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# **COORDINATED ENTRY WRITTEN STANDARDS**



Lowcountry  
Continuum of Care



The Lowcountry Continuum of Care (Lowcountry CoC) is responsible for coordinating and implementing a system to meet the needs of the population and subpopulations experiencing homelessness within the geographic area of Berkeley, Charleston, Dorchester, Beaufort, Colleton, Hampton and Jasper counties. Both the Emergency Solution Grant Rules and Regulations (ESG) and the Continuum of Care Program Interim Rules state that the Continuum of Care (CoC), in consultation with recipients of Emergency Solutions Grants program funds within the geographic area, must establish and consistently follow written standards for a Coordinated Entry System (CES).

<https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>

All programs that receive CoC and ESG funding and operate within the Lowcountry CoC designated counties are required to follow these written standards. The CoC also strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards. The written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing. The CoC Written Standards have been approved by the CoC Governing Council and will be reviewed and revised as needed; but at least annually. Agreement to abide by the Written Standards will be a condition of accepting CoC funding. These written standards will govern the implementation, governance, and evaluation of the Lowcountry Continuum of Care Coordinated Entry. This document is subject to change based on information gathered through the evaluation process to be most responsive to changing needs/impacts in our communities.



# I. Introduction and Background

## A. Definition and Purpose

Coordinated Entry is defined as a process designed to coordinate program participant intake, assessment, and provision of referrals. It covers the entire geographical area, is easily accessed by individuals and families seeking housing and services, is well advertised, and includes a comprehensive standardized assessment tool.

The Coordinated Entry process helps communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry also provides vital information to communities about service needs and gaps to help communities plan their assistance and identify needed resources. Utilizing a standardized assessment tool and practices, the goal is for the system to ensure that households experiencing homelessness have equal and fair access to resources that will end their homelessness.

Coordinated Entry changed a CoC from a project-focused system to a person-focused system by asking that communities prioritize people who are most in need of assistance “and strategically allocate their current resources and identify the need for additional resources” (Coordinated Entry Notice CPD-17-01). Coordinated Entry can create a collaborative, objective environment that can provide an informed way to target housing and supportive services to:

1. Divert people away from the system who can solve their own housing need
2. Quickly move people from the streets to permanent housing
3. Create a more defined and effective role for emergency shelters
4. Create an environment to target housing resources



## *B. Regulatory Mandate*

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 reauthorized the McKinney-Vento Homeless Assistance programs. Through the enactment of the HEARTH Act, the Department of Housing and Urban Development (HUD) published the new Continuum of Care (CoC) Program interim rule (24 CFR Part 578). The CoC Program interim rule requires that the CoC must establish and consistently follow written standards for providing CoC assistance, in consultation with recipients of the Emergency Solutions Grant program (ESG). At a minimum, these written standards must include:

1. Policies and procedures for evaluating individuals' and families' eligibility for assistance in the CoC Program
2. Policies and procedures for determining and prioritizing which eligible individuals and families will receive assistance for permanent supportive housing assistance, transitional housing assistance, and rapid re-housing assistance

## *C. Goals of Written Standards*

Lowcountry Continuum of Care recognizes and supports HUD's goals for its local written standards and strives to meet its obligations under the HEARTH Act in a way that helps to enhance its systemic response to people. These standards hereby:

1. Establish community-wide expectations on the operations of projects within the community
2. Ensure that the system is transparent to users and operators
3. Establish a minimum set of standards and expectations in terms of the quality expected of projects
4. Make the local priorities transparent to recipients and subrecipients of funds and all community stakeholders
5. Create consistency and coordination between recipients' and subrecipients' projects within the LOWCOUNTRY COC (Continuum of Care).

The Lowcountry CoC agrees that these standards must be applied consistently across the entire CoC defined geographic area while also taking into consideration individual county-specific needs and resources.





Additionally, Lowcountry CoC recipients and subrecipients agree to administer their assistance in compliance with Lowcountry CoC written standards. Recipients and subrecipients of CoC and local funds may develop additional standards for administering program assistance, but these additional standards cannot conflict with those established by Lowcountry CoC or the CoC Program interim rule (24 CFR 578). Other CoC providers and stakeholders are strongly encouraged to adopt the standards and practices discussed in this document.

Furthermore, these standards recognize the unique geography of the Lowcountry CoC and accommodate the unique needs and service availability of each respective county as well as the policy of allowing individuals and families choices in where and how they receive services and housing resources.

#### ***D. Target Population***

This process is intended to serve people experiencing homelessness and those who believe they are at imminent risk of homelessness. Homelessness will be defined in accordance with the official HUD definition of literal homelessness; people at imminent risk of homelessness are people who believe they will become homeless, according to the HUD definition of literal homelessness. People who think they have a longer period of time before they will become homeless will be referred to other prevention-oriented resources available in the community.

[https://www.hudexchange.info/resources/documents/HomelessDefinition\\_RecordkeepingRequirementsandCriteria.pdf](https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf)

The Coordinated Entry process in the Lowcountry was developed primarily for residents of the seven (7) counties served by Lowcountry CoC. In cases where it is forbidden by funders or local, state, or federal law, providers may not be able to serve individuals who do not have adequate proof of residence. Assessment staff will attempt to link clients that fall into this category with resources that may be available in their area of origin or wherever they are currently staying.



## *E. Guiding Principles*

The goal of Coordinated Entry is to provide each client with adequate services and supports to meet their housing needs, with a focus on returning them to housing as quickly as possible. The Lowcountry CoC commits to the following Guiding Principles as part of its overall approach to ending and preventing homelessness throughout the CoC. These Guiding Principles shall inform all program and policy decisions of the CoC and its funded or affiliated housing and providers.

### 1. Housing First

The most successful model for housing people who experience homelessness is permanent housing use a “Housing First” approach; a client driven- strategy that provides immediate access to housing without requiring participation in treatment or other service participation requirements. Housing First is a programmatic and systems approach that centers on providing people who are homeless with housing quickly and then providing services as needed. Lowcountry CoC hereby implements a Housing First model that provides a range of housing services to persons experiencing or at-risk of homelessness, including outreach and engagement, housing problem solving/diversion, emergency and transitional housing, rapid re-housing, homelessness prevention and permanent supportive housing.

- Housing is not contingent on compliance with services with the exception of program requirements for the rapid re-housing program that requires supportive services be provided at least once per month
- Participants are expected to comply with a standard lease or occupancy agreement and are provided with services and supports to help maintain housing and prevent eviction
- Services are provided in housing to promote housing stability and well-being
- All programs are expected to ensure low barriers to program entry for program participants
- Housing First assessment tool with be completed with all ESG and CoC providers as a part of the evaluation process.

<https://www.hudexchange.info/resource/5294/housing-first-assessment-tool/>



## 2. Non-Discrimination

The Lowcountry CoC commits to a policy of non-discrimination for all CoC access points, projects and activities.

1. Providers must have non-discrimination policies in place and reach out to people least likely to engage in the homeless system
2. Providers must comply with all applicable federal statutes including the Fair Housing Act; the Rehabilitation Act (Sec. 504); the Civil Rights Act (Title VI); and the Americans with Disabilities Act (Titles II & III).
3. Lowcountry CoC practices a person-centered model that strongly incorporates participant choice and inclusion of subpopulations present in Lowcountry CoC service area, including, but not limited to: homeless veterans, youth, families with children, and victims of domestic violence
4. Lowcountry CoC is committed to abiding by the *Equal Access to Housing in HUD Programs – Regardless of Sexual Orientation or Gender Identity* Final Rule published in 2012 and the subsequent Final Rule under 24 CFR 5 General HUD Program Requirements; Waivers, September 2016

## 3. Client Choice

Clients will be given information about the programs available to them and have some degree of choice about which programs they want to participate in. They will also be engaged as key and valued partners in the implementation and evaluation of Coordinated Entry through surveys and other methods designed to obtain their thoughts on the effectiveness of the Coordinated Entry process. To the degree possible, based on resources and the prioritization mechanisms described in this document, and where safety is not compromised, clients are given choice in:

1. The type of services they receive by whom and over what time period
2. The location and type of housing they access
3. The elements and goals of their housing stability plans



This choice is limited to the prioritization strategies outlined in this document, with fair discretion where possible.

#### 4. Accurate Data

Data collection on people experiencing homelessness is a key component of the Coordinated Entry process. Data from the assessment process that reveals what resources clients need the most will be used to assist with reallocation of funds and other funding decisions. To capture this data accurately, all staff and providers who are participating in Coordinated Entry must enter data into HMIS in a timely fashion. Clients' rights with regards to access to and release of privileged information will always be made explicit to them.

#### 5. Performance Driven Decision Making

Decisions about and modifications to the Coordinated Entry process will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of wait time for an assessment.

#### 6. Prioritizing the Most Vulnerable

Coordinated Entry referrals will prioritize those households that appear to be the hardest to house or most vulnerable for program beds and services. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all.





## II. Lowcountry CoC Coordinated Entry System

### A. System Overview

To illustrate the Coordinated Entry process, the following overview provides a brief description of the path a household would follow from an initial request for housing through permanent housing placement. The overview also describes roles and expectations of the key partner organizations that play a critical part in the system. Additional details can be found in subsequent sections of this manual.

**Step 1: Connecting to the Coordinated Entry System/Request for Services:** To ensure accessibility to households in need, the Coordinated Entry System provides phone/text access via the Housing Crisis Line as well as Street Outreach Coordinator. Households in need may also initiate a request for services over the phone or in person with an Outreach Coordinator. Additional “Access Hubs” will continue to be developed and identified in each participating county.

**Step 2: Diversion First:** All Access Points must conduct Diversion as a key strategy that prevents homelessness at the front door by helping identify immediate alternate housing arrangements and, if necessary and available, connecting those with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program wait lists. The U.S. Interagency Council on Homelessness and the National Alliance to End Homelessness encourage communities to include shelter diversion as an important part of Coordinated Entry. Viable housing solutions for Diversion could include:

- Re-establishing lease terms with a previous/recent landlord
- Identifying a viable doubled-up situation
- Finding a roommate or other household to share the rent
- Providing one-time assistance to help a family move-in to their own place
- Relocating to another city/state where a stable housing solution is more viable
- Help the person brainstorm creative, alternate solutions to shelter



Step 3: Housing Assessment: Assistance is available through the crisis line and outreach teams who conduct a Housing Assessment with the household in need. The assessment is completed and tracked using HMIS. Households may be reassessed if more than 6 months have passed since the previous assessment or if there have been major changes in the household.

Step 4: Housing Match: Information gathered from the assessment is used to determine which housing intervention might be the best match to end the household's homelessness RRH (Rapid Re Housing) or PSH (Permanent Supportive Housing). Matches are reviewed during the Housing Solutions Committee Meeting.

Step 5: Housing Referral: Households are referred based on the prioritization policy adopted by the Coordinated Entry System Committee. Information gathered from the assessment is used to assist with prioritization for available resources. Eligibility for PSH is reviewed at the Housing Solutions Committee meeting based on entries into HMIS and knowledge of the household being referred. Final eligibility will be documented by the provider receiving the referral.

<https://www.hudexchange.info/resource/5182/sample-chronic-homelessness-documentation-checklist/>

Step 6: Housing Search Assistance: After being referred to a housing provider, households will be connected to a Case Manager/Housing Navigator. The CM or HN begins the process of identifying and securing a unit. This process may also include the following: obtaining ID, obtaining social security cards, obtaining homeless verification documents, as well as, documenting program eligibility. The goal for referral to move in is 30 days.



### ***B. Vacancy Updates***

All CoC partners will report openings for referrals to the CES Manager at each weekly Housing Solutions meeting. It is the responsibility of each CoC partner to report openings within 5 business days of availability if unable to do so at the Housing Solutions Meeting. The Coordinated Entry System will be used to fill openings and the CES Manager will be responsible for making appropriate referrals based on prioritization methods and HUD guidelines. Referrals for RRH and PSH will be made through HMIS.

### ***C. Provider Decline Policy***

There may be rare instances where program staff do not accept a referral from the Coordinated Entry process. Rapid Re-housing, Transitional Housing, and Permanent Supportive Housing providers may only decline households under limited circumstances. Refusals are acceptable only in certain situations, including:

1. There is no actual vacancy available
2. The household does not meet the program eligibility
3. The household presents with more people than referred by the Coordinated Entry system
4. The provider has determined, based on their individual program policies and procedures, that the household cannot be safely accommodated or cannot meet tenancy obligations with the supports provided by the program.
5. The person would be a danger to others or themselves if allowed to stay at this particular program

Providers are allowed one household denial per vacancy. Repeated denials by a given provider or project may result in de-prioritization during future funding rounds. Documentation related to all referrals and any denials will be provided to the client and documented in HMIS.

A denial notification will include, at a minimum, the following details, if applicable:

1. The reason the client cannot enter the program, including the reason for rejection by the client or provider
2. Instructions for appealing the decision, including the contact information for the person to whom and under what time frame the appeal should be submitted



All referrals made through Coordinated Entry to HUD funded projects are expected to be accepted by the housing provider. The provider may refuse up to four (4) referrals over the course of one (1) year with a written explanation of the decision to Lowcountry CoC. The validity of all denials submitted will be discussed and determined through the Housing Solutions Committee.

#### ***D. Client Decline Policy***

Clients may decline three (3) referrals per housing crisis because of their needs or preferences. Client choice is an important theme of the Coordinated Entry system in the Lowcountry CoC. After declining three (3) times, the offer will be given to the next eligible individual or family. Clients who have declined three (3) referrals are no longer considered for placement by the Housing Solutions Committee. Clients who self-decline will only be considered for additional referrals upon the clients' re-enrollment (being re-assessed through the assessment tool) for housing assistance based on eligibility. If a client continues to refuse services, he/she forfeits his/her right to be served by the homelessness assistance system.

#### ***E. Provider Grievance***

Providers should bring any concerns about coordinated entry to the Housing Solutions Committee, unless they believe a client is being put in immediate or life-threatening danger, in which case they should deal with the situation immediately. A summary of concerns should be provided via email to the chair of the Housing Solutions Committee. The chair should then schedule for that provider's representative to come to the next available Housing Solutions Committee, so the issue can be resolved. If the issues need more immediate resolution, the chair will oversee determining the best course of action to resolve the issue. .

#### ***F. Client Grievance***

All concerns and grievances must be resolved promptly and fairly, in the most informative and appropriate manner. The staff member or the staff supervisor should address any complaints by clients as best as they can in the moment. Complaints that should be addressed directly by the staff member or staff



supervisor include complaints about how they were treated by staff, center conditions, or violation of data agreements. Any complaints about referrals should be sent to the chair of the Housing Solutions Committee for resolution. Any complaints filed by a client should note their name and contact information, so the chair can contact them and offer the chance to appear before the committee to discuss, if more information is needed.

Each CoC and ESG provider must have written grievance and appeals procedure that is presented to the client during program entry. The client is to print their name and sign that they have had the grievance procedure explained to them. This document is then uploaded to HMIS. The provider's procedure is intended to address only issues specific to the program. The provider is not expected to address complaints by one participant in reference to another; neither is it expected to address complaints regarding other agencies or external programs.

### ***G. Termination of Housing Assistance***

The Provider may terminate assistance to a household who violates program requirements. In terminating assistance to a household, the provider must provide a formal process that recognizes the rights of the individuals receiving assistance.

This process must be in writing and available for review in the program file and, at a minimum, consist of:

1. Written notice to the household containing a clear statement of the reason(s) for termination;
2. A review of the decision, in which the household is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
3. Prompt written notice of the final decision to the household.





### **III. Access**

Lowcountry CoC is committed to ensuring that all households have access to services and are provided the same assessment approach at each access point. To ensure accessibility to households in need, the Coordinated Entry System provides access via the Housing Crisis Line as well as a Street Outreach team. Additional “Access hubs” will continue to be developed and identified in each participating county.

Lowcountry CoC offers the same assessment approach at all access points that are usable by all people who may be experiencing homelessness or at risk of homelessness and will continue to identify additional access points in the community. If separate access points are identified to meet the needs of one of the five subpopulations allowed by HUD, initial screening at each access point will allow for immediate linkage to the appropriate subpopulation access points. HUD CE Notice: Section 11.B.2.a

The Coordinated Entry process allows people in need of emergency shelter to access services with as few barriers as possible. Lowcountry CoC will continue to work with all shelter providers to ensure access to emergency services during hours when Coordinated Entry’s intake and assessment processes are not operating.

Lowcountry CoC and recipients of federal funds will provide appropriate auxiliary aids and services necessary to ensure effective communication with persons accessing the system. This includes ensuring that information is provided in an appropriate accessible format as needed, such as Braille, audio type, assistive listening devices, and sign language interpreters, as well as accommodations for person with limited English proficiency.



### ***A. Housing Crisis Line***

The Housing Crisis Line is the central access point for people experiencing a housing crisis in the seven (7) counties served by the Lowcountry Continuum of Care. The Housing Crisis Line provides assistance with connection to emergency shelter and is the access point for the Coordinated Entry System.

### ***B. Street Outreach***

Street outreach efforts are linked to the coordinate entry process. All street outreach members are trained in outreach, assessment and referral. The process can flexibly navigate to reach homeless persons wherever they reside and have a primary goal to reach and engage the unsheltered populations. Outreach efforts are a combination of designated outreach staff, programs, services and other staff likely to encounter persons who are experiencing a housing crisis.

### ***C. Fair and Equal Access***

Lowcountry CoC will ensure fair and equal access to Coordinated Entry 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. To ensure fair access by individuals with disabilities, physical and communication accessibility barriers must be addressed by appropriate accommodation within each CSR. Each provider's written policies and procedures must establish protocols for fair and equal access to CoC housing and services.

### ***D. Safety Planning***

Participants may not be denied access to the Coordinated Entry process on the basis that the participant had been a victim of domestic violence, dating violence, sexual assault or stalking. Access points are also easily accessed by individuals and families seeking homeless services or homeless prevention services. Each Access Point must provide necessary safety and security protections for persons fleeing or attempting to flee domestic violence, family violence, stalking, dating violence, sexual assault, human trafficking, or other domestic violence situations. Domestic violence



training focused on safety, trauma-informed care, and cultural sensitivity will be completed annually for all providers involved in the CES. Training will be conducted in a uniform manner to ensure consistency across the entire CoC.

## **IV. Assessment**

All defined Access Point providers must administer the Coordinated Entry guidelines as defined by the Lowcountry Continuum of Care. If Access Points or assessment processes are conducted or managed by providers who do not receive HUD funding, those providers must still abide by assessment standards and protocols defined by the CoC. Coordinated Entry will operate using a strength-based, trauma-informed, client-centered approach, allowing clients to freely refuse to answer assessment questions and/or refuse referrals.

The CoC Program Interim Rule requires CoCs to use a coordinated assessment system, including a standardized assessment tool. This system intends to match clients to appropriate resources and prioritize needs.

CoC's were encouraged to implement changes to the Coordinated Entry System to further protect and prioritize families to meet urgent housing needs associated with Covid-19 risk factors. These changes included temporarily suspending the use of the VI-SPDAT as a triage tool to facilitate emergent needs for assistance related to the pandemic. The pandemic brought into focus serious systemic racial inequities associated with Covid-19 and its impact on Black, Indigenous, People of Color. CoCs were called upon to evaluate the Coordinated Entry assessment process and we have learned that research reveals racial bias in some assessment tools.

Lowcountry Continuum of Care seeks to address the systemic issues in Coordinated Entry that disparately impact persons who identify as a member of an overrepresented population in our homelessness community. We are currently developing an assessment tool to which considers vulnerability through a racially equitable and intersectional lens.



By incorporating lived experience of clients, examining studies and evaluating data to re-formulate questions that:

- Are more likely to capture information that reveals vulnerability based on questions that reflect lived experience.
- Are more likely to elicit accurate responses because the format is inclusive.
- Provide a flexible method of scoring to be responsive to needs/inequities as they change in our local community.
- Are part of a “living” document that is adapted based on the input of those with lived experience.
- Are not duplicative and increase the likelihood of identifying possible intersectional risk determinants related to homelessness (impact of lack of childcare, lack of resources, health care utilization, previous housing instability, lack of support system, etc.).

## **V. Prioritization**

Lowcountry CoC seeks to equitably steward the limited resources of our community using a person centered, trauma informed strategy of prioritization that addresses systemic drivers of inequity by:

- 1.Consideration of vulnerability factors captured by an assessment designed to equitably capture lived experiences correlated with risk of homelessness and housing instability.
- 2.Consideration of factors shared in case conferencing that may further illuminate the nature/extent of a person’s vulnerability.
- 3.Providing referrals to those who are most vulnerable and have the greatest severity of need as determined by assessment and case conferencing.



### ***A. Lowcountry Continuum of Care Coordinated Entry Vulnerability Assessment***

Lowcountry CoC Coordinated Entry Vulnerability Assessment is intentionally designed to reduce disparities by providing opportunities for all clients to share information which may reveal lived experiences associated with risk factors impacted by the intersection of race, gender, age, length of time homeless, systems involvement, family size, safety, health/disability, and access to resources including housing.

### ***B. Case Conferencing***

Case conferencing is an important part of aligning the prioritization process with its intention to equitably match limited referral resources and facilitate problem solving based on vulnerability/severity of need. Case conferencing provides the opportunity for staff, outreach, and case managers to share information about unique vulnerabilities and risk factors that may not be fully revealed by assessment alone.





## **VI. Referral**

The Coordinated Entry System will be used to fill program openings. Providers are responsible to ensure that referred households meet any eligibility requirements. Upon receiving referral from the CES Manager, providers must contact, or attempt to contact, the referred households within two (2) business days. Referrals for RRH and PSH will be made through HMIS. Refer to the “Provider Decline” and “Client Decline” section of this document for more information.

- Providers will notify CES Manager of any program openings as soon as possible
- A Referral will be sent via HMIS within three (3) business days of the date of vacancy notification
- Providers must contact the household within two (2) business days
- If unable to make contact within that time, 3 separate attempts in seven (7) days must be made and documented in HMIS
- No later than seven (7) days, the referral must be updated in HMIS.



## **VII. Data Management**

Lowcountry CoC ensures that adequate privacy protections are extended to and enforced for all participants from the first point of access, through assessment and prioritization, and after participants have been offered permanent housing and exited CoC projects. Collecting and sharing participants personal protected information is often a necessary aspect of helping persons to resolve their housing crisis. However, the collection and disclosure of participant data among providers affiliated with the CES process must always be managed in a manner that ensures privacy, provides participant choice about what and how to share their information, and does not result in repercussions when participants decide not to disclose or share data.

Participant consent must be gathered to share and store participant information for purposes of assessing and referring participants through the CES process. Participants can abstain from disclosing and sharing information without fear of denial of services resulting from the refusal. Certain funders might require disclosure of certain pieces of information for purposes of establishing or documenting program eligibility.

Service Point is the Homeless Management and Information System (HMIS) database used to record and track client-level information on the characteristics and service needs of households experiencing homelessness in our community. HMIS ties together homeless service providers within a community to help create a more coordinated and effective housing and service delivery system. All recipients and subrecipients are required to participate in the Homeless Management Information System (HMIS) per the ESG and CoC Interim Rule (24 CFR 576 and 578). HMIS provides an opportunity to document homelessness and helps to ensure coordination between service providers while avoiding duplication of services and client data.

The US Department of Housing and Urban Development (HUD) and other planners and policy makers at the federal, state, and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time. Specifically, HMIS can be used to produce an unduplicated count of homeless person, understand patterns of service use, and measure the effectiveness of homeless programs.



The HMIS staff at Lowcountry Continuum of Care is responsible for the administration of the HMIS software, and providing technical assistance to participating agencies and end-users. Each participating agency needs to follow certain guidelines to help maintain data privacy and accuracy.

## **VIII. Evaluation**

The implementation of the Coordinated Entry System necessitates significant community wide change. To help ensure that the system will be effective, the Lowcountry Continuum of Care anticipates adjustments to the processes described in this manual. To inform those adjustments, the Coordinated Entry System will be periodically evaluated, as well as ongoing opportunities for stakeholder feedback. Specifically, Lowcountry CoC will be responsible for:

- Leading periodical evaluation efforts to ensure the CES is functioning as intended, such evaluation efforts shall happen at least annually.
- Leading efforts to make periodic adjustments to the CES as determined necessary; such adjustments shall be made at least annual based on findings from evaluation efforts.
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders.
- Ensuring that the CES is updated as necessary to maintain compliance with all state and federal statutory and regularity requirements

The evaluation of a homelessness service or strategy should include five main elements:

1. Assessing the effectiveness of services or strategies in their own terms, i.e. the success a service or strategy has achieved in delivering the goals it has set for itself.
2. Testing service and strategic outcomes by looking at whether homelessness is actually being prevented and/or reduced, i.e. looking at housing sustainment levels and whether known possible risk factors associated with failures in housing sustainment, including support needs and social and economic



exclusion, are being well managed.

3. Exploring the extent to which any unintended effects are generated by a homelessness service or strategy. Unintended effects can either be positive or negative.
4. Understanding the wider context to allow for any external factors that may be influencing service or strategic outcomes.
5. Looking at the cost and benefits of strategies and services.

The Lowcountry Continuum of Care will use a mixed methods approach consisting of qualitative and quantitative data collection; program evaluations will be conducted at random on an annual basis. Site visits should elicit descriptive information on how each project is being implemented including barriers, strategies, and lessons learned, while a standardized data collection instrument is used to obtain client outcome data (HMIS). All providers should fully participate in HMIS utilization and should obtain the following data points to measure benchmarks:

- Program entry dates for households served;
- Residential move-in dates for households served;
- Exit destinations for households served; and
- Entries into programs or Coordinated Entry within the homeless system for households served post-exit from program.

The effectiveness of CES will be determined by its ability to accomplish the model's three primary goals:

1. Reduce the length of time program participant is homeless

Performance Benchmark:

Households served by a rapid re-housing program move into permanent housing in an average of 30 days or fewer from program entry. Necessary Data To calculate this measure, programs need program entry dates and residential move-in dates for households served. Program entry is considered the date on which the client began receiving services from the program. This measure is calculated only for those households that move into a permanent housing destination: it does not



include those who have not yet moved in, or move into a non-permanent housing destination such as transitional housing, bridge housing, or motel programs.

## 2. Increase households exiting to permanent housing

### Performance Benchmark

At least 80 percent of households that exit a rapid re-housing program exit to permanent housing. Necessary Data For all households receiving rapid re-housing assistance, a program must obtain information about the type of housing destination upon program exit and the date of exit. For programs utilizing HMIS, this information should be captured as the rapid re-housing program exit date and destination at exit.

## 3. Limit returns to homelessness within a year of program exit

### Performance Benchmark

At least 85 percent of households that exit a rapid re-housing program to permanent housing should not become homeless again within a year. Necessary Data To calculate this measure-a program will need to make use of HMIS data from homeless programs across the entire community. This will allow it to determine whether people who successfully exit from the rapid re-housing program to permanent housing returned to homelessness (meaning an unsheltered location, emergency shelter, transitional housing, or a Safe Haven) within 12 months of exiting.

The method by which each program will be evaluated will include assessment of data from the Homeless Management Information System (HMIS). All providers should fully participate in HMIS utilization and should obtain the following data points to measure benchmarks:

- Program entry dates for households served;
- Residential move-in dates for households served;
- Exit destinations for households served; and
- Entries into programs or Coordinated Entry within the homeless system for households served post-exit from program





Programs and systems should use the information gained from evaluation to refine and improve program activities. Performance improvement is a cycle involving evaluation, setting goals, and the implementation of a plan. After using benchmarks to determine program effectiveness, programs and systems can use the resultant information to create a performance improvement plan which will be used to implement updates to existing policies and procedures. Once the plan is implemented, the cycle of evaluation and improvement begins.

- evaluate performance and interpret results
- Set performance improvement goals
- review and revise goals
- develop and implement performance improvement plan if needed

## **IX. Domestic Violence, Sexual Violence, Dating Violence, And Stalking**

### *A. Policies*

The Lowcountry Continuum of Care is committed to ensuring that survivors of domestic violence, dating violence, sexual violence and stalking who are fleeing or attempting to flee have access to homeless assistance through the Coordinated Entry system. In order to ensure that the process works best for survivors, the Lowcountry CoC adheres to the following policies:

#### **Access**

- The Coordinated Entry process will be voluntary and utilize a trauma-informed approach
- Have an option for survivors to remain anonymous.
- Victim service providers and non-victim service providers work together to ensure that all survivors have fair and equal access to the Coordinated Entry system.
- Participants may not be denied access to Coordinated Entry on the basis that the participant is or has been a survivor of domestic violence, sexual violence, dating violence or stalking.



- Individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault or stalking will have the option of working with and seeking services from both victim service providers and non-victim specific providers.

### **Victim-service provider involvement**

- Victim service providers will continue to be included in the design and implementation of the Lowcountry CoC Coordinated Entry system.
- Victim service providers will work with their local CoC to determine the best role (i.e., Referral Partner, Assessment Partner) for their organization within the partnership.

### **Safety**

- The Lowcountry CoC Coordinated Entry system does not in any way interfere with the current process for homeless survivors seeking emergency shelter through local DV/SV shelters.
- The Lowcountry CoC Coordinated Entry system also allows for a triage of needs to ensure that survivors have access to emergency services such as domestic violence hotline and shelter.
- Non-victim service providers will be trained in the Coordinated Entry process for survivors as well as safety planning for survivors who disclose domestic violence, sexual violence, dating violence or stalking in order to ensure that services are inclusive and trauma-informed.

### ***B. Procedures***

The Lowcountry Continuum of Care will create a Coordinated Entry process that is inclusive, safe and accessible for survivors fleeing or attempting to flee domestic violence, sexual violence, dating violence and stalking. The following procedures aim to allow survivors to enter into the Coordinated Entry System through multiple entry points, make informed decisions about how they would like to navigate through the system and the level of personal information they choose to share.



A survivor may enter the Coordinated Entry system in one of two ways, either starting with a victim service agency or starting with a non-victim service agency.

### 1. **Referral Partners:**

Non-victim service providers- Access Points within the Coordinated Entry system will offer a referral first to the local domestic/sexual violence agency, if the survivor discloses that they are fleeing or attempting to flee domestic violence, sexual violence, dating violence or stalking. If the local victim service provider is an Access/Assessment Partner, the survivor may choose to continue the Coordinated Entry process with the victim service provider or they may choose to continue the process with another (non-victim service provider) assessment partner. DV/SA shelters will work closely with Coordinated Entry Manager regarding all referrals. This process will continually be updated to meet the needs of the DV/SA survivor as well as the DV/SA agency while meeting the HUD regulations.

\*Note: DV/SV providers are the only ones with expertise to determine eligibility for their services. Even if a non-victim service provider refers someone to a DV/SV organization, it is still up to that organization to determine if the participant is eligible for their services. If it is found that the participant is not eligible, the DV/SV provider will refer them to a CES Access Point.

- Call is made to the housing crisis line
- If disclosed that caller is fleeing or attempting to flee, caller is offered a referral to DV/SA agency
- If the DV/SA agency is an access point, the caller can choose to continue the Coordinated Entry process with that provider
- Caller can choose to either continue process with victim service provider or non-victim service provider
- If caller chooses victim service provider, the provider will work with the Coordinated Entry Manager to ensure the caller is also entered into the Coordinated Entry system.



Victim service providers- If a call is received by the DV/SV agency, they will notify Coordinated Entry Manager via e-mail to assist with completing the referral for the survivor; limited information will be entered into HMIS using the “anonymous” function. All HMIS information will be “locked” and only visible to Lowcountry CoC. They will explain the Coordinated Entry Process and their choices around confidentiality and anonymity. The DV/SV agency will have the survivor sign a confidentiality agreement that will also be documented in HMIS.

- Call is made to DV/SV agency
- DV/SV agency will work with the Coordinated Entry Manager to ensure the caller is also entered into the Coordinated Entry system, if the caller requests housing assistance
- All information is entered in HMIS using the “anonymous” function

Coordinated Entry manager will continue to work with DV/SV agencies to update and improve the referral process, as needed.

## **2. Access Point Partners:**

Non-victim service providers-

1. The Access partners will offer a referral first to the local domestic/sexual violence agency, if the survivor discloses that they are fleeing domestic violence, sexual violence, dating violence or stalking. If the local victim service provider is an access partner, it will be presented to the survivor as an option do the assessment with the local DV/SV agency or to choose to continue with the organization that they have begun the assessment with. It will be explained to the survivor, the difference between assessment and sharing of information within the two options.
2. If the survivor chooses to continue with the non-victim service provider, they would complete the assessment and refer to the Master List for prioritization.

Victim service providers-

1. Enter information into HMIS using the “anonymous” function
2. Complete assessment with survivor.
3. Refer to the Master List for prioritization.



### **3. Confidentiality**

#### Non-Victim service providers-

- Providers will explain the confidentiality forms and survivors may choose if they wish to have their information shared in HMIS, or not. Survivors may also choose who they would like to share their information with, within the Coordinated Entry Partnership.
- If survivors were referred to the assessment partner by a DV/SV agency, the provider will explain what the Master List is and offer to use the anonymous unique ID for the survivor if they choose, instead of adding their name to the list/sending their name to the CES Manager to add to the list.
- If the survivor chooses, their name will be added to the Master List for housing intervention.

#### Victim Service providers-

- Providers will explain the confidentiality forms. Survivors may choose who they would like to share their information with, within the Coordinated Entry partnership. Provider will have survivor sign form to allow Lowcountry CoC to enter information into HMIS.
  - The provider will generate a unique ID for the survivor using HMIS and send it to the CES Manager with their prioritization information and any additional needed information.
1. Referral to Housing Program
- If a survivor is listed by name on a Master List and they are next for a referral to an opening in a housing program, they will be contacted by the housing program.
  - If a survivor's unique ID number comes to the top of a Master List, the CES Manager will contact the victim service provider to connect the survivor with the housing program.
  - The organizations involved will work to ensure that the survivor is connected to housing navigation and other support as needed.



#### **4 .Referral to Housing Program**

- If a survivor is listed by name on a Master List and they are next for a referral to an opening in a housing program, they will be contacted by the housing program.
- If a survivor's unique ID number comes to the top of a Master List, the CES Manager will contact the victim service provider to connect the survivor with the housing program.
- The organizations involved will work to ensure that the survivor is connected to housing navigation and other support as needed.

## **X. Veterans**

It is the policy of Lowcountry Continuum of Care CoC to collaborate with all agencies serving Veteran's experiencing homelessness. Access points will connect Veteran with services providers to rapidly outreached and engaged to coordinate services of their choice. By allocating resources based on Veteran vulnerability and Veteran preference so that when a Veteran becomes homeless, it is rare, brief and nonrecurring. Lowcountry CoC will continue to work with SSVF and the VA to establish policies and procedures that align with Coordinated Entry and HUD regulations and mandates.

