Athens-Clarke County Continuum of Care

(GA-503)

Coordinated Entry Policies and Procedures

August 20th, 2024

Athens-Clarke County Continuum of Care

Coordinated Entry Policies & Procedures

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OVERVIEW

In accordance with 24 CFR 578.7 and as required by the United States Department of Housing and Urban Development (HUD), the Athens-Clarke County (ACC) Continuum of Care (CoC) has established a coordinated entry system.

Policies and procedures for the Athens-Clarke County Coordinated Entry System (CES) are established in this document. These policies and procedures will govern the implementation of the Athens-Clarke County Continuum of Care (CoC) Coordinated Entry System. The Athens-Clarke County Homeless Coalition (ACCHC) is the primary decision-making body for the Athens-Clarke County Continuum of Care. Policies will be reviewed annually in accordance with the Athens-Clarke County Homeless Coalition Governance Charter. The Athens-Clarke County Homeless Coalition Coordinated Entry Committee is responsible for coordinated entry evaluation and oversight of implementation.

Coordinated Entry (CE) is a set of processes to ensure that people experiencing a housing crisis are quickly identified, assessed, referred, and connected to housing assistance based on their strengths and needs. At a minimum, coordinated entry is required to:

- Cover the geographic area of the CoC;
- Be easily accessed by individuals and families seeking housing or services;
- Be well-advertised, and;
- Include comprehensive and standardized assessment.

Coordinated entry also helps ensure the success of homeless assistance and homeless prevention programs in communities. In particular, coordinated entry can help communities systematically assess the needs of individuals and families and effectively match them with the most appropriate resources available to address that their particular needs.

Geographic Area & Population

The Athens-Clarke County Continuum of Care includes the entire geographic area included in Athens-Clarke County.

Coordinated entry is intended to serve all individuals and households experiencing a housing crisis, defined as: ***Homeless*** or ***At-risk of Homelessness***, using the definitions adopted by HUD:

HUD Homeless Definition

HUD At-Risk of Homeless Definition

Goals of Coordinated Entry

Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of well-developed process for accessing resources has resulted in severe hardships for people experiencing homelessness. Coordinated entry is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions.

HUD's primary goals for coordinated entry processes are:

1. Assistance will be allocated as effectively as possible
2. Assistance is easily accessible no matter where or how people present

In Athens-Clarke County, the primary goal of coordinated entry is to provide and improve consumer information, referral, assistance, and access to housing and services for individuals and families experiencing or at risk of homelessness.

In Athens-Clarke County, coordinated entry can:

- Improve referral appropriateness and coordination
- Increase understanding among partners of what resources are available
- Decrease the time that people experience homelessness
- Help people move out of the "homeless system" as quickly as possible
- Support community-wide or system level planning and outcomes

ACCHC further defines effective coordinated entry as:

- Client-focused
- Linking the household to an intervention to resolve the housing crisis
- Based on a standard assessment of needs and strengths and the knowledge of housing and services available

Guiding Principles

1. **Reorient service provision**—creating a more client-focused environment.
2. **Recognize the inherent dignity of individuals in need of housing** and honor the right to confidentiality, safety, respect, and choice.
3. **Identify which strategies are best for each household** based on knowledge of and access to a full array of available services.
4. **Link households to the most appropriate program** that will assist in resolving housing crises and regaining housing stability.
5. **Provide timely access and appropriate referrals** to housing programs and support services.
6. **Protect the safety of survivors fleeing domestic/sexual violence** and help survivors access housing resources.
7. **Provide immediate access to information** regarding housing and support services.
8. **Establish consistent referral protocols and uniform assessment**.
9. **Reduce duplicate collection of household information** to streamline referral and access to needed resources**.**
10. **Include ongoing participation** by consumers and stakeholders in the development and evaluation of coordinated entry.
11. **Commitment to improvement** through ongoing evaluation of the Coordinated Entry System.

Associated Regulations

HUD Continuum of Care (CoC) Interim Rule
https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf

578.7 (a) (8) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. This system must comply with any requirements established by HUD by Notice.

The ACCHC is the primary decision-making body for the Athens-Clarke County Continuum of Care.

HUD Emergency Solutions Grant (ESG) Interim Rule
https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendments.pdf

576.400 (d) Centralized or coordinated assessment. Once the Continuum of Care has developed a centralized assessment system or a coordinated assessment system in accordance with requirements to be established by HUD, each ESG-funded program or project within the Continuum of Care's area must use that assessment system. The recipient and subrecipient must work with the Continuum of Care to ensure the screening, assessment, and referral of program participants are consistent with the written standards required by paragraph (e) of this section. A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system.

Athens-Clarke County is not an ESG entitlement community; ESG funds are administered by the Georgia Department of Community Affairs (DCA).

HUD Coordinated Entry Policy Brief (2024)
https://files.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf

HUD Coordinated Entry Notice CPD-17-01 – Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (2017)
https://www.hudexchange.info/resource/5208/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system/

HUD Prioritization Notice CPD-16-11 – Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing (2016)
https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf

HUD Equal Access rule: 24 CFR 5.105(a)(2) and 5.106(b)
https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/

ACCHC Governance Charter

LOCAL COORDINATED ENTRY PARTNERSHIP

Because of the diversity and size of the Athens-Clarke County CoC, access to the coordinated entry process can occur through many local providers.

- A client can seek housing assistance through any of the participating providers[1] and will have access to the coordinated entry process.
- Clients will have equal access to information and advice about eligible housing assistance in order to assist in making informed choices.
- Providers participate in one of three roles: a local Lead Agency, an assessment partner or a referral partner. Departments or divisions within large agencies may have different roles.
- Participating housing providers will work collaboratively to achieve the best possible housing outcomes for clients, particularly for those with high, complex, or urgent needs.

Designated Local Lead Agency

The Athens-Clarke County Continuum of Care has designated the Athens-Clarke County Unified Government's Housing and Community Development department as the local Lead Agency to support local implementation of coordinated entry, including to manage the local Prioritization Lists and serve as the contact for the Athens-Clarke County Homeless Coalition's Coordinated Entry Committee.

Outreach and Advertisement

All agencies that administer Continuum of Care (CoC)-funded programs, Emergency Solutions Grant (ESG)-funded programs, or Supportive Services for Veteran Families (SSVF) programs are required to participate in their Local Coordinated Entry Partnership. Other organizations and programs are encouraged and welcome to join; they can join by contacting the Lead Agency, establishing what role they will serve within the Local Coordinated Entry Partnership, and signing the Partnership Agreement.

Outreach

At least once annually, each local Coordinated Entry Partnership is required to contact local agencies who come in contact with persons who are homeless or at risk of homelessness to provide them with education on coordinated entry information on participation.

Participating providers will coordinate with any existing street outreach programs for referrals to ensure that people in unsheltered locations are prioritized for assistance in the same manner as other clients accessing coordinated entry.

Advertisement

The Local CE Partnership will advertise the coordinated entry process in order to inform households experiencing homelessness or at risk of homelessness how connect to housing resources. At a minimum, advertisement will include: flyers posted at locations where clients may present (e.g., hospitals, clinics, local Housing and Community Development office, DFCS offices, community meal sites, check cashing locations, etc.) The Local CE Partnership is encouraged to explore other venues of advertising such as during the Point in Time Count, a booth at local events, newspaper ads, participating provider websites, or radio. Local CE Partnerships will use plain language to advertise, such as "Looking for help to get or keep housing? Contact <Lead Agency> to get connected". The Local CE Partnership is responsible for

[1] Participating Providers = Referral Partners, Assessment Partners, and Lead Agency Partners

actively working to ensure all persons, regardless of language or disability, know how to access help through the coordinated entry process.

Partnership Agreement

ACC CoC Governing Board will provide a Local Coordinated Entry Partnership Agreement template that will include the following:

- Identify the participating providers and their role in the Local Coordinated Entry Partnership: the Local Lead Agency, an Assessment Partner(s) or a Referral Partner(s)
- Describe the Purpose and Guiding Principles of ACC CoC Governing Board Coordinated Entry
- Describe Coordinated Entry Core Components and Activities
- List shared responsibilities and partner responsibilities that relate to: advertisement, training, outreach, planning, evaluation, joint-problem solving and communication, confidentiality, client grievance, safety protocols, and nondiscrimination policies.
- Confidentiality Principles and Policies, including optional staff certification to use with partner staff.

See attached Local Coordinated Entry Partnership Agreement. This template is considered part of the ACC CoC Governing Board written policies and procedures for Coordinated Entry.

Local CoCs may only alter the Partnership Agreement with approval of the ACC CoC Governing Board Coordinated Entry Committee.

COORDINATED ENTRY STEPS

ACCESS → ASSESSMENT → PRIORITIZATION LIST → PRIORITIZATION → REFERRAL TO HOUSING INTERVENTION

Screening and Assessment

ACC CoC Governing Board uses two standardized tools for screening and assessment:

- Housing Crisis Triage Form
- Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)

ACC CoC Governing Board Housing Crisis Referral (Screening & Access)

Partners will conduct a triage housing screening using the ACC CoC Governing Board Housing Crisis Triage Form to refer households for housing crisis help. This initial form reviews for basic eligibility (e.g., housing status) and offers a referral to the local domestic violence service provider or emergency shelter.

Referral Partners:

- Complete the ACC CoC Governing Board Housing Crisis Triage Form for households identified as homeless or at-risk of homelessness. This form can be completed over the phone or in person.
- Individuals and families will be referred to appropriate emergency services upon

completion of the Housing Crisis Triage Form.

- All individuals and families experiencing or at risk of homelessness and served by a Referral Partner must be offered the opportunity to participate in Coordinated Entry.

Vulnerability Index-Service Prioritization Decision Assistance Tool

Emergency Service Providers working with individuals and families who are homeless will:

- Reach out to all households referred through the coordinated entry process to schedule a VI-SPDAT within seven days of shelter intake.
- Provide clients the opportunity to complete the VI-SPDAT within seven days of referral or "walk-in".
- Add (or "refer") all individuals and families to who have completed the assessment to the Prioritization List within three days of completion.

The VI-SPDAT:

- Will be offered to all individuals and families experiencing homelessness and served by an Assessment Partner or Referral Partner.
- Will only be conducted by a trained assessor.
- Includes the HMIS Universal Data Elements, which may be updated for returning clients.
- Collects all of the information needed to determine prioritization for housing interventions.
- Screens for whether a household would be served well by short-term, medium-term, or long-term assistance to regain stability in permanent housing.
- Includes some optional sections and provides instructions to the assessor on how to conduct the interview.
- May be first recorded on paper or directly inputted within HMIS.

Participating providers have a responsibility to respond to the range of client needs and act as the primary contact for clients who complete the VI-SPDAT with their organization until another provider assumes that role. This includes providing proactive help to facilitate the client applying for assistance or accessing services from other providers.

As part of a client-centered approach, ACC CoC Governing Board believes that each individual or family experiencing or at-risk of homelessness should have an individualized housing plan developed jointly by housing staff and the client. A housing plan should be based on the strengths, needs, and desires of the household and guided by the Housing Assessment. A housing plan outlines the type, amount, and length of services and assistance for a household as well as housing preferences.

If a participant becomes homeless after losing housing obtained through coordinated entry, the Local Coordinated Entry Partnership is required to conduct a VI-SPDAT and put forth an effort to connect them with appropriate housing interventions, which may be placement in the same program type (RRH or PSH) again.

Prioritization List

Each Local Coordinated Entry Partnership will maintain a local Prioritization List that includes all households (individuals and families) experiencing homelessness that have participated in the assessment process.

The Prioritization List is used to guide referrals to the following housing interventions:

- Rapid Rehousing (RRH)
- Permanent Supportive Housing (PSH)

A Prioritization List that recognizes that entrance into a program is based on both eligibility and availability for both the rental subsidy/unit and services.

The local Prioritization List:

- Will be populated by assessment partners and the local Lead Agency using the coordinated entry process– e.g., housing assessment will be completed. Only assessment partners and the local Lead Agency can refer directly to the list.
- Is the responsibility of the Lead Agency and they will provide support to manage the list(s).
- May be generated in and exported from HMIS and other households can be added to the list manually, outside of HMIS (e.g., those working with a victim service provider).
- Will be (re)generated/updated and reviewed at least weekly by all relevant providers (e.g. shelters, PSH providers, etc).
- May use unique IDs in place of names, etc., for confidentiality purposes
- May only be accessed if a Local CE Partnership Agreement is in place. Respective agencies who are part of the Local CE Partnership will have signed the agreement.
- Will only include households who have executed a Client Release of Information form.

Participating Providers:

- Will use the local Prioritization List to fill all openings in housing projects that elect or are required to use the coordinated entry process and prioritization policy.
- Will review the Prioritization List to match households with openings in a Rapid Rehousing and Permanent Supportive Housing program based on prioritization AND eligibility for services and housing subsidy.
- Will review the Prioritization List to assess how agencies can work together to enroll a client quickly.
- Will enroll households from the Prioritization List in between meetings, as needed.
- Will develop systems to anticipate openings in services and vouchers availability, and review list prior to program opening and identify priority client(s).
- Will review Prioritization List at least weekly to provide updates on household status.
- Are part of a system of shared accountability for enrolling households into a Permanent Supportive Housing or Rapid Rehousing project according to the prioritization policy.

The Lead Agency will work with the Triage and Assessment Partners to create the local CE Basic Prioritization List. Assessment Partners that use ClientTrack will be able to enroll homeless individuals and families into the Coordinated Entry (CE) Basic Project, which will automatically add enrollees onto the CE Basic Prioritization List. As Rapid Rehousing and Permanent Supportive Housing opportunities become available, the Lead Agency will make all referrals from the CE Basic Prioritization List using the “Referrals” feature. Households do not need to be enrolled in a program at the agency that refers them to the CE Basic Prioritization List. For additional guidance on using the CE Basic Prioritization List in ClientTrack, access the ClientTrack Training Manual 2.0..

Agencies enrolling homeless individuals and families into the CE Basic Program are responsible for following up with the households they refer to determine whether they are still in need of Permanent Supportive Housing or Rapid Rehousing, until another provider has assumed this responsibility. Follow-up contact will occur at a minimum every 30 days. If still in need of housing, the agency should update

contact information if needed. If they no longer need housing, the Assessment Partner making the referral must notify the Lead Agency, update the weekly CoC Case Conferencing Committee to cancel the referral, and discharge the individual or family from the CE Basic Project.

Partners receiving referrals from the CE Basic Prioritization List and CE Basic Program that contact an individual or family to offer services and find out the household is no longer in need, can close the referral and discharge the individual or family from the CE Basic Program, even if that provider did not make the original referral.

Prioritization

Among eligible participants, ACC CoC Governing Board has not chosen to prioritize sub-populations such as individuals or families. Some programs may only serve a specific sub-population and referral will be made according to program eligibility criteria.

The **Order of Priority** on the Prioritization List is determined by:

- Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) Score
- Chronic Homeless Status
- Length of Time Homeless

Referral to Participating Housing Programs

Projects that receive the following funding for homelessness assistance may only enroll individuals and/or families experiencing homelessness or who are at imminent risk of homelessness if they are enrolled in the CE Basic Program, have a VI-SPDAT Assessment Score, and are on the CE Basic Prioritization Planning List: Continuum of Care (CoC) Program-funded: Permanent Supportive Housing, Shelter+Care, Rapid Rehousing

- Emergency Solutions Grant (ESG)-funded: Rapid Rehousing
- Supportive Services for Veteran Families (SSVF): Rapid Rehousing

Other Rapid Rehousing, Transitional Housing, and Permanent Supportive Housing Programs are encouraged to participate.

Permanent Supportive Housing (PSH)

PSH providers use the VI-SPDAT score, the Order of Priority, and program-specific eligibility requirements (e.g., Severe and Persistent Mental Illness diagnosis, HIV/AIDS diagnosis, etc.) to enroll the highest prioritized individual or family on the CE Basic Prioritization List.

Rapid Rehousing (RRH)

RRH referrals are made as follows:

- Short-term Rapid Rehousing (3 months or less) is provided on a first-come, first-serve basis to all households that screen for a short-term level of assistance determined by the VI-SPDAT.

- Medium-term Rapid Rehousing assistance is provided for more than 3 months, but less than 12 months. This level of assistance is available for households that screen for a medium-term level of assistance determined by the VI-SPDAT.

However, a participant is not excluded from accessing any housing resource solely on the basis of the VI-SPDAT-determined level of assistance, such that, if resources are limited, households need not be prevented from exiting homelessness.

In these cases, a household identified as needing medium-term assistance may be reviewed and referred to a Rapid Rehousing program if their individual housing plan clearly demonstrates a reasonable and adequate plan for maintaining stable housing once the program ends. This is achieved by demonstrating:

- Reasonable expectation for increased income as indicated by tenure in current employment, expected completion of education/vocational programs, achievement of skills and training certifications, or pending military, retirement, social security benefits, alimony, or child support.
- Documented opportunity of receiving subsidized housing or an assisted living placement before rental assistance would end.

In a similar way, a household identified as needing medium-term assistance, may be reviewed and referred to a short-term Rapid Rehousing program if their housing plan meets the above criteria. This is referred to as a documented "Housing Sustainability Plan".

Examples[2]

ClientTrack™

Client ID	Name	Age	VI-SPDAT Type	Veteran Status	Disabling Condition	Enrollment Date in CE Basic	Household Size	Score Total	Case Manager
012345	John Smith	35	Single Adults	No	Yes	1/1/2018	1	10	Mickey Mouse
543210	Jane Doe	29	Family	No	No	1/2/2018	3	6	Donald Duck

If Agency A has an opening in its Permanent Supportive Housing Project, they would offer this opening to RW because she meets the definition of chronically homeless and has the highest complex service needs score, so long as RW met the basic eligibility requirements for the project and chooses to participate. The next opening would be offered to Doug, and so on.

If Agency B has four openings in its Rapid Rehousing Project which offers 12 months of rental assistance (medium-term), they would offer these openings to Emily, JD, Pete, and Osnium612. Although Emily has been identified as being a good candidate for long-term housing assistance, she has met the

[2] The Prioritization List report may contain other data fields that are not included in this example, such as Veterans status, family type, primary contact person, and the date of the ROI execution. Suggestions on data fields is welcome.

documentation requirements for housing plan sustainability. JD, Pete, and Osnium612 are the candidates next highest on the list that have been identified as candidates for medium-assistance.

If Agency C has funding available to support short-term Rapid Rehousing Assistance for four clients this month. Providing short-term rental assistance to these households would be done on a first-come, first-serve basis. They would offer financial or rental assistance to Amos, JD, Deb, and Sarah. Short-term rapid rehousing is provided on a first-come, first-serve basis. Deb and Sarah have both been identified as good candidates for short-term housing assistance. Josh and Amos have been identified as good candidates for medium-term assistance, but have both met the documentation requirements for housing plan sustainability.

There are few legitimate reasons that can be considered when not enrolling the highest priority household, such as eligibility requirements or the household choice/preference does not match available project opening.

If a program does not take the highest prioritized individual or family from the CE Prioritization List to fill an available opening, that agency is required to document the reason for not accepting that referral in the ClientTrack client file. If the highest prioritized client does not have a ClientTrack client file, the agency is required to provide a written explanation to the provider (Assessment Partner or Lead Agency). It is the responsibility of the agency not taking the highest prioritized individual or family to ensure that the individual or family has a new referral to the CE Prioritization List, if needed. The individual or family remains on the CE Prioritization List in order to access the next available program opening, as long as the individual or family is in need of permanent supportive housing or rapid rehousing.

Declined Referrals

One of the guiding principles of the ACC CoC Governing Board Coordinated Entry Process is client choice. Individuals and families will be given information about the programs available to them and have choice about which programs they want to participate in. If an individual or family declines a referral to a housing program, their name remains on the CE Prioritization List until the next housing opportunity is available. Before accepting a client's declined referral, providers should communicate with clients about availability of other housing programs and realistic waiting periods for other programs.

Information & Data Sharing

Data is collected through the VI-SPDAT. The Georgia Homeless Management Information System (GA HMIS) Collaborative Client Consent to Share Form (both attached), provide important details on when and how client data is collected in the Coordinated Entry System.

Housing Crisis Triage Form

The Housing Crisis Triage Form includes a client release of information in order to allow the Referral Partner to share the form with the local emergency services. Staff completing the form will review the "Permission to Share Personal Information to Help with Housing" with the client so they understand what (if any) information will be shared with emergency service organizations. Information from the Housing Crisis Triage Form will not be inputted into HMIS.

Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)

As part of the VI-SPDAT process, staff will review the Coordinated Entry Release of Information (ROI) with clients after the VI-SPDAT is completed. Staff will be responsible for ensuring clients understand their rights as far as release of information and data confidentiality, as outlined in the Release of Information. On the ROI, clients may request that none of their information be shared with one or more agencies or that certain types of information not be shared.

Respecting Client Consent

Sharing of client information and data occurs both "in" and "out" of HMIS as part of coordinated entry. It is the responsibility of all Partners to ensure that client permission is reviewed and followed. The Partner who initially collects the Release of Information from the client is responsible for tracking the expiration date of the release and renewing, as needed.

Any client whose name is on the CE Basic Prioritization List must have signed the ROI that guides the information shared on the list. The Local Coordinated Entry Partnership is required to include a list of agencies with the Release of Information. All Assessment Partners and the local Lead Agency should be included in this list. As agencies within the local Coordinated Entry Partnership change, or as Referral Partners elect to participate in a Prioritization List review process, it is incumbent on the Lead Agency and all Partners to ensure that client releases are honored with respect to the permission provided by the client regarding both the specific agencies and information allowed (or to update the client release). For this reason, it is recommended that attendance at any group review of the ACC CoC Case Conference Committee List include a regular group of partners that is closely monitored by the Lead Agency. This may include asking staff from one or more organizations to exit a meeting when a specific case is reviewed. ACC COC Case Conference Committee meetings (e.g., Case Managers' meetings) should include only those agencies that have signed a Local Partnership Agreement. The date of the ROI execution for each client will be included on the CE Basic Prioritization List.

All Partners participating in HMIS are required to meet the Georgia Department of Community Affairs HMIS Security Standards and all users are required to complete the required training.

EMERGENCY SHELTER

Emergency shelter refers to any temporary shelter for individuals or families experiencing homelessness. Emergency shelter is sometimes provided in a facility, scattered site apartments, or through a publicly- or privately-funded motel stay. By design, emergency shelter programs work to help individuals and families move into permanent or transitional housing as quickly as possible (within 90 days or less).

The ACCHC Coordinated Entry system does not interfere with the current process for individuals or families to seek emergency shelter or services, including domestic violence shelters and other short-term crisis residential programs, outside of the coordinated entry operation hours. The ACC CoC Governing Board Coordinated Entry system also allows for a triage of needs to ensure that all individuals and families have access to emergency services and shelter regardless of whether they have first completed the Housing Crisis Triage Form or VI-SPDAT.

If someone is seeking shelter immediately, all Triage and Assessment Partners should make a referral by facilitating contact with the most appropriate local emergency shelter or United Way's 2-1-1.

- Local Emergency Shelter(s):

- Athens-Area Homeless Shelter – Family Emergency Shelter
  706-354-0423

- Bigger Vision Emergency Winter Shelter – Winter Emergency Shelter for Adult Individuals (October-April)
  706-340-6062

- Interfaith Hospitality Network – Family Emergency Shelter
  706-425-1881

- The Salvation Army of Athens – Emergency Shelter for Adult Individuals and Families
  706-543-5350

In cases of a person fleeing domestic or sexual violence, a referral should be made to:

- Project Safe:
  Domestic Violence Hotline 706-543-3331

Coordinated Access to Local Emergency Shelters

In the Athens-Clarke County Continuum of Care, there is a written protocol for coordination and communication between local shelter providers, the Athens-Clarke County Housing and Community Development Department, and United Way's 2-1-1 to ensure streamlined access to emergency shelter.

- The Housing Crisis Triage Form includes contact information and eligibility information for emergency services available in Athens-Clarke County
- The Emergency Shelter Protocol document includes contact info for each agency, intake hours, shelter hours, population(s) served, the intake process for each agency

Emergency Shelter Programs and Housing Assessment

<u>If an emergency shelter provider is a referral partner:</u>

- Make a referral to the local Lead Agency within 3 calendar days.
- It is strongly recommended that referrals occur as soon as possible after entry into the emergency shelter program.

<u>If an emergency shelter provider is an Assessment Partner:</u>

- Provide an opportunity for the client to complete the Housing Assessment within one week of entry into shelter program and enroll client into the CE Basic Program.

DOMESTIC VIOLENCE, SEXUAL VIOLENCE, DATING VIOLENCE, AND STALKING

Policies

The Athens-Clarke County Homeless Coalition 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 process. In order to ensure that the process works best for survivors, the ACCHC adheres to the following policies:

Access

- The coordinated entry process will be voluntary, trauma-informed, and 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 process.
- 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 ACCHC Coordinated Entry system.
- Victim service providers are included in all Local Coordinated Entry Partnerships. 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 ACCHC Coordinated Entry system does not in any way interfere with the current process for homeless survivors seeking emergency shelter outside of the coordinated entry operation hours. The ACCHC Coordinated Entry system also allows for a triage of needs in order to ensure that survivors have access to emergency services such as domestic violence hotline and shelter.
- Non-victim service providers will be trained in safety planning for domestic violence survivors who disclose domestic violence, sexual violence, dating violence, or stalking in order to ensure that services are inclusive and trauma-informed.

Procedures

The following procedures aim to allow survivors to enter into the Coordinated Entry System through multiple entry points, to make informed decisions about how they would like to navigate through the system, and to choose the level of personal information they wish to share.

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

Referral Partners:

Non-Victim Service Providers: Referral partners within the Coordinated Entry Partnership 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 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. The referral form may be sent to the assessment partner that the survivors chooses.

*Note: Victim service providers are the only ones with expertise to determine eligibility for their services. Even if a non-victim service provider refers someone to a victim service provider organization, it is still up to that organization to determine if the participant is a survivor and is eligible for their services. If it is found that the participant is not eligible, the victim service provider will refer them to an assessment or referral partner.

Victim Service Providers: If a victim service provider agency is a referral partner they may complete the referral form and attach with it a unique ID for the survivor, generated in ClientTrack. They will explain the Coordinated Entry Process and their choices around confidentiality and anonymity. The referral form will be sent to the assessment partner.

Assessment Partners:

Non-Victim Service Providers:

1. The Lead Agency and Assessment 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 assessment partner, it will be presented to the survivor as an option do the assessment with the local victim service provider agency or to choose to continue with the organization that they have begun the assessment with. The difference between assessment and sharing of information within the two options will be explained to the survivor.
2. If the survivor chooses to continue with the non-victim service provider, they would complete the assessment and refer to the desired and/or most appropriate Coordinated Entry Assessment Partner for further assessment and enrollment into the CE Basic Program and placed on the CE Prioritization List.

Victim Service Providers:

1. Complete assessment with survivor.
2. Facilitate contact with desired and/or most appropriate Coordinated Entry Assessment Partner.

Confidentiality and the Prioritization List

Non-Victim Service Providers:

- Providers will explain the confidentiality forms and survivors may choose if they wish to have their information shared in HMIS. 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 victim service provider agency, the provider will explain what the Prioritization List is and identify all security measures taken to ensure privacy.
- If the survivor is agreeable to having their information entered into ClientTrack, they will be added to the system, enrolled into the CE Basic program, and added to the CE Prioritization List for housing intervention.
- If the survivor chooses to not be added to HMIS and CE Basic Program, the provider will generate a unique ID for the survivor, collected necessary documentation, and send it to the Lead Agency to manage a list separate from that of the CE Prioritization List.

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. ***DV/SV agencies do not use HMIS***.
- The provider will generate a unique ID for the survivor and send it to the Lead Agency with their prioritization information and any additional needed information.

Referral to Housing Program

- If a survivor is listed by name on a Prioritization 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 Prioritization List, the Lead Agency will contact the victim service provider or the Assessment Partner to connect the survivor with the housing program.
- The organizations involved will collaboratively work together to ensure that the survivor is connected to all available housing resources and other support as needed.

TRAINING

This section details the annual training plan; additional training will be provided as part of the implementation and as-needed.

- Overview of ACC CoC Governing Board Coordinated Entry Process
    - Content:
        - What is Coordinated Entry and the ACC CoC Governing Board Local CE Partnership
        - Coordinated Entry Steps: Referral, Assessment, Enrollment into CE Basic, CE Prioritization List, Referral to Housing Program
        - Confidentiality
        - Safety Planning and a Trauma-Informed Process
        - Fair Housing, Equal Access, ADA, and other Nondiscrimination Requirements
        - Evaluation Process
    - Required for all CE Partner staff
    - Training for Lead Agencies to provide the Overview Training
        - Training materials provided
- VI-SPDAT Training
    - Annual in-person training
    - Required for all CE Partner staff administering the assessment
    - Training for Lead Agencies to provide Assessment Training
- Supplemental ClientTrack & Coordinated Entry Training
    - Provided by DCA to each region, as needed.

Providing training and training materials is the responsibility of the ACC CoC Governing Board Coordinated Entry Committee, in partnership with the Georgia Department of Community Affairs, the state's HMIS Lead Agency.

EVALUATION

Once the Local Coordinated Entry Partnership has been implemented, the ACC CoC Governing Board will regularly evaluate its effectiveness. Lessons derived from these evaluations will be used to further improve the coordinated entry process.

At least annually, each Local CE Partnership will:

- Survey all local Partners to solicit feedback on how well the Local CE Partnership is being implemented, and
- Collect feedback on the coordinated entry process from consumers through a focus group or survey.

The ACC CoC Governing Board will establish uniform questions to support this evaluation

process.

Every 6 months, the ACC CoC Governing Board Coordinated Entry Committee will review the

following data points:

- The number of participating organizations in each program type (Prevention, Emergency Shelter, Transitional Housing, Rapid Rehousing, Permanent Supportive Housing, Other);
- The number of referrals made to each program type;
- The number of housing placements in each program type;
- The length of the Prioritization List;
- The number of households on the Prioritization List more than 3 months;
- The number of households recurring on the Prioritization List; and
- Unmet needs based on the Prioritization List by program type (Rapid Rehousing, Permanent Supportive Housing, housing programs for individuals, housing programs for families, etc.).

The Coordinated Entry Committee will provide an annual summary report and analysis to the Athens-Clarke County Homeless Coalition Governing Board.

APPENDIX A –Housing Crisis Triage Form

Tell me about your housing situation.

- Are you currently residing at a shelter or sleeping outside or sleeping in your car?
- Are you staying with friends or family?
- Have you been given an eviction notice?
- Are you fleeing domestic violence?

Are you a single household or a family?

Emergency Shelter:

- If single adult, refer to Salvation Army or Bigger Vision (October through April)
- If family, refer to: Athens Area Homeless Shelter, Interfaith Hospitality Network, and Salvation Army.
- If woman or family fleeing domestic violence, refer to Project Safe.

For Homelessness Prevention:

- If single adult with severe and persistent mental illness (SPMI)* or a family headed by an adult with a severe and persistent mental illness, refer to Homeless Day Service Center (HDSC).
- If client is unsure of mental health diagnosis, refer to HDSC for case management and mental health assessment.

**SPMIs include: schizophrenia, bipolar disorder, major depression, schizoaffective disorder.*

For Rapid Rehousing:

- Refer to HDSC if single adult or family headed by an adult who meets **BOTH** the following criteria:
  1. Diagnosed with a severe and persistent mental illness (SPMI)
  2. Meets the "Literally Homeless" definition
- If family that meets the definition of "Literally Homeless," refer to Athens Area Homeless Shelter.
- If woman or family fleeing domestic violence, refer to Project Safe.

If not yet answered, ask these questions:

Have you been diagnosed with a severe and persistent mental illness? If yes, refer to Homeless Day Service Center (HDSC).	**Are you fleeing domestic violence?** If yes, refer to Project Safe.
Have you been diagnosed with HIV or AIDS? If yes, refer to Live Forward.	**Are you a veteran?** If yes, refer to Veterans Affairs.

Eligibility Reference Guide

Emergency Shelter					
Eligibility	**AAHS**	**Bigger Vision***	**IHN**	**Project Safe**	**Salvation Army**
Can Serve Single Adults		**X**		**X**	**X**
Can Serve Families with Children	**X**		**X**	**X**	**X**
Clients MUST be Fleeing Domestic Violence				**X**	

**Bigger Vision is a winter shelter open October-April*

Prevention	
Eligibility	**HDSC**
Can Serve Single Adults	**X**
Clients MUST have SPMI	**X**

Rapid Rehousing			
Eligibility	**AAHS**	**HDSC**	**Project Safe**
Can Serve Single Adults		**X**	**X**
Can Serve Families with Children	**X**	**X**	**X**
Clients MUST have SPMI		**X**	
Clients MUST be fleeing domestic violence			**X**

Contact Numbers
AAHS: 706-354-0423
Bigger Vision: 706-340-6062
HDSC: 706-354-1154
IHN: 706-425-1881
Project Safe: 706-543-3331
Salvation Army: 706-543-5350