern Nevada's planning and design process for Coordinated Entry (CE), the community articulated the following principles:

- ***Easily accessible for clients.*** Ensuring that the broad community can easily access the CE system will be a priority.
- ***Ease of use for agencies.*** The system will be designed so that participating agencies will not be excessively burdened by additional processes.
- ***Housing focused.*** All parts of the CE system will maintain a focus on housing.
- ***Prioritize based on need.*** Options for presenting clients will be prioritized based on need, rather than a first come, first served basis.

- **Housing First:** The Southern Nevada CE system will incorporate a Housing First philosophy by ensuring that homeless clients will be housed regardless of any presenting mental health or substance using status, and ensuring that clients with the highest level of acuity are provided the most intensive housing and service interventions available.
- **Sustainable:** The CE system will be sustainable over time in terms of funding, staffing, and other resources.
- **Client centered:** The CE system will strive to meet the individual needs of every client by being supportive and flexible, allowing for client choice and self-sufficiency.
- **Coordinated services:** The services provided by homeless service providers participating in the CE system will be coordinated, minimizing duplication.
- **Use of real-time data:** The CE system will pursue the ability to use real-time data from the Clarity system to form the basis of CE decision-making, accountability, and resource allocation.
- **Accountable:** To ensure accountability, the system will be monitored and evaluated on a real-time basis and providers will be held accountable to decisions made during the CE system planning process.
- **Leverage existing partnerships and resources:** The CE system will not completely “reinvent the wheel,” and will leverage and improve upon existing partnerships and resources to minimize implementation “growing pains.”
- **Quality Assurance:** The CE system must have a mechanism for ongoing, regular quality assurance to ensure rigor and consistency in tools, standards, and staff trainings.
- **Access:** Access should be as low barrier as possible and offer immediate engagement (i.e., assessment that will lead to connection to needed services).
- **Interdependency:** The CE system will promote interdependency
 - **between programs**, by promoting trust about assessments, referrals, and warm handoffs, and
 - **between programs and clients**, as clients are connected to the right intervention with consideration for their preferences.
- **Streamlined Process:** The CE process should be streamlined for clients and front line staff by reducing the number of times clients are asked redundant questions throughout the system of care, improving efficiency.

3. SYSTEM OVERVIEW AND WORKFLOW

The Southern Nevada Coordinated Entry system is a collaboration of multiple community, government, and faith-based agencies that collectively provide services that range from prevention of homelessness to permanent housing placements. Consumers are linked to supports needed to obtain and sustain housing.

A. Eligibility

Our CE system is designed to serve anyone in Southern Nevada who is experiencing a housing crisis. This includes those who are:

- **Unsheltered** (i.e., living in a place not meant for human habitation, including outside, in a car, on the streets, or in an encampment),
- **Sheltered** (e.g., in emergency shelter, transitional housing, or safe haven), or
- **At imminent risk of homelessness** (e.g., will lose primary nighttime residence within 14 days and/or is fleeing or attempting to flee domestic violence, has no subsequent residence identified, and lacks resources and support to obtain other permanent housing).

B. Access

Consumers connect to services through one of two portals:

- **Access Sites:** A number of physical sites provide a walk-in option for individuals and families who need to connect to homeless services. Clients who indicate that they are homeless or at risk of homelessness will be given a community housing assessment or an appointment for a future assessment.
- **Outreach:** Outreach teams engage homeless individuals and families living outside, help facilitate and/or deliver health and basic needs services, deliver community housing assessments, and connect clients to other homeless services.

C. Assessment

Severity and type of needs are assessed through a variety of tools:

- **SATT Pre-Screen:** The Short Assessment Triage Tool, a community-developed tool that is used with all clients to: collect basic information regarding the individual or family, identify immediate safety needs, and identify which sub-population assessment is best suited for the individual or family.
- **CHAT** (for single adults/households without minor children): The Community Housing Assessment Tool, a community-developed tool that prioritizes single adults for available permanent housing based on acuity and chronicity.
- **TAY VI-SPDAT:** A combination of the TAY Triage Tool and the VI-SPDAT that predicts which youth are most likely to experience long-term homelessness, and prioritizes youth who are on a trajectory to becoming chronically homeless adults.
- **F-CHAT** (for families/households with minor children): The Family Community Housing Assessment Tool, a community developed tool that prioritizes families for available permanent housing based on acuity and chronicity.
- **DV Housing Assessment** (for individuals or families who were initially assessed through a DV crisis assessment and are now residing in a DV shelter): A community-developed tool that assesses stability and safety to those who've recently experienced a domestic violence crisis. The assessment is performed by DV shelter providers and will gauge preparedness based on safety and support factors for referrals to housing.

The tools gather only enough client information to determine the severity of need and eligibility for housing and related services. In addition, the community believes that these tools are appropriately adjusted according to specific subpopulations (e.g., youth, individuals, families,

and chronically homeless.) The community also believes that these tools reflect the developmental capacity of the clients being assessed. The tools incorporate a person-centered approach, in that they are at least partly based on clients' strengths, goals, risks, and protective factors, they are easily understood by clients, and they are sensitive to clients' lived experiences. Finally, these tools use locally specific assessment approaches that reflect the characteristics and attributes of the CoC and CoC participants.

The current version of each tool (with the exception of the DV Housing Assessment) is available in the Southern Nevada Homeless Management Information System (HMIS).

All areas where in-person assessments are conducted will be made as safe and confidential as possible within reason so that people will feel comfortable identifying sensitive information or safety issues.

No person will be screened out of the CE process due to perceived barriers to housing or services, including, but not limited to: too little or no income, active or past substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability, the services or supports that are needed because of a disability, a history of evictions or of poor credit, a history of lease violations, a history of not being a leaseholder, or a criminal record.¹

All participants in the CE process will be freely allowed to decide what information they provide during the assessment process and to refuse to answer assessment questions. Although participants may be ineligible for some programs based on a lack of information, a participant's refusal to answer questions will not be used as a reason to terminate the participant's assessment, nor will it be used as a reason to refuse to refer the participant to programs for which the participant appears to be eligible.²

The assessment process will not require disclosure of any specific disabilities or diagnoses. However, the assessment process may attempt to collect specific information about a person's diagnoses or disabilities in so far as is necessary:

- to determine program eligibility;
- to make appropriate referrals;
- to determine client vulnerability or severity of need; and/or,

¹ **Assessment: Process** – CoC maintains written policies and procedures that prohibit the coordinated entry process from screening people out of the coordinated entry process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record. (HUD Coordinated Entry Notice: Section II.B.4)

² **Assessment: Participant Autonomy/Prioritization: Non-discrimination**

CoC coordinated assessment participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. Written policies and procedures specify the conditions for participants to maintain their place in coordinated entry prioritization lists when the participant rejects options. *Note – Programs may require participants to provide certain pieces of information to determine program eligibility only when the applicable program regulation requires the information to establish or document eligibility. (HUD Coordinated Entry Notice: Section II.B.11)

(requirement partially met here; fully met in other section of P+P)

- to provide a reasonable accommodation for the person being served.³

D. Matching and Referrals

Clients are matched with available resources based on need and vulnerability. The most vulnerable clients are prioritized for available housing and services. The full continuum of our homeless housing and services are available through the Southern Nevada CE system.

All programs receiving referrals through the CE system, including CoC/ESG funded programs, must use the CE system established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services. Provider agencies not participating in the CE system will nonetheless be required to use the CE system to link their clients to the housing and services programs that are participating in CE. The Coordinated Entry Working Group (CE Working Group) will maintain and annually update a list of all participating providers and resources that may be accessed through referrals from the CE system. The annually updated list will be available on the Southern Nevada Homelessness Continuum of Care's website, at <http://helphopehome.org/coordinated-entry>.

Each CoC project must establish specific eligibility criteria that the project will use to make enrollment determinations, and these criteria must be made available to the public. Determining *eligibility* is a different process than determining *prioritization*:

- **Eligibility** refers to limitations on who can be accepted into a program based on the program's funding sources, authorizing regulations, real estate covenants or rental agreements, and capacity to provide necessary services.
- **Prioritization** refers to the order in which eligible persons will be referred to a project based on factors such as need and vulnerability.⁴

E. Case Conferencing

For persons experiencing homelessness, referral to transitional housing, rapid rehousing, and permanent supportive housing interventions will be intentionally and primarily made in a centralized manner, following the prioritization methodology outlined in these policies and procedures. To ensure that all individuals are matched to appropriate resources based on

³ **Assessment: Privacy Protections**

CoC has established written policies and procedures establishing that the assessment process cannot require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals. (HUD Coordinated Entry Notice: Section II.B.12.f)

⁴ **Prioritization: Non-Discrimination**

CoC does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex age, familial status, disability, actual or perceived sexual orientation, gender identify or marital status. CoC's written policies and procedures for CE document how determining eligibility is a different process than prioritization. **Note – In certain circumstances some projects may use disability status or other protected class information to limit enrollment, but only if Federal or State statute explicitly allows the limitation (e.g. HOPWA-funded projects may only serve participants who are HIV+/AIDS).*

objective determinations of vulnerability and need, the role of case conferencing will be limited to the following activities:

- Ensuring Successful Placement and Housing Retention: Address the needs of the most challenging or difficult-to-serve clients in order to ensure that they are able to access the resources for which they have been referred, as well as to ensure those who have been placed in housing are able to retain it or be assisted in accessing a more appropriate placement. Case conferencing may be an integral part of the matching process.
- Ensuring Document Readiness: Ensure the document readiness of all clients is being addressed, beginning with those individuals near the top of the Community Housing Queue most likely to receive a referral in the near future; and,
- Ensuring Effective Client Navigation of the Coordinated Entry System: Ensure that clients are not excluded from accessing resources for which they are eligible and are appropriate to their needs if they would otherwise remain on the housing queue for an extended period of time (e.g., determining whether a chronically homeless individual who is eligible for PSH would have a substantial likelihood of success in a RRH program, or determining whether there are underlying reasons a client has rejected or been rejected by multiple referrals that might be addressed in a manner that facilitates successful placement upon the next referral).

F. Appeals/Grievance Process

To ensure that each participating provider agency as well as the CE Working Group is fulfilling its obligations in accordance with the policies and procedures described in this document, the following grievance process will be used. This process is designed to create accountability amongst the provider agencies and to individuals experiencing homelessness.

i. Grievances against provider agencies or the CE Working Group

Any participating provider agency/staff member, outreach worker, or Community Matcher may identify a provider agency violation or deficiency in following CE policies.

To file a notice of violation or deficiency (complaint) by a provider agency (or member if its staff), the following procedure must be used:

1. The person or agency claiming a violence or deficiency will notify the participating provider agency of the issue(s) and attempt to work out a solution.
2. If no solution is found, the complainant will prepare a written statement describing: the deficiency, all prior attempts at resolution, and a proposed solution going forward.
3. The written statement will be provided to the participating provider agency, which may prepare a written response.
4. The CE Working Group, or an authorized sub-committee or ad hoc group, will review the written statement and any written response. If deemed necessary or appropriate, the CE Working Group may allow the subject of the complaint an opportunity to explain the deficiency and propose a solution.
5. The CE Working Group will then vote on a resolution to the complaint. The CE Working Group's decision is binding. The CE Working Group's decision will be recorded in writing,

and that written decision will be provided to subject of the complaint, as well as the complainant.

6. If either party is not satisfied with the resolution of the grievance by the CE Working Group, a formal appeal may be submitted to the SNH CoC Board via their identified procedure. Any such formal appeal must be made in writing, and must detail: the original grievance, the decision made by the CE Working Group, and the reasons the appealing party disagrees with the decision made by the CE Working Group. The Board Chair will bring the matter to the Board for discussion and a final decision.

If a participating provider agency has a grievance against the CE Working Group as the CE oversight body, the following procedure will be used:

1. The participating provider agency shall provide a written summary of the complaint and desired resolution to the CE Working Group.
2. The CE Working Group will provide a written response to the complaining provider agency and will make a good faith attempt to resolve the dispute with the complaining agency.
3. If no mutually agreeable resolution is reached, the CE Working Group must elevate the grievance to the SNH CoC Board as described above.

ii. Client Grievances

All participating provider agencies must have a client grievance policy in place, a copy of which should be made available to clients. The policy included here is intended to cover client grievances related specifically to Coordinated Entry related policies, decisions, services or activities. This policy does not address grievances involving a Participating Provider Agency's internal policies, services or activities. In the event a grievance is received regarding an agency's internal policies, services or activities, the grievance will be referred to the appropriate agency for resolution under the agency's grievance policy.

Each participating provider agency must make a good faith effort to resolve a Coordinated Entry-related client grievance as best they can in the moment. Complaints that should be addressed directly by the agency staff member or agency staff supervisor include complaints about agency conditions, how the client was treated by agency staff, and violations of confidentiality agreements. If the client feels the complaint was not adequately addressed, the client should then follow the agency's internal grievance procedure. If the client follows the agency's grievance process and still believes the complaint was not adequately addressed, the client may file a formal grievance with the CE Working Group, using the following procedures:

1. The provider agency shall provide the client with a formal CE System Grievance Form to complete within the time specified on the form. The form will be available on the Southern Nevada Homelessness Continuum of Care's website, at <http://helphopehome.org/coordinated-entry>
2. Within 3 business days of the client completing the form, the provider agency shall provide the form and any additional documentation relating to the grievance, including a written statement, to the CE Working Group.

3. The CE Working Group, or an authorized ad hoc group, will review the CE System Grievance Form and any additional documentation provided by the agency or client and attempt to mediate a solution within 5 working days of receiving the form. If the CE Working Group determines that a client grievance is not related to Coordinated Entry, it will refer the grievance to the appropriate body for consideration and resolution.
4. The CE Working Group may determine that additional investigation (including interviews, additional documentation or written statements, a grievance hearing, or other relevant sources of information) is necessary. If so, additional time beyond the 5 working days may be required to attempt to reach a resolution.
5. If no mutually agreeable resolution is reached, the CE Working Group will make a final decision to resolve the grievance.

If a client has a CE-related grievance that is not specific to a particular provider agency and can therefore not use any provider agency's grievance procedure, the client may submit a CE System Grievance Form directly to the CE Working Group, per the instructions on the form.

If a provider agency or client is dissatisfied with the resolution by the CE Working Group, either can request review by the SHN CoC Board. The Board's review is final.

4. ROLES & RESPONSIBILITIES

A. Southern Nevada Homelessness Continuum of Care

The Southern Nevada Homelessness Continuum of Care (SNH CoC) is the official board acting on behalf of the Continuum of Care to further the mission to end homelessness in Southern Nevada. The Board is made up of representatives from governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, homeless and formerly homeless persons and any other identified stakeholder that benefits the mission of ending homelessness in Southern Nevada. The SNH CoC provides advice and input on the operations of homeless services, program operations, and program development efforts in Southern Nevada, including the Southern Nevada CE system.

With respect to the CE system specifically, the SNH CoC Board will:

- Receive reports from and provide guidance to the Coordinated Entry Working Group, which is the group responsible for overseeing the planning and implementation of CE in Southern Nevada.
- Approve the CoC's CE Policies and Procedures, including any updates.
- Review grievances not satisfactorily resolved at the CE Working Group level, as outlined in the Appeals/Grievance Process section above.

B. Coordinated Entry Working Group

The Coordinated Entry Working Group (CE Working Group) is a working group of the CoC Board, similar to the Planning Working Group, Evaluation Working Group, Monitoring Working Group,

and HMIS Working Group. The Coordinated Entry Working Group serves as the group overseeing the planning and implementation of CE in Southern Nevada, as well as providing updates to the SNH CoC. The Coordinated Entry Working Group:

- is responsible for the implementation and on-going administration, including maintaining documentation, tools and resources necessary to manage access points (including approving any new access points), ensure consistent assessment, prioritize most vulnerable persons and families for assistance, and ensure timely linkage of persons to available housing and services;
- is responsible for development and continuous CE system improvement through system review, analysis, monitoring, and evaluation, which may include working with the HMIS Working Group to review and analyze HMIS data, including reports on system-wide performance measures that will help gauge the success of the CE system;
- attends to system-level matching concerns;⁵
- attends to system-level provider concerns;⁶
- reviews grievances for the CE system that are not resolved at the provider level, as outlined in the Appeals/Grievance Process section above.
- develops and edits CE policies, procedures, and protocols for approval by the SNH CoC Board;
- provides guidance, training, capacity building support, communication updates, and other project support as needed to ensure all participating provider agencies, access points, and referral sources have information and resources necessary to operate and participate in the CE system successfully;
- creates and widely disseminates outreach materials to ensure that information about the services available through the CE system, and how to conduct an assessment for those services, is readily available and easily accessible to the public.

C. HMIS Administrator

The Southern Nevada HMIS is administered by Bitfocus, which provides database management, system level data analysis, and quality control. The HMIS Administrator will:

- maintain the HMIS database as defined by the Southern Nevada HMIS Policies & Procedures;
- generate standard CE system reports on an ongoing basis and generate ad hoc CE system reports and analysis as determined by the CE Working Group;
- ensure HMIS can collect the needed data for monitoring and tracking the process of referrals; and
- participate in CE Working Group and sub-committee meetings as appropriate.

⁵ More granular conversations should take place during case conferencing, sub-committees, or other separate venue.

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D. Provider Agencies

The Department of Housing and Urban Development (HUD) requires provider agencies (including both community-based organizations and government entities) receiving Continuum of Care (CoC) Program or Emergency Solutions Grant (ESG) funding to participate in their jurisdiction's CE system. In addition, many more provider agencies beyond those receiving CoC or ESG funding are participating in the Southern Nevada CE system, as referral sources and providers of housing and services. Provider agencies participating in the Southern Nevada CE system will:

- **Adopt and follow the Southern Nevada Coordinated Entry System Policies & Procedures**— as identified in this document and approved by the Southern Nevada Homeless Continuum of Care (CoC) Board—regarding access points, assessment procedures, client prioritization, and referral and placement in available services and housing.
- **Limit enrollment to participants referred through CE.** Each provider agency with HUD-funded beds, units, or vouchers that are required to serve someone who is homeless must receive its referrals for those beds, units, and vouchers only through the CE system. Any agency filling HUD-funded homeless dedicated units from alternative sources will be reviewed by the CE Working Group for compliance.
- **Maintain low barrier to enrollment in services and housing.** No client may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Providers maintaining restrictive enrollment practices must maintain documentation from project funders or the agency, providing justification for the enrollment policy.
- **Maintain Fair and Equal Access** to CE system programs and services for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, or sexual orientation.
 - If a program participant's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual's needs.
 - Participating provider agencies shall offer universal program access to all subpopulations as appropriate, including chronically homeless individuals and families, Veterans, youth, persons and households fleeing domestic violence, and transgender persons.
 - Population-specific projects and those projects maintaining affinity focus (e.g. women only, tribal nation members only, chronic inebriates, etc.) are permitted to maintain eligibility restrictions as currently defined and will continue to operate and receive prioritized referrals. Any new project wishing to institute exclusionary eligibility criteria will be considered on a case by case basis by the CE Working Group and may receive authorization to operate as such on a limited basis.

- **Provide appropriate safety planning.** Participating provider agencies will provide necessary safety and security protections for persons fleeing or attempting to flee family violence, stalking, dating violence, or other domestic violence situations. Minimum safety planning must include a threshold assessment for presence of participant safety needs and referral to appropriate trauma-informed services if safety needs are identified.
- **Create and share written eligibility standards.** Participating provider agencies will provide to the CE Working Group detailed written guidance for client eligibility and enrollment determinations. Eligibility criteria should be limited to that required by the funder and any requirements beyond those required by the funder and program defined requirements will be reviewed and explored for maximizing client access and improving system performance. This may include funder-specific requirements for eligibility and program-defined requirements such as client characteristics, attributes, behaviors or histories used to determine who is eligible to be enrolled in the program.
- **Communicate vacancies.** Homeless providers will communicate project vacancies—including beds, units, and vouchers—to the CE System matchers in a manner determined by the CE Working Group and outlined in this document.
- **Participate in planning.** All homeless service provider agencies are encouraged to participate in Southern Nevada CE planning and management activities as defined and established by the CoC Board, including participation in committees and workgroups.
- **Contribute data to HMIS.** Each homeless services provider will participate in HMIS. Providers should check with the HMIS Working Group to determine what forms they will need to complete in HMIS.
- **Ensure staff who interact with the CE system receive regular training and supervision.** Each provider must notify the CE Working Group of changes in staffing in order to ensure employees have access to ongoing training and information related to the CE system.
- **Ensure client rights are protected and clients are informed of their rights and responsibilities.** Clients will have rights explained to them verbally when completing an initial assessment. All assessors (including outreach workers and staff at physical access sites) will also have a list of clients' rights to show any client who requests to see it after hearing the explanation of rights verbally. At a minimum, client rights include:
 - The right to be treated with dignity and respect.
 - The right to be treated with cultural sensitivity.
 - The right to confidentiality, and information about when confidential information will be disclosed, to whom, and for what purposes, as well as the right to deny disclosure.
 - The right to refuse to participate, although that refusal may limit the system's ability to match the client to all available resources for which the client may be eligible.
 - The right to request a reasonable accommodation in accordance with the project's tenant/client selection process.
 - The right to choice of available housing/services for which they are eligible.
 - The right to appeal CE system decisions.
 - The right to have an advocate present during the appeals process.

E. Street Outreach Providers

ESG- and CoC-funded street outreach providers are required to participate in the CE process in the following ways:

- Conduct assessments in the field;
- Provide continuous engagement to encourage hesitant individuals to participate in CE;
- Assist housing matchers to locate individuals for which housing is ready; and,
- Address clients' immediate crisis needs.⁷

All street outreach staff, regardless of funding source, will ensure that persons encountered by street outreach workers are offered the same standardized process as persons who access coordinated entry through site-based access points.

F. Clients

Clients will be expected to participate in assessments in order to be connected to the available services that best meet their needs.

While clients have the right to refuse to participate in HMIS, participation will assist providers in coordinating referrals.

Clients are asked to cooperate with staff to provide documentation to meet program eligibility criteria (e.g., homeless status).

Clients are expected to partner with provider agencies in resolving their housing crisis by participating in finding and obtaining housing and services.

If a client exercises their right to refuse a housing or service placement, they remain on the Community Housing Queue. However, two rejections of scattered-site housing will lead to a standardized evaluation by the CE Working Group to reassess their participation.

Clients are expected to attend scheduled appointments.

Clients on the Community Housing Queue should update their location and contact information as needed, and are required to check in every thirty (30) days to remain on the Queue. Check-in can include contacting a site, receiving a service recorded in HMIS, or having contact with a member of Coordinated Outreach.

⁷ Access: Street Outreach

Street outreach efforts funded under ESG or the CoC program are linked to the coordinated entry process. Written policies and procedures describe the process by which all participating street outreach staff, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized process as persons who access coordinated entry through site-based access points. (HUD Coordinated Entry Notice: Section II.B.6)

Clients have the right to appeal any CE decisions that deviate from the objective standards and practices outlined in this document. The process for appealing is outlined in the Appeals/Grievance section above.

5. ACCESS

One of the primary goals of Southern Nevada's CE system is to ensure that client access is easy, fast, and offers immediate engagement. Therefore, our CE system offers multiple points of access for people experiencing or at imminent risk of homelessness. The assessment process will be consistent across all access points, so that participants receive the same care regardless of where or how they enter the system.

At each access point specified below, once staff determines an individual or family is willing to engage, the staff administers the SATT to determine, among other things, which assessment tool is the most appropriate tool to use. The individual/family is asked to participate in the Homeless Management Information System (HMIS.) Individuals who agree to participate sign a Release of Information form. Upon consent, the appropriate Southern Nevada community housing assessment is completed.

A. CE System Access Points

i. Field Outreach

When Homeless Outreach Team staff encounter an individual residing in a place not meant for human habitation, the teams provide the individual with water and food. If the individual is willing to engage, the staff administers the SATT to determine which assessment tool is the most appropriate tool to use.

The individual is asked to participate in the Homeless Management Information System (HMIS.) Individuals who agree to participate sign a Release of Information (ROI) form. Upon consent, the most appropriate community housing assessment, as identified by the SATT, is completed.

Outreach workers are able to administer all subpopulation-specific assessment tools. However, when an outreach worker identifies that a person is a youth, part of a family, and/or a survivor of domestic violence, the outreach worker informs the person that he/she/they has a choice to be assessed by a provider who specializes in working with members of that subpopulation. If the person would like to be assessed by one of those providers, rather than the outreach worker, the outreach worker assists to connect the person to one of those providers, either by requesting the provider send an assessor to where the person is, or by assisting the person to get to the appropriate CE Access Site. If the person cannot be connected to a subpopulation provider, outreach workers offer to administer the assessment where the person is.

When outreach staff encounter a person who identifies as a veteran, they make contact with the Veterans Affairs Community Resource and Referral Center (VA CRRC) to determine whether a

CRRC outreach worker is available to meet the client where they are. Some outreach teams may be able to transport the veteran to the CRRC, assuming the veteran is willing. If a CRRC outreach worker is not available and the outreach team is not able to transport the veteran to the CRRC, outreach staff is able to administer the appropriate assessment tool where the client is.

Geography and Hours:

- The Coordinated outreach efforts cover all of the boundaries of the County of Clark and the jurisdictions therein. There are outreach teams operating 7 days a week. The hours vary depending on the community needs.

ii. Physical Locations

The precise locations and operating hours of physical access sites described below are available on the Southern Nevada Homelessness Continuum of Care’s (SNH CoC) website, at <http://helphopehome.org/coordinated-entry>. The list on the website is updated as additional access sites become available, or locations or hours change.

a. Access Sites for all Populations

When a client enters a physical Access Site without a prior appointment, the goal is to offer intake and assessment at the time of drop-in. If an intake worker or assessor is not available to conduct an intake and assessment at the time of drop-in, clients are given a date and time to return for a future assessment, taking into account to the extent possible both the client’s availability and ability to return. Site-specific information (including physical location, contact information, drop-in/walk-in times, and appointments) is posted on the SNH CoC’s website, at <http://helphopehome.org/coordinated-entry>.

b. Veterans Access Site – Veterans Affairs (VA) Community Resource and Referral Center (CRRC)

When a person seeking homeless services or housing presents at the VA CRRC, staff administer the SATT to determine the appropriate housing assessment. When an individual who comes to the CRRC as a “walk-in” is determined to be a “non-Veteran” (i.e., individuals who do not meet the local criteria for “veteran”), staff will update Veteran status in HMIS and assist the individual in connecting with the appropriate CE access site. When a confirmed Veteran is not eligible for VA housing assistance, CRRC staff will administer the appropriate community housing assessment.

c. Survivors of Domestic Violence Access Site(s)

The CE system ensures that survivors of domestic violence are able to access any homeless program that is able to ensure participant safety and is appropriate to their needs; no individual

or family is denied access to any homeless program due to experiences as a survivor of domestic violence.⁸

Clients identified (either at a CE Access Site or during outreach) as survivors of domestic violence are directed to the local DV Crisis Hotline for assessment for immediate safety prior to entry into the CE system, as well as emergency housing where appropriate. If there is shelter space available, a crisis assessment will be completed to determine eligibility for shelter. If eligible, crisis hotline staff will walk through the next steps to accessing shelter. If not eligible, households will be referred to other Coordinated Entry Access Sites.

B. Emergency Shelter Access:

The CE System will maintain connections with the emergency care system (including first responders) using all of the following techniques:

- Encouraging emergency service providers to promptly forward information about homeless residents who have been served at night or on the weekend to an appropriate CE access site, so that those residents can be integrated into the CE system at the earliest opportunity.
- Ensuring that all emergency services connected with the CoC, including all domestic violence hotlines, emergency service hotlines, drop-in service programs, emergency shelters, domestic violence shelters, and other short-term crisis residential programs, are able to receive and care for residents even during hours when CE access points are not available.
- Ongoing engagement between homeless services providers and emergency medical or behavioral health care providers to discuss strategies for reducing barriers to communication between the health care system and the homeless system of care.⁹

When an outreach worker or staff at a CE access site encounters an individual or family who would like to access emergency shelter, the staff will contact emergency shelter providers to check availability and provide an appropriate referral, including requesting the emergency shelter hold a spot for the individual/family if possible and providing transportation or a bus pass if available.

⁸ Access: Safety Planning

CoC has a specific written CE policy and procedure to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. At a minimum, people fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter. (HUD Coordinated Entry Notice: Section II.B.10)

⁹ Access: Emergency Services

CoC's written CE policies and procedures document a process by which persons are ensured access to emergency services during hours when the coordinated entry's intake and assessment processes are not operating. CE written policies and procedures document how CE participants are connected, as necessary, to coordinated entry as soon as the intake and assessment processes are operating. (HUD Coordinated Entry Notice: Section II.B.7.b)

C. Prevention Access:¹⁰

Clark County does not have separate access points for homeless prevention services. Households seeking prevention services can access available services through any CE access point.

6. ASSESSMENT

The standardized assessment process, including the criteria used for uniform decision-making across access points and staff is described in this section.¹¹ Assessors are required to complete a user agreement prior to accessing the assessment tools in the HMIS. This user agreement outlines the code of conduct for assessors in reference to interaction with clients and other providers. A copy of the user agreement is included in the appendix.

No person will be screened out of the CE process due to perceived barriers to housing or services, including, but not limited to: too little or no income, active or past substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability, the services or supports that are needed because of a disability, a history of evictions or of poor credit, a history of lease violations, a history of not being a leaseholder, or a criminal record.¹²

All participants in the CE process will be freely allowed to decide what information they provide during the assessment process and to refuse to answer assessment questions. Although participants may be ineligible for some programs based on a lack of information, a participant's refusal to answer questions will not be used as a reason to terminate the participant's assessment, nor will it be used as a reason to refuse to refer the participant to programs for which the participant appears to be eligible.¹³

¹⁰ Access: Prevention Services

CoC's written CE policies and procedures document a process for persons seeking access to homelessness prevention services funded with ESG program funds through the coordinated entry process. If the CoC defines separate access points for homelessness prevention services, written policies and procedures must describe the process by which persons are prioritized for referrals to homelessness prevention services. To the extent to which other (i.e., non ESG -funded) homelessness prevention services participate in coordinated entry processes, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs. (HUD Coordinated Entry Notice: Section II.B.8) / **Prioritization: Prevention Services** - If separate access point(s) for homelessness prevention services exist in the CoC, written CE policies and procedures describe the process by which persons will be prioritized for referrals to homelessness prevention services.

¹¹ Assessment: Process

CoC's written policies and procedures describe the standardized assessment process, including assessment information, factors, and documentation of the criteria used for uniform decision-making across access points and staff. (HUD Coordinated Entry Notice: Sections II.B.2.g.1 and II.B.3)

¹² **Assessment: Process** – CoC maintains written policies and procedures that prohibit the coordinated entry process from screening people out of the coordinated entry process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record. (HUD Coordinated Entry Notice: Section II.B.4)

¹³ Assessment: Participant Autonomy

CoC coordinated assessment participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without

The assessment process will not require disclosure of any specific disabilities or diagnoses. The assessment process may attempt to collect specific information about a person's diagnoses or disabilities, in so far as is necessary to:

- determine program eligibility to make appropriate referrals;
- determine client vulnerability or severity of need; and/or
- provide a reasonable accommodation for the person being served.¹⁴

Clients are to be re-assessed when they remain on the Community Housing Queue for one year, or if their circumstances have materially changed.

A. Coordinated Entry Access/Assessment Sites

At the client interview, the assessor performs a search of the client in HMIS (or comparable database for survivors of DV) to see what, if any, services this client may have received or is currently receiving through other providers. Clients who indicate that they are currently homeless and requesting housing assistance are first administered the SATT to determine which community housing assessment tool is most appropriate, followed by the appropriate community housing assessment tool, in HMIS. The Southern Nevada CE assessment tools cover areas of medical diagnosis, risks for exploitation, substance abuse, mental health, income, and support systems in addition to length and chronicity of homelessness.

B. Outreach

After initial engagement, the SATT is conducted to collect basic information, identify safety needs, and determine the most appropriate community housing assessment tool to administer. The individual is asked to participate in HMIS (or the separate comparable DV database, when appropriate) if they have not already done so. Individuals sign a Release of Information form once they agree to participate. Upon consent, the appropriate community housing assessment is completed.

C. Assessments for Those Experiencing or Fleeing Domestic Violence

DV CE housing assessments are conducted by the local DV Hotline.

7. PRIORITIZATION

retribution or limiting their access to other forms of assistance. Written policies and procedures specify the conditions for participants to maintain their place in coordinated entry prioritization lists when the participant rejects options. *Note – Programs may require participants to provide certain pieces of information to determine program eligibility only when the applicable program regulation requires the information to establish or document eligibility. (HUD Coordinated Entry Notice: Section II.B.11)

(requirement partially met here; fully met in other section of P+P)

¹⁴ **Assessment: Privacy Protections**

CoC has established written policies and procedures establishing that the assessment process cannot require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals. (HUD Coordinated Entry Notice: Section II.B.12.f)

The factors and assessment information with which prioritization decisions are made for all homeless assistance are described in this section.¹⁵

A. Prevention and Diversion

Prevention services are for clients who are currently housed but at imminent risk of homelessness. Imminent risk is defined as being at risk of becoming homeless within the next two weeks due to rental or utility arrears, eviction, etc. **Diversion** services are for clients who are currently homeless and who might be able to resolve their housing crisis without accessing crisis services like emergency shelter. Both prevention and diversion services may include financial and other services to remain housed or connect clients to alternate housing arrangements, bypassing entry into the homeless system of care.

The SHN CoC has very limited prevention and diversion resources, which are not prioritized through Coordinated Entry, allowing for an immediate crisis response.¹⁶ ESG-funded prevention resources are prioritized in accordance with ESG written standards.

B. Emergency Shelter

All services that are needed for an emergency crisis response, including emergency shelter, will not be prioritized through Coordinated Entry.¹⁷ Please see section 5.B. for information on accessing emergency services through the Coordinated Entry system.

C. Bridge Housing

Clients on the community queue who have a high vulnerability and are presumed to meet the definition of chronic homelessness (i.e., those prioritized for the next available PSH opportunity) will be evaluated for appropriateness to receive available bridge housing, with those having tri-morbid conditions who are not accessing shelter services receiving the highest priority. To meet the eligibility criteria for bridge housing, an individual or family must be eligible, or presumptively eligible, for a PSH program to which they will transition.

¹⁵ **Prioritization: Core Requirements**

CoC written policies and procedures include the *factors and assessment information* with which prioritization decisions are made for all homeless assistance. HUD Coordinated Entry Notice: Section II.B.3

¹⁶ **Access: Prevention Services**

CoC's written CE policies and procedures document a process for persons seeking access to homelessness prevention services funded with ESG program funds through the coordinated entry process. If the CoC defines separate access points for homelessness prevention services, written policies and procedures must describe the process by which persons are prioritized for referrals to homelessness prevention services. To the extent to which other (i.e., non ESG -funded) homelessness prevention services participate in coordinated entry processes, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs. (HUD Coordinated Entry Notice: Section II.B.8)

¹⁷ **Prioritization: Emergency Services**

CoC's written CE policies and procedures clearly distinguish between the interventions that will not be prioritized based on severity of service need or vulnerability, such as entry to emergency shelter, allowing for an immediate crisis response, and those that will be prioritized, such as permanent supportive housing (PSH).

D. Transitional Housing and Permanent Housing (including RRH and PSH)

After clients are assessed, they are assigned an assessment score. Each assessment tool (the CHAT, the F-CHAT, the TAY VI-SPDAT, and the DV Housing Assessment) is designed to measure clients' vulnerability based on the following factors: significant challenges or functional impairments—including physical, mental, developmental, or behavioral health challenges—which require a considerable level of support in order to maintain housing;

- high utilization of crisis or emergency services to meet basic needs;
- vulnerability to illness or death; and
- vulnerability to victimization, including physical assault, trafficking or sex work.

After assessment, each client is placed on a priority list with all other clients who have been assessed using the same tool (e.g., clients who are assessed using the CHAT are placed on a list with all others who were assessed using the CHAT, and so on for clients assessed using the F-CHAT, TAY VI-SPDAT, and DV Housing Assessment). Each priority list is ordered by assessment score, with clients demonstrating the highest vulnerability located at the top of the list.

For clients with the same score, the following tie-breakers are used for each priority list:

- CHAT (Adults Without Children): Length of time homeless
- F-CHAT (Families): (1) Length of time homeless; (2) Number of family members (largest family is placed higher on the list); (3) Age of children (family with younger children is placed higher on the list)
- TAY-VI-SPDAT (Youth & TAY): (1) Victimization (as indicated by assessment and follow-up questions); (2) Length of time homeless; (3) Youth-led households with children under the age of 6 or pregnant head of household
- DV Housing Assessment (Survivors of Domestic Violence): Length of time homeless

Within each subpopulation's priority list, each client on the list is assigned a percentile score based on the client's position on that list, yielding a measure of comparative vulnerability with others who received the same assessment (i.e., the highest scoring client per each assessment will be assigned a percentile score of 100%, the lowest scoring client per each assessment will be assigned a percentile score of 0%, etc.). Once percentile scores are calculated for each client on each priority list, the four subpopulations' percentile lists are merged in HMIS to create a single Community Housing Queue, ordered by percentile.

Both the subpopulation priority and percentile lists and the Community Housing Queue are dynamic, with each client's position on the lists adjusting as new clients are assessed and added to the lists or removed from the list following a housing placement or other reason allowed for in these policies and procedures.

Clients on the Community Housing Queue will be required to check in every thirty (30) days and update their location and contact information as needed. Check-in can include contacting an Assessment Site or provider, receiving a service recorded in HMIS, or having contact with a member of Coordinated Outreach. Lack of a contact or service in HMIS every thirty (30) days

may result in them being dropped from the Community Housing Queue and consideration for homeless housing programs.

8. HOUSING MATCH AND REFERRAL

A. Prevention

Clients are matched to ESG-funded prevention resources in accordance with ESG written standards.

B. Bridge Housing

Clients at the top of the community housing queue who are verified or presumed chronically homeless will be identified by Community Matchers for potential placement in available bridge housing. The following eligibility criteria apply for bridge housing:

- a. A “homeless individual with a disability”, as defined in the Act, who:
 1. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 2. Has been homeless (as described above) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months; Occasions separated by a break of at least 7 nights
 3. Stays in an institution of fewer than 90 days do not constitute a break.
- b. An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- c. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Identified client names will be referred to a navigation team. The team will locate the client and work with housing navigators to place the client in bridge housing.

Once in bridge housing, client navigators will work to verify chronicity. Length of time homeless will be verified and entered into HMIS. Disability verification will be obtained from an existing medical or behavioral health provider or client navigators will schedule an appointment for the client to see a physician or psychiatrist to verify disability. A client navigation team will ensure clients get to and from their appointments. Housing navigators will work with clients on assessing permanent housing needs and accommodations and tenancy training/supports.

When chronicity is verified, client navigators will notify the appropriate Community Matcher so an appropriate referral to permanent housing can be made.

C. Transitional and Permanent Housing (including RRH and PSH)

i. Reporting Vacancies

Housing providers participating in the CE system are required to alert the appropriate Community Matchers (i.e., the Youth Community Matchers for a youth-designated vacancy; the Family Matchers for a family-designated vacancy; the DV Community Matchers for a DV-designated vacancy; the Households Without Children Community Matchers for all other vacancies) of any new or pending vacancies (e.g., due to turnover or a new program coming online) as soon as possible, but no later than seven days following a vacancy. Tracking of vacancies may be handled through HMIS.

ii. Sending/Receiving Referrals

When a vacancy is reported, the Community Matcher(s) for that subpopulation will use the Community Housing Queue to identify and refer the highest prioritized household who is eligible for the unit and does not already have a pending referral for the vacancy via HMIS.

In the event that two or more homeless households (regardless of the assessment administered to each) are identically prioritized for referral to the next available unit, and each household is also eligible for referral to that unit, the CoC will refer the household that first presented for assistance.

a. Youth

Where multiple youth-designated vacancies occur, the youth-specific matching and care coordination group (composed of matchers from each youth referral-site agency) match the highest-prioritized youths who are eligible for the available units on the basis of each youth's individual needs, strengths, and circumstances.

iii. Client Location and Choice

When a client is referred for housing, the agency receiving the referral is responsible for attempting to locate that client and encouraging the client to enter the housing program. Outreach teams are also available to assist with notifying clients who have been referred for a housing opportunity. Because some homeless households may require significant engagement and contacts prior to entering housing, programs are not required to allow units to remain vacant indefinitely while waiting for an identified homeless person to accept an offer of housing. Instead, if a referral remains unfilled after 7 days of attempting to engage the intended tenant(s), the housing placement may be considered open again, and returned to the CE system for additional referral attempts with new client(s). However, if a placement is in process, a referral may remain open for 30 days, and additional time may be allowed beyond the 30 days if the program contacts the appropriate matchers to update them as to the status and expected placement timeline.

If a client is believed to no longer reside in the CoC's geographic area, and the CoC has no effective means of contacting that client, then the appropriate Community Matchers may remove that client from the Community Housing Queue.

Some prospective tenants may explicitly reject a particular housing placement. When this happens, outreach workers should attempt to determine the reason for the clients' refusal to accept the offered housing and to communicate this reason to the CE Working Group. Whenever possible, community matchers should take clients' known preferences into account when generating referrals.

Clients who reject a referral maintain their place on the CE Community Housing Queue and are offered the next available housing option for which they appear to be eligible.¹⁸ Two rejections of scattered-site housing will lead to a standardized evaluation by the CE Working Group to reassess the client's participation.

iv. Reasons for Denial by Programs

It is expected that provider agencies will rarely reject a referral from the CE system. The two reasons a provider agency operating a CoC- or ESG-funded permanent housing program may reject a client referred by the CE system are:

- (1) the client is ineligible to participate in the program because of restrictions imposed by government regulations or outside funding sources; or
- (2) the program lacks the capacity to safely accommodate the client.

All CoC- and ESG-funded provider agencies are expected to adopt a Housing First approach that continually lowers the barriers to entry for prospective clients, and that avoids screening out clients based on real or perceived barriers to success. A provider agency that repeatedly rejects referrals of high-needs clients based on an inability to safely accommodate those clients must attempt to improve its capacity to serve high-needs clients. The CE Working Group will arrange for training and technical assistance on this topic as needed.

If a program rejects a client referral for permanent housing, the program must document the time of the rejection and the particular reason for the rejection, and communicate that information to the client, the appropriate Community Matchers, and in HMIS. When the Community Matchers become aware that a client has been rejected by a program, they will investigate the reasons provided (if any), attempt to determine whether the client can be safely and lawfully placed in that program, and, if not, attempt to locate alternative housing for the

¹⁸ **Assessment: Participant Autonomy**

CoC coordinated assessment participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. Written policies and procedures specify the conditions for participants to maintain their place in coordinated entry prioritization lists when the participant rejects options. *Note – Programs may require participants to provide certain pieces of information to determine program eligibility only when the applicable program regulation requires the information to establish or document eligibility. (HUD Coordinated Entry Notice: Section II.B.11) (requirement partially met here; fully met in other section of P+P)

client. A household will not lose its place on the Community Housing Queue simply because it was rejected by a provider agency.

The CE Working Group will be monitoring and evaluating all rejected referrals on an ongoing basis to:

- provide ongoing process improvement recommendations on continued implementation of CE;
- identify patterns of inappropriate rejections by provider agencies;
- identify potential issues with specific clients being rejected by multiple provider agencies or rejecting multiple placement opportunities; and
- investigate and pursue an appropriate course of action for identified issues.

The CE Working Group may refer unresolved matters to the SHN CoC Board if necessary.

9. DATA QUALITY AND PRIVACY

A. HMIS Standards

Except as otherwise specified, data associated with the CE system should be stored in the CoC's HMIS. All data entered into or accessed or retrieved from HMIS must be protected and kept private in accordance with the Clarity Nevada HMIS Governance Charter's Privacy Plan and HMIS Data and Technical Standards as announced by the CoC Interim Rule at 24 CFR 578.7(a)(8).¹⁹

Before collecting any information as part of the CE system, all staff and volunteers must first either (1) obtain the participant's informed consent to share and store participant information for the purposes of assessing and referring participants through the CE process, or (2) confirm that such consent has already been obtained and is still active. Whenever possible, the participant's consent should be in written form.²⁰

The CoC will not deny services to any participant based on that participant's refusal to allow their data to be stored or shared unless a Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information as a condition of program participation. Where appropriate, non-personally-identifiable information about participants who refuse consent to share personally identifiable data should be logged in an electronic case file that uses pseudonyms, e.g., "Jane Doe," to preserve as much non-personally-identifiable information as possible for statistical purposes.

¹⁹ **Assessment: Privacy Protections**

CoC has established written policies and procedures concerning *protection of all data* collected through the CE assessment process. (HUD Coordinated Entry Notice: Section II.B.12)

²⁰ **Data Management: Privacy Protections**

CoC's written CE policies and procedures include protocols for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process. HUD Coordinated Entry Notice: Section II.B.12

The completeness and accuracy of data entered into the CE system will be checked at least once per month as part of the community's overall efforts to continuously improve data quality. The CoC will provide training and technical assistance upon request to anyone using the CE system who faces obstacles to inputting complete and accurate data, and may recommend and/or require technical assistance for providers who receive a low score on automated data quality reports.

B. What Data Will Be Collected

Data that is required to assess, prioritize, match, and refer a household for housing, homeless services, and/or mainstream resources will be collected by the CE system. Data needed to assess and evaluate the CE system itself, such as system performance metrics, recidivism data, and client and provider satisfaction surveys, should also be collected by the CE system.

C. Who May Access Coordinated Entry Data

Only individuals who have completed a full set of HMIS training and signed an HMIS end-user agreement may directly access CE system data. All such persons must be informed of and understand the privacy rules associated with collection, management, and reporting of client data.

Only persons who have a direct role to play in the CE system (i.e., intake, assessment, matching, referral, management, technical assistance, or evaluation) should have direct access to CE system data on the general homeless population of the CoC. Other service providers should be limited to data that relates to specific clients who are currently assigned to or enrolled with those service providers.

In certain circumstances, individuals can access CE HMIS data for research purposes without meeting the above criteria. A research data agreement is required to receive HMIS aggregated data. Please see the Clarity Nevada HMIS Governance Charter for more details on research agreements.

D. When Personally Identifiable Data Can Be Shared

It is often useful to share certain kinds of data collected during the CE process, including:

- among different homeless service providers;
- between a homeless service provider and a mainstream resource provider such as Medicaid;
- between multiple data systems to reduce duplicative efforts and increase case coordination across providers and funding streams; or
- with the general community for purposes of education and advocacy.

However, in sharing data, great care must be taken not to share personally identifiable data outside the context of the systems and purpose(s) covered by the client's affirmative consent.

Therefore, all entities that routinely share data with or receive data from the CE system must sign data-sharing agreements that obligate the entities to follow comparable privacy standards and that restrict the use of the data being shared to uses that are compatible with clients' consent.

In particular, personally identifiable data must always be used for the benefit of the client to which the data pertains, and not for the general convenience of other government entities. Requests for data made by prosecutors, detectives, immigration officials, or by police officers who are not actively cooperating with the CoC should be refused unless the requesting party displays a valid warrant specifically ordering the release of the data.

E. When Anonymous Data Can Be Shared

Data that is truly anonymous can be shared for any legitimate purpose of the CoC, but care must be taken to ensure that data has been reliably stripped of all characteristics that could conceivably be used to re-associate the data with a particular individual or household. Some characteristics that appear to be anonymous could be personally identifiable within the context of a relatively small community. For example, there may be only one formerly homeless person in the CoC who has a particular birthdate.

Similarly, a piece of data that is not personally identifiable in isolation may become personally identifiable when combined with other (supposedly) anonymous data. For instance, "chronically homeless" is not a personally identifiable characteristic, but if there are only three chronically homeless Hispanic veterans in the CoC, then informed observers may be able to match a case note made about a "chronically homeless Hispanic veteran" with a particular individual, thereby violating that individual's privacy.

F. Additional Safeguards for Survivors of Domestic Violence

In addition to the safeguards described above, further safeguards must be taken with any data associated with anyone who is, was, or may be fleeing from or experiencing any form of domestic violence, including dating violence, stalking, trafficking, and/or sexual assault, regardless of whether such people are seeking shelter or services from non-victim-specific providers.

DV CE housing assessments are conducted by the local DV Hotline outside of HMIS, within a comparable database. Within the comparable database, clients are entered anonymously (i.e., no identifiable information is entered). Until appropriate housing is available, clients remain on a queue within the comparable database, sorted by DV Housing Assessment score. Since the DV queue contains no identifiable information, it can be shared with the community as part of the Community Housing Queue for purposes of consideration as non-DV designated permanent housing beds become available, ensuring that survivors of domestic violence are able to fully participate in the CE process.

10. EVALUATION AND MONITORING

At least once per year, the CE Working Group or an authorized subcommittee or ad-hoc group will consult with each participating project, and with project participants, to evaluate the intake, assessment, and referral processes associated with CE. The CE Working Group will solicit feedback addressing the quality and effectiveness of the entire CE experience for both participating projects and for households. All feedback collected will be private and must be protected as confidential information.

The evaluation will employ multiple feedback methodologies each year to ensure that participating projects and households have frequent and meaningful opportunities for feedback. Each year, the evaluation will use at least one of the following methods:

- surveys designed to reach at least a representative sample of participating providers and households;
- focus groups of five or more participants that approximate the diversity of the participating providers and households; or
- individual interviews with enough participating providers and households to approximate the diversity of participating households.

As part of the evaluation process, the CoC will examine how the CE system is affecting the CoC's HUD System Performance Measures, and vice versa. To that end, the evaluation will also include project- and system-level HMIS data.

The CE Working Group or **an authorized sub-committee or ad hoc group** will collect feedback and data comprising the evaluation for review and analysis **by a body designated by the CE Working Group**. The CE Working Group will present the final evaluation with recommendations, if any, to the SNH CoC Board, which will consider what changes are necessary to the CE system's processes, policies, and procedures in light of the feedback received.²¹

11. FAIR HOUSING AND MARKETING/ADVERTISING

A. Non-Discrimination Policy

The Southern Nevada Continuum of Care does not tolerate discrimination on the basis of any protected class (including actual or perceived race, color, religion, national origin, sex, age, familial status, disability, sexual orientation, gender identity, or marital status) during any phase of the CE process.

²¹ **Evaluation: Evaluation Methods**

CoC ensures through written CE policies and procedures the frequency and method by which the CE evaluation will be conducted, including how project participants will be selected to provide feedback, and must describe a process by which the evaluation is used to implement updates to existing policies and procedures.

Some programs may be forced to limit enrollment based on requirements imposed by their funding sources and/or state or federal law. For example, a HOPWA-funded project might be required to serve only participants who have HIV/AIDS. All such programs will avoid discrimination to the maximum extent allowed by their funding sources and their authorizing legislation.

All aspects of the Southern Nevada CE system will comply with all Federal, State, and local Fair Housing laws and regulations. Participants will not be “steered” toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.

All locations where persons are likely to access or attempt to access the CE System will include signs or brochures displayed in prominent locations informing participants of their right to file a non-discrimination complaint and containing the contact information needed to file a non-discrimination complaint. The requirements associated with filing a non-discrimination complaint, if any, will be included on the signs or brochures.²²

When a discrimination complaint relating to the CE process is received, the CE Working Group will complete an investigation of the complaint within 30 days by attempting to contact and interview a reasonable number of persons who are likely to have relevant knowledge, and by attempting to collect any documents that are likely to be relevant to the investigation. Within 30 days after completing the investigation, the CE Working Group will write an adequate report of the investigation’s findings, including the investigator’s opinion about whether inappropriate discrimination occurred and the action(s) recommended by the investigator to prevent discrimination from occurring in the future. If appropriate, the investigator may recommend that the complainant be re-assessed or re-prioritized for housing or services. The report will be kept on file for two years.

B. Cultural and Linguistic Competence

All staff administering assessments must use culturally and linguistically competent practices. The CoC works to ensure this, by, among other things:

- incorporating cultural and linguistic competency training into the required annual training protocols for participating projects and staff members; and
- ensuring that assessments use culturally and linguistically competent questions for all persons that reduce cultural or linguistic barriers to housing and services for special populations.

All assessment staff must be trained on how to conduct a trauma-informed assessment of participants. Special consideration and application of trauma-informed assessment techniques

²² **Prioritization: Non-Discrimination**

CoC’s written CE policies and procedures document process for participants to file a *non-discrimination complaint*.

are afforded survivors of domestic violence or sexual assault to help reduce the chance of re-traumatization.

All assessment staff must be trained on safety planning and on what steps to take next if safety issues are identified during the process of participant assessment.

Annual trainings covering cultural and linguistic competence, as well as safety planning, will be offered to new assessment staff, and annually to all assessment staff.

C. Marketing and Advertising

The CoC will affirmatively market housing and supportive services to eligible persons who are least likely to apply in the absence of special outreach, including those who fall into one or more of the following sub-populations:

- Persons experiencing chronic homelessness
- Youth who do not self-identify as homeless
- Persons residing in remote or difficult to reach areas (e.g., in tunnels, in desert areas)
- Veterans not seeking services from the VA
- Persons with serious mental illness
- Persons actively using substances

This marketing will be conducted using the following media:

- Agency websites and the SHN CoC's website (ongoing)
- Brochures / Flyers (ongoing)
- Billboards (as resources allow)
- Announcements at Community Events (ongoing)
- Newspapers / Magazines (as resources allow)
- Outreach (ongoing)
- Radio (as resources allow)
- Social Media (ongoing)
- Television (as resources allow)

The marketing campaign will be designed to ensure that people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the CE process.²³

²³ Planning: Marketing

Coordinated entry written policies and procedures ensure all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process. (HUD Coordinated Entry Notice: Section II.B.5)

Similarly, the marketing campaign will be designed to ensure that the CE process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status.²⁴

All physical access sites in the CE system must be accessible to individuals with disabilities, including individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. Marketing materials will clearly convey that the access sites are accessible to all sub-populations.²⁵

[Per HUD's notice, we need to document steps taken to ensure physical location access sites are accessible to individuals with disabilities, as well steps taken to ensure effective communication with individuals with disabilities. The following language is a starting point: Intentional, targeted efforts are made to ensure physical Access Sites are accessible to individuals with disabilities, as well as to ensure effective communication with individuals with disabilities. These efforts include the following:

- Physical Access Sites are inspected to ensure accessibility.
- Physical Access Sites must include private spaces to conduct assessments and intake, to allow for the Release of Information, Assessment, and other steps of the intake process to be read aloud to clients with visual impairments.
- With sufficient advanced notice, interpretation services can be made available for clients who have hearing impairment and/or who need assistance in languages other than English.

12. TRAINING

The CoC will provide training opportunities at least once annually to organizations and/or staff people at organizations that serve as access points or administer assessments. The purpose of the training is to provide all staff who administer assessments with access to materials that clearly describe the methods by which assessments are to be conducted, with fidelity to the CoC's CE written policies and procedures.

²⁴ **Planning: Marketing**

Coordinated entry written policies and procedures include a strategy to ensure the coordinated entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status. (HUD Coordinated Entry Notice: Section II.B.5 HUD Equal Access rule: 24 CFR 5.105(a)(2) and 5.106(b))

²⁵ **Access: Marketing**

CoC's written coordinated entry policies and procedures document steps taken to ensure access points, if physical locations, are accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. HUD Coordinated Entry Notice: Section II.B.5.c / **Access: Marketing** - CoC's written CE policies and procedures document steps taken to ensure effective communication with individuals with disabilities. Recipients of Federal funds and CoC's must provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g. Braille, audio, large type, assistive listening devices, and sign language interpreters) (HUD Coordinated Entry Notice: Section II.B.5.c)

New staff and new volunteers who begin to participate in the CE process for the first time must complete a training curriculum that will cover each of the following topics:

- Review of the CoC’s written CE system policies and procedures;
- Requirements for use of assessment information to determine prioritization;
- Non-discrimination policy as applied to the CE system; and
- Criteria for uniform decision-making and referrals.

To ensure the safety and address other needs of survivors of domestic violence, all assessment staff must be trained to both provide appropriate safety planning for survivors of domestic violence through the assessment process and to conduct a trauma-informed assessment of participants. Special consideration and application of trauma-informed assessment techniques are afforded survivors of domestic violence or sexual assault to help reduce the chance of re-traumatization.²⁶

All staff and volunteers who enter data into HMIS or access data from HMIS must be trained in current HMIS policy and procedures.

13. APPENDICES

- A. Client Flow Chart
- B. Glossary of Terms
- C. Assessment Tools/Forms

²⁶ **Access: Safety Planning**

CoC has a specific written CE policy and procedure to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. At a minimum, people fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter. (HUD Coordinated Entry Notice: Section II.B.10)