

HOWARD COUNTY COORDINATED ENTRY

POLICIES AND PROCEDURES

In accordance with 24 CFR 578.7, Responsibilities of the Continuum of Care, mandating the establishment and operation of a centralized or coordinated assessment, the following procedures have been developed to guide the operation of the Coordinated Entry System. The purpose of Coordinated Entry is to streamline the experience of community members who are currently experiencing, or are at imminent risk of experiencing, homelessness and to standardize the approach taken to assess, prioritize, and refer households seeking assistance. The goal is to ensure resources are used in the most efficient and effective way possible to make homelessness rare, brief, and non-recurring.

BACKGROUND

The United States Department of Housing and Urban Development (HUD) requires jurisdictions receiving Federal homeless assistance funds to coordinate community-wide approaches to ending homelessness. The McKinney-Vento Homeless Assistance Act, as amended by the S. 896 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, codified into law the Continuum of Care (CoC) planning process to assist persons experiencing homelessness by providing greater coordination in responding to their needs. Regulatory implementation of the CoC Program was provided by the CoC Program Interim Rule (2012). Continuum of Care were also required to consult with Emergency Solutions Grant (ESG) recipients to establish and operate a centralized or coordinated entry system.

After examining years of data collected from communities across the country, HUD issued regulations in January 2017 providing additional requirements for Coordinated Entry. Prior policy briefs issued by HUD had provided guidance for implementation but did not codify regulatory requirements for expectations for Coordinated Entry. Regulations and associated guidance can be found in:

- The 2004 HMIS Data and Technical Standards and Final Notice
- The McKinney-Vento Homeless Assistance Act, As Amended by S. 896 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, <https://www.hudexchange.info/resources/documents/HomelessAssistanceActAmendedbyHEARTH.pdf>

- ESG Program Interim Rule: Homeless Emergency Assistance and Rapid Transition to Housing: Emergency Solutions Grants Program and Consolidated Plan Conforming Amendments, 76 FR part 75953. HUD, December 2011.
- CoC Program Interim Rule: Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program Interim Final Rule, 24 CFR part 578. HUD, July 2012.
- Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homelessness Status, Notice CPD-14-012. HUD, July 2014.
- Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Notice CPD-16-11. HUD, November 2016.
- Coordinated Entry Policy Brief (2015)
- HUD Coordinated Entry Notice CPD-17-01 – Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System, (2017)
- HUD Coordinated Entry Core Elements Guidebook (2017)

DEFINITIONS

For the purpose of this document and all activities discussed hereunder, the following terms shall have the definitions as set forth below:

Homeless means:

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

- (2) An individual or family who will imminently lose their primary nighttime residence, provided that:
 - (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
 - (ii) No subsequent residence has been identified; and
 - (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
- (3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - (i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
 - (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
 - (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
 - (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
- (4) Any individual or family who:
 - (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
 - (ii) Has no other residence; and
 - (iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

Chronically homeless means:

- (1) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) is an individual who:
 - (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

- (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

- (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Continuum of Care and ***Continuum*** mean the group organized to carry out the responsibilities required under the Interim Rule and that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, 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, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.

Centralized or coordinated assessment system means a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

Disability means

- 1) a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness that
 - a) is expected to be long-continuing or of indefinite duration;
 - b) substantially impedes the individual's ability to live independently;
 - c) could be improved by the provision of more suitable housing conditions; and
 - d) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;
- 2) a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- 3) the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.

Homeless Management Information System (HMIS) means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD. The Howard County HMIS is Community Services (formerly known as ServicePoint).

HMIS Lead Agency means the entity designated by the Continuum of Care to operate the Continuum's HMIS on its behalf. The Howard County HMIS Lead is the Howard County Department of Community Resources and Services.

Lead Agency means the entity charged with leading the planning and coordinating activities of the CoC. The Lead Agency for the Howard County CoC is the Howard County Department of Community Resources and Services.

VI-SPDAT means the Vulnerability Index-Service Prioritization Decision Assistance Tool, which is an instrument jointly developed by Community Solutions and OrgCode Consulting, Inc.

PLANNING

In keeping with the concept of Coordinated Entry, in Fall 2012 Howard County launched the Coordinated System of Homeless Services (CSHS). CSHS moved Howard County from a community in which agencies, providing a variety of homeless services and housing, made individual admissions decisions and operated independently into one in which partner agencies accepted streamlined referrals with the intent of better matching households experiencing a housing crisis to available resources to end their homelessness. CSHS also began prioritizing

vulnerable households for assistance instead of accepting households on a ‘first come, first served’ basis, and enhanced the ability of such households to access needed resources within the mainstream services system. As part of streamlining access to homeless assistance, the crisis hotline of Grassroots Crisis Intervention Center became the Single Point of Entry for CSHS. As CSHS expanded, smaller entry points developed, a Review Panel was added to aid in the process of selecting households for the CoC’s Permanent Supportive Housing programs, and use of the Arizona Self-Sufficiency Matrix was added to provide follow-up data. In early 2017, in preparation for the opening of a new Permanent Supportive Housing project in the County, a By-Name List was developed, including a pilot of the VI-SPDAT to aid in identifying the most vulnerable applicants.

CSHS served as a strong base in its compliance with the initial requirements for Coordinated Entry set forth in the Interim Rule. Because Grassroots operates the only Emergency Shelter within the County (aside from the domestic violence shelter at HopeWorks) as well as a drop-in day center for low-income and homeless households, residents and providers already associated it with the issue of homelessness. Information cards were developed and distributed to educate the community about the inception of CSHS and the Grassroots’ hotline as the main access point. An assessment approach was developed for use at the hotline, as was a standard assessment tool to be used by partner agencies during client intake. With time, HopeWorks, the Sexual Assault and Domestic Violence Center for the County, joined CSHS and a protocol for referring households fleeing domestic violence to HopeWorks was developed.

All of these historical aspects of CSHS served as the foundation for Howard County’s response to HUD’s January 2017 Coordinated Entry requirements. While Howard County had begun prioritizing the community’s most vulnerable households for services and housing interventions, January 2018 represented the first steps toward doing so in a standardized manner. Focus was first placed on Rapid ReHousing and Permanent Supportive Housing, using a prioritization model recommended by the Coordinated Entry Workgroup and adopted by the CoC Board. Prioritization for Emergency Shelter followed; the onset of the COVID pandemic in 2020 led to a set of revised, temporary processes and prioritization process.

DATA SECURITY AND PRIVACY PROTECTIONS

All data collected through the Coordinated Entry process shall be afforded the highest level of privacy protection, and whether entered into HMIS or maintained in separate records by a partner agency shall be safeguarded with a level of protection consistent with HUD’s HMIS Privacy and Security Notice or any future regulations that update the requirements therein. Further, households seeking assistance through the Coordinated Entry system will be educated about the use, storage, and sharing of their personal data. When assessments are completed in person, the staff performing

the assessment will obtain acknowledgment and consent of data use via signature on the current Howard County HMIS/SERVICEPOINT Privacy Policy Notice, included herein as Attachment A. When the assessment is completed over the phone, the staff conducting the assessment should provide the same information to the applicant and request and notate verbal consent. Written consent should then be obtained once the household enters a housing or service provider. However, unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information as a condition of program participation, an applicant should not be denied access to the Coordinated Entry system if they do not consent to data sharing and storage. In cases in which a household does not consent to having their data visible in the HMIS, the information should be entered anonymously, following the same procedures as those for when a household is fleeing or attempting to flee domestic violence, stalking, dating or sexual violence, or human trafficking. Attachment B delineates procedures for entering identifying data for these groups into HMIS.

PARTICIPANT AUTONOMY AND NONDISCRIMINATION

It is the policy of the Howard County CoC that households seeking assistance through the Coordinated Entry system be able to exercise autonomy over their personal information and be free from repercussions related to the sharing, withholding, or content of that information. Applicants should not be denied entry to the system for declining to answer questions included in the assessment, and in no case should a household seeking assistance be required to disclose a specific diagnosis or disability.

All partners in the Coordinated Entry system must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:

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

of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

Additionally, eligibility determinations shall not be made on the basis of actual or perceived sexual orientation, gender identity, or marital status.

Applicants may decline to answer questions at any stage of assessment and decline referrals to partner agencies at any stage without negative repercussions.

MARKETING

The affirmative marketing plan will ensure the Coordinated Entry System is 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.

COMMUNITY ACCESS POINTS

The Coordinated Entry system will have multiple access points, each implementing a standardized assessment process, to ensure that every household in Howard County has equal access to the resources of the CoC, including subpopulations of those experiencing chronic homelessness, Veterans, families with children, youth, and survivors of domestic violence. However, HopeWorks, as the only access point exclusively serving households fleeing or attempting to flee domestic violence, stalking, dating or sexual violence, or human trafficking will be allowed to follow a separate process, provided it follows its own standard methodology. While these access points represent full geographic coverage for the Howard County CoC, over time the number of access points may shift or increase to best serve the residents of Howard County. As of November 2019, designated access points are as follows:

- the crisis response hotline operated by Grassroots Crisis Intervention Center (Grassroots),
- the ESG-funded Rapid ReHousing programs of HopeWorks,
- the eviction prevention/school mobility deterrent Family Stability Initiative operated by Family and Children's Services (FCS), and
- the ESG-funded Street Outreach performed by Humanim

Steps will be taken to ensure the Coordinated Entry system is accessible to all populations within the CoC. As noted previously, Grassroots is well-known to the provider and broader community. Its crisis hotline has served as the main access point for several years and it is the largest point of entry to the existing Coordinated System of Homeless Services (CSHS). Because it is a hotline, there is little anticipated need for a mobile access point. However, the broader system would be able to accommodate this need in limited circumstances. The Grassroots facility, which houses hotline staff, is on a bus route and is wheelchair accessible. A language line is accessible when

someone who does not speak English either calls the hotline or walks into the building, as is an American Sign Language interpreter. In cases in which a household attempts to connect with a different access point but is unable to do so due to issues related to language or other communication barriers, that household will be directed to the Grassroots hotline. Because the hotline is staffed 24 hours a day, 7 days a week, the Coordinated Entry process does not represent a barrier to emergency services.

Special consideration will be given to the safety of households fleeing or attempting to flee domestic or dating violence, sexual assault, stalking, or human trafficking. All households in this population who are in immediate danger will first be referred to HopeWorks for consideration for entry into Safe House. However, all access points will be able to assess this population for longer term housing and service needs. In all cases, the precautions contained in Attachment B will be followed whenever the personal data of anyone in this population is entered into HMIS.

ASSESSMENT PROCESS

The assessment process is intended to gather information regarding a housing crisis, identify a household's strengths and barriers to being housed, and ascertain whether there are any factors present that would leave that household at an increased level of vulnerability to death, violence, or exploitation during a continued period of homelessness. In this context, access points will gather only enough information to (1) address immediate safety concerns, (2) identify vulnerability, (3) determine the appropriate housing intervention for each household's situation, and (4) make consistent prioritization decisions. All households contacting the Coordinated Entry System for assistance will be administered the same set of questions regarding safety and current housing crisis. In addition, the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) will be administered to all households experiencing literal homelessness. The VI-SPDAT is a nationally recognized tool to assist communities in determining which housing intervention is most likely to end a household's homelessness. Version 2 of the tool is currently available for singles and for families and version 1 is available for transition-aged youth (ages 24 and under). For households experiencing imminent homelessness, the local Prevention Targeting Tool, based on the research of Marybeth Shinn and Andrew Greer on New York City's Home Base program, will be administered. This tool will be evaluated and adjusted over time to better reflect conditions in the local community.

Every effort should be made to obtain all information requested in the assessment process, but households may not be barred from system entry or otherwise penalized for declining to provide an answer to assessment questions. In instances in which a household is unable to provide a complete answer or declines to answer a question, the assessment should still otherwise be completed as fully as possible. In all cases, the household should have the Coordinated Entry System process explained to them so that they are aware of the assistance available but also so that

they may understand the potential impact on the prioritization and referral process of declining to answer assessment questions.

Households may not be prevented from accessing the Coordinated Entry system due to perceived barriers to housing or services. Perceived barriers include but are not limited to: low/no income, poor/no credit; history of evictions; rental debt/arrears; poor/limited rental history (including a history of not being a leaseholder); current or past lease violations; previous or current substance use; somatic or mental health conditions; the type or extent of disability-related services or supports that are needed; previous instances of not engaging in or adhering to services, treatment or housing recommendations/plans; criminal record; and experience of domestic violence.

In instances in which the assessment is being completed over the phone rather than in person, the staff member conducting the Coordinated Entry assessment must inform the household that their information is being entered into the Homeless Management Information System (HMIS). Any information gathered during the Coordinated Entry process must be given the same protections afforded to information in HMIS whether it is actually entered into HMIS or not.

PRIORITIZATION

While recognizing the importance of all households experiencing homelessness, the Howard County Continuum of Care (CoC) has chosen to place the highest priority for its housing efforts on those households experiencing chronic homelessness, as this is the population most likely to have the longest periods of homelessness combined with the highest level of service needs. Special attention is also given to the unique circumstances of minors who are living in places not meant for human habitation.

While Permanent Supportive Housing is widely recognized as the best intervention for chronic homelessness, data has shown that Rapid ReHousing can also be effective for this population. Further, because of the scarcity of Permanent Supportive Housing within the CoC, it would not be feasible to serve this population solely through the use of Permanent Supportive Housing. Other subpopulations addressed within this document – Veterans, Unaccompanied Youth, and Families with Children - have been identified based on the Federal strategic plan to prevent and end homelessness, *Home Together*.

Participant choice must be honored in the prioritization process just as in other parts of the Coordinated Entry System. Once a household is offered an intervention, that household may either accept or decline the offer. Should the household decline the offer at the point at which the intervention is offered, the household will maintain its place in the prioritization listing and will be offered the next available intervention within that category. Should a household accept the offer but subsequently fall out of touch during the intake/enrollment phase, the household will be re-prioritized based on their current circumstances once they re-present. Thus, such a household

might be offered the next slot, or might fall further down the list. In any such instance, the household will be prioritized based on the system in place and will not be penalized for declining the prior offer. Additionally, it should be noted that gathering documentation is completed for eligibility determination rather than for the prioritization process. A lack of documentation will not be used to alter a household's place in the prioritization structure.

Households will be prioritized for homeless services and housing as follows:

Permanent Supportive Housing

Chronic Unaccompanied Youth	Veterans
	VI-SPDAT score
	Length of time homeless & Severity of service needs
Chronic Families	Veterans
	VI-SPDAT score
	Length of time homeless & Severity of service needs
Chronic Singles	Veterans
	VI-SPDAT score
	Length of time homeless & Severity of service needs
Non-Chronic Unaccompanied Youth	Veterans
	VI-SPDAT score
	Order of Priority
Non-Chronic Families	Veterans
	VI-SPDAT score
	Order of Priority
Non-Chronic Singles	Veterans
	VI-SPDAT score
	Order of Priority

**In cases in which two households are identically prioritized for referral, the household that first presented for assistance will receive the next referral.

Housing Choice Voucher Program

Each year, the Howard County Housing Commission, the CoC's local Public Housing Authority, provides up to 15 HCVP vouchers to the Coordinated Entry System. Prioritization for these vouchers follows that of Permanent Supportive Housing.

Rapid ReHousing

Minors (unaccompanied or in families) living in places not meant for human habitation	
Chronic Unaccompanied Youth	Veterans
	VI-SPDAT score
	Length of time homeless & Severity of service needs
Chronic Families	Veterans
	VI-SPDAT score
	Length of time homeless & Severity of service needs
Chronic Singles	Veterans
	VI-SPDAT score
	Length of time homeless & Severity of service needs
Non-Chronic Unaccompanied Youth	Veterans
	VI-SPDAT score
	Order of Priority
Non-Chronic Families	Veterans
	VI-SPDAT score
	Order of Priority
Non-Chronic Singles	Veterans
	VI-SPDAT score
	Order of Priority

**In cases in which two households are identically prioritized for referral, the household that first presented for assistance will receive the next referral.

Emergency Shelter

Literally Homeless	Chronic Unaccompanied Youth	Veterans
		VI-SPDAT score
		Length of time homeless & Severity of service needs
	Chronic Families	Veterans
		VI-SPDAT score
		Length of time homeless & Severity of service needs
	Chronic Singles	Veterans
		VI-SPDAT score
		Length of time homeless & Severity of service needs
		Veterans

	Non-Chronic Unaccompanied Youth	VI-SPDAT score
		Order of Priority
	Non-Chronic Families	Veterans
		VI-SPDAT score
		Order of Priority
	Non-Chronic Singles	Veterans
		VI-SPDAT score
		Order of Priority
Imminently Homeless	Chronic Unaccompanied Youth	Veterans
		VI-SPDAT score
		Length of time homeless & Severity of service needs
	Chronic Families	Veterans
		VI-SPDAT score
		Length of time homeless & Severity of service needs
	Chronic Singles	Veterans
		VI-SPDAT score
		Length of time homeless & Severity of service needs
	Non-Chronic Unaccompanied Youth	Veterans
		VI-SPDAT score
		Order of Priority
	Non-Chronic Families	Veterans
		VI-SPDAT score
		Order of Priority
	Non-Chronic Singles	Veterans
		VI-SPDAT score
		Order of Priority

Severity of Service Needs is defined as follows:

- (1) a history of high utilization of crisis services, which include but are not limited to emergency rooms, jails, and psychiatric facilities (question 4 on version 2 of the VI-SPDAT for single adults, question 8 on version 2 of the VI-SPDAT for families, and question 4 on version 1 of the VI-SPDAT for Transition Age Youth),
- (2) significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support to maintain permanent housing (questions 15, 18, 21-24 on version 2 of the VI-SPDAT for single adults, questions 19, 22, 24-27 on version 2 of the VI-SPDAT for families, and questions 16, 19, 22, 23, 25, 26 on version 1 of the VI-SPDAT for Transition Age Youth), and
- (3) for youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations (questions 5, 6, 8, 9, 13 on version 2 of the VI-SPDAT for single adults, questions 9, 10, 12, 13, 17 on version 2 of the VI-SPDAT for families, and questions 5, 6, 9, 10, and 14 on version 1 of the VI-SPDAT for Transition Age Youth).

Presence of a disability, for the purposes of prioritization, is based on self-report.

Length of time homeless & Severity of service needs

First Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs

Second Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness

Third Priority–Chronically Homeless Individuals and Families with the Most Severe Service Needs

Fourth Priority–All Other Chronically Homeless Individuals and Families

Order of Priority is defined as follows:

First Priority–Homeless Individuals and Families with a Disability with the Most Severe Service Needs

Second Priority–Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness

Third Priority–Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.

Fourth Priority–Homeless Individuals and Families with a Disability Coming from Transitional Housing

As noted above, households experiencing imminent homelessness will have the Prevention Targeting Tool administered. It is anticipated that households scoring eight (8) and above will be referred to prevention projects, both ESG- and non-ESG-funded, though system demand and capacity may impact this cut-off point, as may review of the applicability of this score to Howard County.

Bridge RRH to PSH

Formal Rapid Rehousing placements may be used as a bridge to Permanent Supportive Housing, though there is not a requirement that it be used in this manner in all cases. When there is an opening in a Permanent Supportive Housing project, all households meeting HUD’s chronic definition on the By-Name List and in a formal Rapid Rehousing project will be considered for the vacancy. If the household with the highest prioritization is found to be on the By-Name List, that household will be referred to the relevant project. If the household with the highest prioritization is instead already enrolled in a Rapid Rehousing project, whether already housed or not, *and that household wishes to be considered for the PSH opening*, staff from the relevant Rapid

Rehousing provider will give a case presentation to the Prioritization Workgroup, who will decide whether the household should remain in Rapid Rehousing or bridge to Permanent Supportive Housing. Heavy weight will be afforded to the current VI-SPDAT, which should be no more than 90 days old.

When the opening is in The Residences at Leola Dorsey, it is controlled by the processes and eligibility requirements of the Howard County Housing Commission. Thus, a household already housed through a Rapid Rehousing project is not eligible for an opening at The Residences. Additionally, the sole determinant of placement at The Residences will be the above prioritization standard; there will be no role for the Prioritization Workgroup.

Similarly, when there is a “homeless set-aside” Housing Choice Voucher available to the Coordinated Entry System, a household already in housing will not be eligible, and placement will be made solely through the use of the prioritization standard.

TEMPORARY COVID PANDEMIC PROCESSES AND PRIORITIZATION

During the period of time in which Howard County has declared a state of emergency, prioritization for non-congregate shelter will go to those households who fall into the categories the CDC has identified as being at greater risk of serious complications should they contract COVID and RRH resources will be targeted to households in non-congregate shelter. Future modifications to this policy will be documented in the meeting minutes of the Coalition Board.

REFERRAL PROCESSES

The referral process matches the outcome of the assessment and prioritization phases of the Coordinated Entry System with the housing and services available in the system. As with earlier phases, there must be a standard and transparent process for making referrals. To accomplish efficient referrals across the system, there must be accurate and current data available about not only the households in need but also the available resources. Thus, there must be a mechanism for the entity making the referrals to be updated on availability of current resources in the system as well as any new resources being added. Openings in Permanent Supportive Housing projects will be communicated to the Lead Agency via email. Openings in Rapid ReHousing projects will initially be communicated via email, but over time, as the use of local funding for Rapid ReHousing becomes solidified, the Lead Agency will review relevant providers in HMIS for capacity. Referrals will originate from the By-Name List.

Household choice will be honored throughout the referral process. The household is free to express preferences and decline options without negative consequences being imposed. Thus, if a

household declines a housing opportunity, they maintain their prioritization status for the next available opening.

Once the assessment process has been completed, the CoC Lead Agency will complete the prioritization process and initiate referrals to system providers. Placements that will be filled exclusively through the Coordinated Entry System are as follows:

- the CoC-funded McKinney Permanent Supportive Housing Program (McKinney I, III, and IV)
- the CoC-funded Project Revive Permanent Supportive Housing Program
- the CoC-funded Project Stability Permanent Supportive Housing Program
- any CoC-funded BONUS projects, as awarded through annual competitions
- the CoC-funded Shelter+Care Permanent Supportive Housing Program
- the Residences at Leola Dorsey Permanent Supportive Housing Program
- the Housing Stability Subsidy Program (HSSP) Permanent Supportive Housing Program
- the ESG-funded shelter programs (Freetown Road and motel) operated by Grassroots Crisis Intervention Center
- the ESG-funded Rapid ReHousing Program operated by Bridges to Housing Stability
- the ESG-funded Rapid ReHousing Program operated by HopeWorks, with appropriate adjustments for the special population served
- all Housing Choice Voucher Program (HCVP)(“Section 8”) homeless set-asides provided by the Howard County Housing Commission provided to the Coordinated Entry System
- CSHS case management (Intensive Supports) programs at Bridges to Housing Stability.

Once the referral has been made, there are limited circumstances under which a participating provider may decline a household. The major reasons for doing so are as follows:

- It is discovered during project enrollment that the household does not meet eligibility criteria dictated by a project’s regulatory body and/or funding source;
- There is no actual vacancy;
- The participant household presents with more people than can be accommodated in the vacancy;
- The participant is unresponsive to multiple communication attempts;
- The participant resolved the crisis without assistance and no longer needs placement;
- Property management denial (include specific reason documented by property manager and validated under fair housing laws);
- A staffing or funding shortage impeding acceptance of a new referral.

In the event a project declines a referral for another reason, the project must provide the CoC Lead Agency as the referring entity with an explanation for the referral and any circumstances under which the rejection might be reconsidered.

TRANSFER BETWEEN PERMANENT SUPPORTIVE HOUSING PROJECTS

Multiple Permanent Supportive Housing projects exist within the Coordinated Entry System, and there may from time to time be reason for households to transfer between projects. Requests for such transfers will be reviewed by the Coordinated Entry Committee of the Coalition to End Homelessness (CoC) Board. Such transfers will only be made when there is an opening at the receiving project that can accommodate the household seeking to transfer and when the household meets eligibility criteria for the opening. While anyone may institute a request for a transfer, priority will be given as follows:

- (1) Households requesting a transfer to ameliorate the effects of a disability
- (2) Households who have had a case conference with relevant service providers to attempt to stabilize their current placement
- (3) Households who have the referral of a Coordinated Entry System (CSHS) Case Manager or the Coordinated Entry System Services Coordinator

Households, Case Managers, or the Services Coordinator can request a transfer by use of the form in Attachment D or other written document substantially covering the items in the form. Nothing herein is intended to guarantee any transfer between projects.

In cases in which a household wishes to appeal a transfer denial, they may appeal the denial to the Coalition Board. Such appeal may be made in writing and directed to the Services Coordinator, or the Services Coordinator may document in writing a verbal appeal. In cases in which the Coalition Board issues an unfavorable finding, the household may appeal to the Director of the Department of Community Resources and Services in his/her role as the head of the CoC Lead Agency. No appeal will be available beyond the decision of the Director.

However, the filing of an appeal within the CoC is not a prerequisite to and does not preclude remedies as follows:

Federal, state and local laws prohibit discrimination in housing on the basis of race, color, religion, sex, familial status, national origin, or disability. State and local laws also prohibit discrimination in housing on the basis of marital status, sexual orientation, and gender identity. If a household believes it has suffered housing discrimination, depending on the circumstances it may:

1. Contact the Howard County Office of Human Rights
9830 Patuxent Woods Drive
Columbia, MD 21046
410-313-6430

2. Contact the Maryland Civil Rights Commission
6 Saint Paul Street, Suite 900
Baltimore, Maryland 21202-1631
410-767-8600
1-800-637-6247
mccr@maryland.gov

3. Contact the Department of Housing and Urban Development Regional Fair Housing
Equal Opportunity Office
U.S. Department of Housing and Urban Development
The Wanamaker Building
100 Penn Square East, 12th Floor
Philadelphia, Pennsylvania 19107-3380
(215) 861-7646
(888) 799-2085

Baltimore Field Office
Bank of America Building, Tower II
100 South Charles Street, 5th Floor
Baltimore, MD 21201
(410) 962-2520
Fax: (410) 209-6670
TTY: (800) 877-8339

4. File a lawsuit in court.

TRAINING AND EVALUATION

All agencies operating as access points will be required to complete an annual training for both supervisory and direct care staff. Training will provide context to the philosophy of Coordinated Entry and information specific to its implementation in the Howard County CoC, as well as address implementation of the assessment tool and methods to monitor fidelity to it.

In addition to quarterly review of the System Performance Measures by the full CoC Coalition, there will be an annual evaluation of the Coordinated Entry System focusing on both compliance and effectiveness. At least once each year, the Coordinated Entry Committee will review information addressing whether the Coordinated Entry System remains accessible to the whole of Howard County, the number of referrals declined by both agencies and participants of the CoC, and adherence of partner agencies to the data quality and timeliness standards discussed herein. Attention will also be given to the Prevention Targeting Tool to ensure the eligibility and scoring

criteria accurately reflect the experience of Howard County households. Additionally, the Committee will review system flow of those households who meet the chronic homelessness definition to ensure that the prioritization standard is being executed.

Additionally, the Coordinated Entry Workgroup will, on an annual basis, solicit and review feedback from Coordinated Entry System partner agencies and from households who have participated in the Coordinated Entry System for the purpose of ongoing planning. Such consultation with participating agencies and households will address the quality and effectiveness of the entire Coordinated Entry System. Meetings and/or focus groups will be held with each partner agency, and surveys will be conducted of a sample of households who have taken part in the Coordinated Entry System in the previous year. An invitation to meet with the Coordinated Entry Committee will also be extended to a subset of the surveyed households.

Data regarding compliance, quality, and effectiveness will be used to make adjustments to the Coordinated Entry System as appropriate, including to the prioritization method, required timelines, and assessment process.

ATTACHMENT A

Homeless Management Information System PRIVACY NOTICE

Effective 1 October 2017

THIS NOTICE DESCRIBES HOW PRIVACY INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ AND REVIEW THIS DOCUMENT CAREFULLY. **THE PRIVACY OF YOUR PERSONAL INFORMATION IS IMPORTANT TO US.**

PURPOSE OF THIS NOTICE

The Howard County Department of Community Resources and Services, and its local service providers, are required to use the Homeless Management Information System (HMIS) Community Services to collect information about persons who access services. Community Services is a shared, web-based software application designed to record and store client-level characteristics, service needs and usage of services. This method of data collection allows The Department and local Service Providers to (1) improve the effectiveness and coordination of services, (2) follow demographic trends and service patterns, and (3) share relevant client information needed for service delivery. Please note that even if you do not want your name or other information shared with partnering agencies, we must still record some information in the system, taking extreme care to protect your name and privacy. The Community Services system operates over the Internet and uses many security protections to help ensure confidentiality. Your personal records are secured at the highest level of encryption currently available. Even if you choose to allow us to share information with other agencies, records about substance abuse, physical and mental health, AIDS/HIV status, and domestic violence will not be shared without your prior written and informed consent.

PROGRAMS COVERED BY THIS NOTICE

The U.S. Department of Housing and Urban Development (HUD) 2017 HMIS Data Standards requires all programs participating in its jurisdiction's Continuum of Care to collect "Universal Data Elements" and, when applicable, "Program Specific Data Elements" for each person assisted. For a list of agencies, see page 2.

LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your personal information. This Notice must be available at the service delivery site and be posted in a clear and prominent location where it is reasonable to expect any individual seeking service to be able to read the Notice. Howard County maintains HMIS Policies and Procedures for accepting and considering complaints about privacy and security policies. All persons entering or accessing HMIS are required to sign a confidentiality agreement and receive annual privacy training.

AMENDMENT POLICY/RIGHT TO RECEIVE A COPY OF THIS NOTICE

We reserve the right to change this Notice at any time. This Notice is not a legal contract. If changes are made, a copy of the revised Notice will be posted at all service locations. You may request a copy of the HMIS Privacy Policy at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

PROTECTED PERSONAL INFORMATION (PPI)

Only information that is appropriate for the programs covered by this Notice are collected. All information is collected by lawful and fair means. Copies of all forms that collect PPI are given to clients at their request. Any request by clients to correct inaccurate information must be considered. Changes, deletions, or supplements should be notated where inaccurate or incomplete. At initial entry into a program, and again at each annual review, all forms and information are explained. All Release of Information forms must be signed every two years. The collection and use of all personal information is guided by strict standards of confidentiality.

PARTNERING AGENCIES COVERED UNDER THIS PRIVACY NOTICE

- Accessible Resources for Independence (ARI)
- Baltimore Regional Housing Partnership
- Bridges to Housing Stability
- Community Action Council (CAC)
- Department of Social Services (DSS)
- Family and Children's Services
- Foreign Born Information and Referral Network (FIRN)
- Grassroots Crisis Intervention Center
- HopeWorks of Howard County
- Howard County Department of Corrections
- Howard County Health Department
- Howard County Health Department Women, Infants & Children (WIC) Clinic
- Howard County Mental Health Authority
- Howard County Office of Community Partnerships
- Howard County Office of Workforce Development
- Howard County Public School System (HCPSS)
- Humanim, Inc.
- Laurel Advocacy and Referral Services (LARS)
- Legal Aid Bureau
- Maryland Access Point (MAP)
- MakingChange Center
- Maryland Department of Veteran Affairs
- Residential One
- Salvation Army
- Success in Style
- The Day Resource Center (DRC)
- The Jacaranda Center
- The MultiService Center (MSC)
- Volunteers of America (VOA) Chesapeake

ATTACHMENT B

HMIS Domestic Violence Protocol

The immediate need of any survivor fleeing violence is safety. While non-DV providers may lack the resources to provide immediate shelter for a fleeing survivor, they can actively participate in safety planning by taking steps to ensure the survivor and their identifying information remains safe. Fortunately, ServicePoint offers unique features that help maintain the identity of persons fleeing violence. Individuals or families that present with a history of domestic violence or sex trafficking **must** receive additional safeguarding in Howard County's HMIS. Howard County's HMIS Safety Policies for Population's with Domestic Safety Risk follow the 2004 HUD HMIS Data and Technical Standards Final Notice; Clarification and Additional Guidance on Special Provisions for Domestic Violence Provider Shelters.

Data Collection Requirements

HMIS Data Collection for Domestic Violence Programs include universal and program specific data elements for the purpose of generating the Annual Performance Report (APR) and Emergency Solutions Grant (ESG) report.

Universal Data Elements:

- Date of Birth
- Race
- Ethnicity
- Gender
- Veterans Status
- Disabling Condition
- Project Start and Exit Date
- Destination
- Relationship to Head of Household
- Client Location
- Housing Move In Date
- Living Situation

Program-Specific Data Elements:

- Income and Sources
- Non-Cash Benefits
- Health Insurance
- Disability Elements
- Domestic Violence

In addition to the 2014 Howard County CoC HMIS Policies & Procedures:

- The HMIS Lead will ensure proper agency provider visibility settings for DV shelters and programs.
- Client profiles are immediately locked by the ServicePoint user when domestic violence is disclosed or suspected.
- Detailed documentation of the violence is prohibited in HMIS.
- A survivor's name is made anonymous using the following coding structure:
- The first name is documented as Unknown
- The last name is composed of the following:
 - The last 2 digits of the survivor's year of birth
 - A M, F, T or U (unknown) to indicate gender.
 - The first initial of the survivor's first and last name.
 - Your organization's numeric address
 - Example: "Unknown, 80FKB6571"
- Social Security Numbers are partially documented with the first 5 digits of the social security number.
- The full date of birth is documented in DOB data fields.
- Zip Codes are documented as "00000".
- The same shielding format used for the head of household is used for all other members of a fleeing household.
- HMIS Partner Domestic Violence Agencies in coordination with the HMIS Lead perform a bi-annual Security Sweep of ServicePoint to ensure known survivor's entered unknowingly by non-DV providers receive the appropriate visibility lock to preserve anonymity in HMIS.
- HMIS safety policies are reviewed annually to remain in compliance with local, state and federal protection laws.

ATTACHMENT D

Howard County Continuum of Care

**APPLICATION TO TRANSFER BETWEEN
PERMANENT SUPPORTIVE HOUSING PROJECTS**

Please Complete All Questions That Apply:

Head of Household Name: _____

Household Size: _____

Number of Adults: _____

Number of Minors: _____

Number of Bedrooms needed: _____

Name of Current PSH Provider: _____

Mailing Address: _____

Phone: _____ Email: _____

1. Is this transfer request being made to accommodate a disability? Yes No

2. If this transfer request is being made because of a disability, what reasonable accommodations are being requested?

3. If this transfer request is not being made because of a disability, why are you requesting a transfer?

4. What steps, if any, have been taken to address challenges with the current placement?

5. Case conference held? Yes No Date: _____

6. Names of Case Conference Attendees: _____

7. Case conference summary:

8. Name of Referring Case Manager, if applicable:

9. Referring Case Manager's Summary:

Date Received by CSHS Services Coordinator: _____

Date of Coordinated Entry Committee Review: _____

Decision of Coordinated Entry Committee Review: _____

To request this document in an alternate format please contact:
Jennifer Corcoran, (410) 313-0224, jcorcoran@howardcountymd.gov