Erie County, PA
Homeless Continuum of Care
Coordinated Entry Policies and Procedures

Created December 2017

Adopted by the Erie Home Team on January 11, 2018

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Summary of Process – A Cheat Sheet

1. Clients seeking Homeless assistance in Erie County will contact the Coordinated Entry System – administered by Erie County Care Management (ECCM). ECCM will refer clients to emergency shelter or transitional housing based on availability.
    a. All clients seeking Emergency Shelter will be placed in Emergency Shelter on a first come, first served basis.
        i. If Emergency Shelter is not available, ECCM will NOT maintain an Emergency Shelter wait list. Instead, clients will be asked to call ECCM by 10:00 am the following morning if they are still in need of Emergency Shelter. ECCM will refer clients to emergency resources as needed.

2. No later than (7) days of a client's entry into Emergency Shelter or Transitional Housing, ECCM will utilize the VI SPDAT to conduct an assessment of the client's need for a housing intervention, either rapid re-housing or permanent supportive housing. The VI-SPDAT along with additional local criteria will prioritize each client for either no housing intervention at all, Transitional Housing, Rapid Re-Housing, or Permanent Supportive Housing.
    a. ECCM will maintain a Master List for Rapid Re-Housing and a Master List for Permanent Supportive Housing.
    b. At least every two (2) weeks, ECCM will contact each Rapid Re-Housing and Permanent Supportive Housing provider to find out how many households the provider can serve and will refer clients to each provider based on top priority on the Master List.

3. Participating service provider agencies must accept all referrals unless in the event of a "good cause." Once a client is accepted into a program, the service provider agency can submit a request to a Case Review Committee that a client be moved to another program based on "good cause." If the Case Review Committee approves the request, the client will be moved to another program once there is an open bed. The Case Review Committee may not approve the request.

4. Clients have the right to refuse a service. If they choose to refuse a service, they will remain on any wait lists for any housing interventions for which they are eligible.

5. The Coordinated Entry Sub-Committee of the Erie Home Team will meet regularly and will monitor overall progress, including stakeholder adherence to these policies and procedures.

Coordinated Entry System - Program Overview

The US Department of Housing and Urban Development (HUD) requires every Continuum of Care (CoC) to form a Coordinated Entry System (CES) and begin implementation of CES by January 23, 2018.

CES is a centralized or coordinated process designed to create a standard community method for program participant intake and screening, assessment, and provision of referrals for individuals and families seeking Homeless assistance.

A centralized or Coordinated Entry System is required by HUD to:

- cover the entire geographic area;
- be well advertised;
- include a comprehensive and standardized assessment tool;
- provide an initial, comprehensive assessment for housing and services; and
- include a specific policy to guide the operation of the Coordinated Entry System to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

The Erie CoC CES is part of a collaborative process led by the Home Team and is a community-wide strategy to quickly move people from Homelessness to permanent housing. It intends to:

- Establish a streamlined and uniform method of serving clients in need of housing crisis services, using a single point of entry model;
- Reduce burden on both client and provider by having a unified systemic approach to quickly identify, assess, and refer clients to the best intervention to meet clients' specific needs at first contact;
- Increase collaboration between agencies in serving client needs more effectively and efficiently; and
- Collect data on community trends of housing needs to better target limited resources.

Definitions and Terms

Defining Homelessness

Clients seeking assistance to prevent or end a Homeless episode must meet the following HUD definition of Homelessness in order to be eligible for any type of service. HUD has four categories of circumstances that define Homelessness.

1. Literal Homelessness:
   - An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
   - An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters,

Emergency Shelter, Transitional Housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low- income individuals);
- An individual who is exiting an institution where he or she resided for ninety (90) days or less and who resided in an Emergency Shelter or place not meant for human habitation immediately before entering that institution.

2. Imminent Risk of Homelessness
- An individual or family who will imminently lose their primary nighttime residence, provided that:
  - Residence will be lost within fourteen (14) days of the date of application for Homeless assistance;
  - No subsequent residence has been identified; and
  - The individual or family lacks the resources or support networks needed to obtain other permanent housing.

3. Unaccompanied youth under twenty-five (25) years of age, or families with children and youth, who do not otherwise qualify as Homeless under this definition, but who:
- Are defined as Homeless under the other listed federal statutes; Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the sixty (60) days prior to the Homeless assistance application;
- Have experienced persistent instability as measured by two (2) moves or more during in the preceding sixty (60) days; and
- Are expected to continue in such status for an extended period of time due to special needs or barriers.

4. Fleeing/ Attempting to Flee Domestic Violence
- Any individual or family who:
  - Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
  - Has no other residence; and
  - Lacks the resources or support networks e.g., family, friends, and faith- based or other social networks, to obtain other permanent housing to obtain other permanent housing.

HUD's Definition for Chronic Homelessness

- A "Homeless individual with a disability," as defined in the Act, who:
  - Lives in a place not meant for human habitation, a safe haven, or in an Emergency Shelter; and

- Has been Homeless (as described above) continuously for at least twelve (12) months or on at least four (4) separate occasions in the last three (3) years where the combined occasions must total at least twelve (12) months
  - Occasions separated by a break of at least seven (7) nights
  - Stays in institution of fewer than ninety (90) days do not constitute a break
- An individual who has been residing in an institutional care facility for fewer than ninety (90) days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been Homeless.

Screenings and Assessments

When a person seeking Homeless assistance contacts Coordinated Entry (ECCM), the Coordinated Entry staff will conduct a brief screening to screen for eligibility for Homeless Services. This will be called the "screening."

No later than seven (7) days after the client has resided in Emergency Shelter or Transitional Housing, ECCM will conduct the VI-SPDAT assessment. This will be called the "assessment." ECCM will also conduct VI-SPDAT assessment on those individuals that are not residing in emergency shelter and will make a plan with the client to schedule a time.

Housing Definitions

Prevention

- Activities or programs designed to prevent the incidence of Homelessness, including, but not limited to:
  - Short-term subsidies to defray rent and utility arrearages for families that have received eviction or utility termination notices;
  - Security deposits or first month's rent to permit a Homeless family to move into its own apartment;
  - Mediation programs for landlord-tenant disputes;
  - Legal services programs that enable representation of indigent tenants in eviction proceedings;
  - Payments to prevent foreclosure on a Home; and
  - Other innovative programs and activities designed to prevent the incidence of Homelessness.

Diversion

- Assisting individuals/ families to examine his, her, or their resources and options other than entering the Homeless system

Emergency Shelter/ Housing

- Providing short-term Homeless prevention assistance to individuals or families at imminent risk of losing their own housing due to eviction, foreclosure, or utility shutoffs.

Transitional Housing

- The movement of Homeless individuals and families to permanent housing within a reasonable amount of time, usually twenty-four (24) months. Transitional Housing includes housing primarily designed to serve deinstitutionalized Homeless individuals and other Homeless individuals with mental or physical disabilities and Homeless families with children.

Rapid Re-Housing

- Rapidly connecting families and individuals experiencing Homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

Permanent Supportive Housing

- Housing for individuals or families experiencing Homelessness that provides additional wrap around services to provide individuals and families with the opportunity to remain stably housed

Permanent Housing

- Individuals or families experiencing Homelessness are placed into a stable, long term, and permanent housing opportunity

Roles and Responsibilities

The Home Team Executive Committee is responsible to:

- Approve policies and procedures that guide daily implementation of the Coordinated Entry System;
- Consider and act on recommendations from the Coordinated Entry Committee regarding changes to the overall process;
- Ensure overall effective operation of the Coordinated Entry System;
- Ensure that the Coordinated Entry System meets HUD's basic requirements.

The Erie Home Team is the **membership of the Continuum of Care**. The Home Team will

- Receive updates from the CoC Board and the Coordinated Entry Subcommittee on successes and challenges of Coordinated Entry implementation;
- Provide continual feedback about the Coordinated Entry process to the Coordinated Entry Committee; and
- Vote to approve changes to CES.

The Coordinated Entry Sub-Committee is an official sub-committee of the Erie Home Team. The Coordinated Entry Sub-Committee will:

- Oversee overall operations and policy compliance of the CES;

- Convene monthly meetings to provide a forum for the discussion of information and concerns to reevaluate Coordinated Entry policies and procedures;
- Review at least annually Coordinated Entry policies and procedures and make recommendations to the CoC Board on changes and revisions;
- Review data collected through the Homeless Management Information System (HMIS) and through other means to evaluate strengths and potential areas of improvement for the entire CES, provide this information to the Home Team for discussion, as well as approve any recommendations;
- Evaluate the performance of the administering agency on an annual basis at minimum;
- Evaluate the adherence of participating service provider agencies to the policies and procedures at least bi-annually.

Erie County DHS is responsible for overall oversight of CES in its role as the CoC Collaborative Applicant, the entity receiving funding through HUD for CES, and a funder of CES.

The Erie CoC has selected ECCM to act as the **Administering Agency** to implement Erie's CES and will hire Coordinated Entry Specialists, who will be supervised by the Mental Health Supervisor.

ECCM as the administering agency will:

- Adequately train Coordinated Entry staff, including in the use of the VI-SPDAT to assess client need, and effective and culturally competent practices for working with people experiencing and at risk of Homelessness.
- Coordinate with the HMIS Lead for HMIS training.
- Ensure that any questions, concerns, or complaints from clients are handled professionally and in a timely manner.
- Ensure that any questions, concerns, or complaints from participating service agencies or other stakeholders are handled professionally and in a timely manner.
- Coordinate the creation and dissemination of marketing materials.

The Administering Agency will hire **Coordinated Entry Specialists** who will:

- Perform the initial client screening to ensure call is housing-related, and if not, refer to 2-1-1 or another appropriate agency;
- Utilize the VI-SPDAT to conduct initial assessments on people seeking Homeless assistance services;
- Enter all VI-SPDAT assessment information into HMIS in real time;
- Enter clients into HMIS as needed;
- Review the queue, refer clients, and work with provider agencies to ensure that clients are receiving services in a timely fashion;
- Record any questions for case reviews with the larger Coordinated Entry Sub-Committee and the Home Team; and
- Assist participating agencies to address any issues and questions.

Service provider agencies that receive CoC, Emergency Solutions Grant (ESG), PATH, Homeless Assistance Program, Human Services Development Fund (HSDF), and any other County DHS funding must participate in CES. Service providers that are not required to participate are encouraged to participate.

Participating Service Provider Agencies[1] will:

- Refer any individuals that call or appear in person directly to ECCM for an initial screening ;
- Update ECCM at 9:00 AM or as changes occur regarding the number of available Emergency Shelter and / or Transitional Housing beds;
- Accept referrals only from ECCM for Emergency Shelter, Transitional Housing, and Permanent Housing with the Exception of Domestic Violence Providers and Veteran's Affairs ;
- Refer to the Rapid Re-Housing Master List at least once every two (2) weeks and accept referrals from ECCM for Rapid Re-Housing from this list, based on availability of units and services;
- Refer to the Permanent Supportive Housing Master List at least once every two (2) weeks and accept referrals from ECCM for Permanent Supportive Housing from this list, based on availability of units and services;
- Follow the CES Referral Acceptance and Rejection Policy;
- Bring issues and concerns about the process from both the screening perspective as well as the client perspective to the monthly larger case review process; and
- Provide feedback to the Home Team, ECCM, and the Erie County Department of Human Services (DHS) to ensure that discussion of successes and challenges to Coordinated Entry implementation are regularly discussed and considered.

VAMC and Domestic Violence Provider (s)[2] will:

- Continue to provide initial screening to clients that present for assistance directly to them unless the client indicates that s/he would like to work with ECCM directly;
- Accept referrals when there are open beds that have not already been filled by the provider itself from ECCM for Emergency Shelter, Transitional Housing, and Permanent Housing with the Exception of Domestic Violence Providers and Veteran's Affairs;
- Coordinate with ECCM and the overall Coordinated Entry system as needed;
- Direct clients the provider is unable to serve itself back to ECCM and ensure a "warm hand off" to ECCM;
- Bring issues and concerns about the process from both the screening perspective as well as the client perspective to the monthly larger case review process; and

[1] This includes all service provider agencies participating in Coordinated Entry with the exception of the VA Medical Center and the domestic violence provider (s.) There is a separate list of roles and responsibilities for these two types of providers.

[2] Erie's Coordinated Entry Policies and Procedures outlines a process by which those people that report they have served in the Armed Forces and / or are fleeing domestic violence will have a choice of whether or not to participate in ECCM's initial screening or have their initial screening conducted by the VAMC or a Domestic Violence Provider. Therefore, the roles and repsonsibilities for VAMC and Domestic Violence differ slightly from those for the participating service providers.

- Provide feedback to the Home Team, ECCM, and the Erie County Department of Human Services (DHS) to ensure that discussion of successes and challenges to Coordinated Entry implementation are regularly discussed and considered.

The **Coordinated Entry Case Review Committee** will:

DHS will be the lead in recruiting members to and convening a Case Review Committee. The Case Review Committee will:

- Meet every two weeks to consider requests from service provider agencies to move a client and review the number and reason for immediate client rejections.
- Inform provider agencies of their decision.

All service provider agencies must accept all agency appropriate referrals unless there is a "good cause"; Once a client is in a program, the provider agency can request to move a client for "good cause." "Good cause" is defined later in this document.

Program Elements

Access

Accessing Services
Clients will access the CES through a 24-hour hotline 814-SHELTER (814-743-5837).

To ensure 24-hour access to the CES, ECCM will assign a staff member to a cell phone after normal operating hours to answer calls to the hotline. ECCM will have up-to-date information on open emergency shelter beds in order to refer clients after hours. After the normal business hours of 8:30 AM to 5:00 PM, ECCM will conduct a screening only on clients seeking services. Arrangements will be made with the client to conduct a VI-SPDAT during business hours and no later than 7 days.

An option to do an in-person screening will be available at the ECCM main location at 1601 Sassafras Street, Erie, Pennsylvania 16502. In-person screenings are only offered during the normal operating hours of ECCM from 8:30 am to 5:00 pm Monday through Friday.

Assessment Tools and Protocols

The goal is to consistently apply a standardized assessment tool to:

- Achieve fair, equitable, and equal access to services within the community, and
- Make appropriate referrals with a consistent and transparent process.

Screening Tool

The Erie CoC has chosen to utilize a set of basic questions that will screen individuals and households seeking homeless assistance for basic eligibility. ECCM will conduct the screening.

The Erie CoC has chosen to provide clients of certain subpopulations with the option of continuing the initial screening with another entity besides ECCM:

Veterans: One of the first questions asked in the screening will be: "Have you served on Active Duty in the Armed Forces?" Individuals will then be offered the opportunity to either continue the screening with ECCM or contact the Veterans Affairs Medical Center (VAMC) for housing eligibility determination. The Homeless Outreach Team at the VAMC may work with a client to help connect him or her to services offered through the VA.

If the VA is unable to serve the client with VA resources, the VA will either conduct the VI-SPDAT assessment with the client and provide the information to ECCM OR will refer the client back to ECCM who will conduct the VI SPDAT assessment.

The VI-SPDAT assessment will then enable a client that is ineligible for VA services or for whom services are unavailable so that the client can be prioritized for rapid re-housing or permanent supportive housing.

People Fleeing Domestic Violence: One of the first questions asked in the screening will be: "Are you fleeing domestic violence?" If the answer is yes, the next question will be "Are you fearful for your safety right now?" The caller will be asked if they would like to continue with the screening or be referred to a domestic violence provider. If the client chooses to continue the screening, ECCM will not include client identifying information within HMIS and would instead provide a unique ID and use that ID to identify the client. If the client chooses to work directly with the domestic violence service provider, the domestic violence service provider will conduct the VI-SPDAT assessment and provide the information to ECCM without client identifying information.

Nondiscrimination

Coordinated Entry Specialists will ensure that no client is disqualified due to possible barriers to services and comply with equal access and nondiscrimination provisions of Federal civil rights laws. In addition, coordinated entry staff and participating agencies will ensure that no clients are referred to any particular housing program because of race, color, national origin, religion, sex, disability, or the presence of children.

Assessment Tool

The Erie CoC has chosen to utilize the VI-SPDAT to create a standard way to identify clients that should be recommended for each housing and support intervention. According to OrgCode who developed the tool, the VI-SPDAT helps identify who is in the greatest need for each type of intervention and therefore who might benefit the most from the particular service.

ECCM will re-survey clients with the VI-SPDAT after one year or if the client has had significant enough changes in his or her life to warrant a new VI-SPDAT assessment.

Wait Times

Emergency Shelter
If an Emergency Shelter bed is available, clients will be referred to a shelter and placed in a program on the same day as their request. If someone is referred and does not show, the Emergency Shelter will not hold a bed more than three hours from the time of referral, unless prior arrangements were made with the referred client.

If an Emergency Shelter bed is not available, ECCM staff will make suggestions for organizations that the individual may be able to call. There will not be a wait list. Therefore, the client will be asked to call back the next day to reconfirm that s/he is in need of Emergency Shelter and to find out if there is availability the next day. For those clients not entering emergency shelter due to lack of availability, ECCM will either schedule a time with the client to conduct the VI-SPDAT in the next few days or will conduct the VI-SPDAT over the phone, if time permits.

Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing
Clients may reside in each of these programs for varying lengths of time. Therefore, it will not be possible to provide clients on the Master List (wait list) with information on the date on which they will enter one of these programs.

Who

ECCM will utilize the VI-SPDAT either in person or by phone with each person seeking homeless assistance. The VI-SPDAT data will be entered into HMIS.

Training & Monitoring

ECCM supervisory staff will be trained to utilized the VI-SPDAT and will then either provide the training to their own staff on an annual basis or the Continuum of Care will arrange for an outside entity – either local or national – to provide training.

The Coordinated Entry Subcommittee will monitor use of the VI-SPDAT on a quarterly basis and will provide additional training and feedback as needed.

The Continuum of Care is responsible for updating and distributing training protocols at least annually.

Additional Notes

ECCM's initial screening and the VI-SPDAT assessment will not include obtaining the necessary documentation that clients may require to enter some programs.

Prioritization

Tool

The assessment tool - the VI SPDAT - requires the surveyor to ask the client questions in the following four categories with the total possible score in each category included in parentheses:
1. pre-survey question asking if the person is age 60 or over (1),
2. history of housing and Homelessness (2),
3. risks (4),
4. socialization and daily functions (4), and
5. wellness (6).

Based on the client's answers, a score is assigned to them; it is this score that determines to which, if any, housing intervention the client will be referred. Possible housing interventions are rapid re-housing and permanent supportive housing. The highest possible score on the VI-SPDAT if used only as created is 17.

The VI-SPDAT score does NOT determine entry to emergency shelter as emergency shelter will remain a first come, first serve service as long as the client meets basic eligibility criteria.

The Erie CoC has decided to add one additional point for clients that report they are fleeing domestic violence thereby increasing the total possible score to 18.

The scoring information below only reflects one of the three versions of the VI-SPDAT. ECCM will utilize the appropriate version; versions are as follows (a) individuals, (b) families, and (c) youth. ECCM will utilize the correct scoring information based on the actual version used.

Total Score	Housing / Service Intervention Recommendation
0-3	No Housing Intervention
4-7	Rapid Re-Housing
8+	Permanent Supportive Housing

Prioritization or Master List

ECCM as the CES Administrator will maintain a "Master List" for Rapid Re-Housing and a separate "Master List" for Permanent Supportive Housing.

The "Master List" prioritizes clients for rapid re-housing and permanent supportive housing with those with the highest scores at the top of the list. For those households with identical scores, they will be in order of the first that presented for assistance.

At least once a month, ECCM will meet with all rapid re-housing and permanent supportive housing providers to review the referrals accepted and any discussion points regarding the process. At this time, each provider will inform ECCM of the number of new households that

they can serve and ECCM can refer to them. ECCM will refer clients / households at the top of the priority list.

Because permanent supportive housing openings do not occur very often, ECCM and the permanent supportive housing providers can determine an alternative meeting schedule if monthly meetings are not productive due to lack of openings.

Prioritization criteria for each major housing intervention will include use of the VI SPDAT score along with additional criteria as follows:

- For Rapid Re-Housing (RRH), prioritization will be given to the most vulnerable families and individuals based on their VI-SPDAT score.

- For Transitional Housing (TH), current program eligibility criteria will be utilized.

- For Permanent Supportive Housing (PSH), prioritization will be given to families and individuals who are:
    1) chronically homeless as defined by HUD,
    2) have the longest history of Homelessness, and/or
    3) have the most severe service needs as determined by their VI-SPDAT score.

Client Refusal

A client may choose to reject an offer of referral to a rapid re-housing or permanent supportive housing provider. In this event, the client remains on the master list in the same place of priority. The client can be offered a placement for rapid re-housing or permanent supportive housing up to three times. If the client refuses three times, then ECCM can choose to remove the client from the master list and require the client to call back to request to be placed on the master list once again.

If the client has been prioritized for a certain type of housing intervention and wishes to choose another, it is up to the Coordinated Entry Subcommittee to determine whether or not to agree to the client's request.

The client has the right to refuse service from one organization but remain on the rapid re-housing or permanent supportive housing master list and wait for another organization to have availability.

If a client requests a specific organization through whom to receive housing assistance, the client has the right to wait until an opening becomes available for rapid re-housing or permanent supportive housing provided by the desired organization.

Privacy and Security Protections

The same HMIS data privacy and security protections that apply to HMIS practices apply to the Master List.

Nondiscrimination

The CoC and Coordinated Entry process does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status.

In some circumstances some projects may use disability status or other protected class information to limit enrollment, but only if Federal or State statute explicitly allows the limitation.

Coordinated Entry Specialists will ensure that no client is screened out due to possible barriers to services and comply with equal access and nondiscrimination provisions of Federal civil rights laws. In addition, coordinated entry staff and participating agencies will ensure that no clients are referred to any particular housing program because of race, color, national origin, religion, sex, disability, or the presence of children.

Referral

All organizations required to participate in CES will utilize the coordinated entry process as the only referral source to fill any program vacancies.

Nondiscrimination

Coordinated Entry Specialists will ensure that no client is screened out due to possible barriers to services and comply with equal access and nondiscrimination provisions of Federal civil rights laws. In addition, coordinated entry staff and participating agencies will ensure that no clients are referred to any particular housing program because of race, color, national origin, religion, sex, disability, or the presence of children.

Process and Protocol by Intervention

Emergency Shelter

- Prior to the implementation start date of coordinated entry, each emergency shelter provider must inform ECCM of the hour by which clients must arrive to their location in order to enter the emergency shelter program.
- ECCM will call or email emergency shelter providers informing them that a client has been referred to them. ECCM will send the referral through HMIS and emergency shelter providers will have access to client information including the initial VI SPDAT assessment.
- Emergency shelter providers must accept referrals and may reject some referrals by following the rejection policy.
- There is no priority list and clients will be served on a first come, first serve basis.

Emergency Shelter Low Barrier Policy

In order to ensure that the most vulnerable individuals are able to access emergency shelter, all emergency shelters will be required to begin to operate as lower barrier shelters. For those emergency shelters that currently have several rules, Erie DHS and the Home Team will work with them in a phase-in process to begin to reduce their rules. Erie DHS and the Home Team will create a plan with the emergency shelter that specifies the barriers that will be removed and a timeline for doing so.

Emergency Shelter Wait List – Lack of Availability of Emergency Shelter Beds

- If there are no available emergency shelter beds, clients will not be placed on a wait list. Clients will be asked to call by 10:00 am the next morning to indicate that they are still in need of an emergency shelter bed and will be provided with a bed if there is one available the next morning. ECCM will also assist the client with referrals to other available resources such as food pantries, hotel/motel vouchers, etc.

Transitional Housing

ECCM will refer clients to transitional housing based on the households that score highest on the VI-SPDAT for either rapid re-housing or permanent supportive housing. If rapid re-housing or permanent supportive housing is not available, ECCM will then refer clients to transitional housing based on the eligibility criteria of current programs.

For example, a client is at the top of the Master List for rapid re-housing and there is no rapid re-housing available. The client has reported that she is fleeing domestic violence and there is an available transitional housing bed for people fleeing domestic violence. Therefore the client would be referred to the transitional housing program.

Rapid Rehousing, Permanent Supportive Housing, and Permanent Housing

The Prioritization List - to be referred to as the "Master List" - prioritizes clients for rapid re-housing and permanent supportive housing with those with the highest scores at the top of the list. For those households with identical scores, they will be in order of the first that presented for assistance.

Rejection Policies

Coordinated Entry is designed to ensure that clients receive needed housing interventions and that service providers aid clients in securing stable housing. However, coordinated entry can result in rejection by either the client or service provider.

Consumers

Consumers have the right to refuse the referral that was made by the Coordinated Entry Specialists.

Service Providers

Participating service provider agencies must accept all referrals unless there is a "good cause". The number and reason for rejections will be reviewed by the Case Review Committee to analyze any potential trends.

Once a client is in a program, the service provider agency can submit a request to a Case Review Committee that a client be moved to another program based on "good cause." If the Case Review Committee approves the request, the client will be moved to another program once there is an open bed. The Case Review Committee may not approve the request.

"Good cause" is defined as follows: the service provider must provide evidence that the client poses a real safety risk to other clients in the program and / or provider staff.

DHS will recruit members to and convene the Case Review Committee on a regular schedule.

Service providers with multiple refusals and rejections within a short time period will be reviewed by the Continuum of Care Board.

Data Management

- Erie CoC will use HMIS as part of its coordinated entry process, collecting, using, storing, sharing, and reporting participant data associated with the coordinated entry process.
- At time of first contact ECCM will obtain participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process.
- Services to participants will not be denied in the event the participant refuses to allow their data to be shared unless federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation.
- Erie County CoC will ensure all users of HMIS are informed and understand the privacy rules associated with collection, management, and reporting of client data.

Evaluation

- The Erie Continuum of Care and its coordinated entry process will participate in continuous editing and reviewing process to ensure that its policies and procedures reflect the service providers as well as the clients of Erie Continuum of Care.

- The evaluation of policies and procedures will be conducted by the lead agencies, ECCM and Erie County DHS, in coordination with the Coordinated Entry Subcommittee and Home Team. Policies and procedures will be reviewed on occasion during Coordinated Entry Subcommittee meetings as well as large Home team meetings. Suggestions to alter the policies and procedures will be made by the Coordinated Entry Subcommittee and approved by the Home Team at least annually.

- Erie Continuum of Care will actively solicit feedback on an ongoing basis to evaluate the screening, assessment, and referral processes associated with Coordinated Entry. Feedback should be provided to the chair of the Coordinated Entry Subcommittee.

- The Erie Continuum of Care and participating agencies will ensure adequate privacy protections of all participant information collected in the course of the annual coordinated entry evaluation

Transportation

It is often a challenge for people experiencing homelessness to access transportation to a homeless assistance program. ECCM has a van that may be able to provide transportation if the driver is available. Transportation will remain a challenge that this coordinated entry system will be unable to solve. The Home Team Executive Committee and Home Team will review possible strategies to assist with transportation.

Marketing and Outreach Strategy

The Home Team will utilize its Education and Outreach Committee in partnership with ECCM to implement a marketing plan to ensure all individuals and families within the County are aware of and know how to access Coordinated Entry through the following activities:

- Create informational cards and flyers to be distributed at all provider locations;
- Conduct trainings for all providers on coordinated entry;
- Add coordinated entry hotline and information to electronic sources, such as provider and county webpages, facebook, etc.;
- Make flyers and informational cards available at community locations where people experiencing homelessness congregate, such as bus stops, library, community meals, churches, etc.

Marketing materials will be annually reviewed by the Coordinated Entry Subcommittee and the Education and Outreach Committee may recommend or be asked to make changes to the marketing materials.

The Committee may also consider implementing the following activities:

- Conduct trainings on coordinated entry with all community partners who may come into contact with persons experiencing a housing crisis such as hospitals, schools, libraries, and human service providers outside of the Homelessness service delivery system.
- Create public service announcement of resources to be advertised through local television and radio.