

# GUILFORD COUNTY, N.C.

## COORDINATED ENTRY POLICIES AND PROCEDURES

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## OVERVIEW

**Purpose:** Guilford County's Coordinated Entry Policies and Procedures will govern the implementation, governance and evaluation of coordinated entry process in Guilford County including standardized access, assessment and referral. The boundaries of the Continuum of Care and the Coordinated Entry System align and will cover the geographic boundaries of Guilford County. These policies may only be changed by the Continuum of Care (CoC) Board based on recommendations from the Coordinated Entry Committee.

According to the National Alliance to End Homelessness, Coordinated Entry is a process that ensures that all people experiencing a housing crisis in a defined geographic area have fair and equal access, and are quickly identified, assessed for, referred, and connected to housing and homeless assistance based on their needs and strengths, no matter where or when they present for services. It uses standardized tools and practices, incorporates a system-wide Housing First approach, participant choice, and coordinates housing and homeless assistance such that housing and homeless assistance is prioritized for those with the most severe service needs.

Coordinated Entry, also known as coordinated assessment or coordinated intake, paves the way for more efficient homeless assistance systems by:

- Helping people move through the system faster (by reducing the amount of time people spend moving from program to program before finding the right match);
- Reducing new entries into homelessness (by consistently offering prevention and diversion resources upfront, reducing the number of people entering the system unnecessarily); and
- Improving data collection and quality and providing accurate information on what kind of assistance consumers need.

### Definitions:

*CE Assessors:* The only dedicated staff for the Guilford County Coordinated Entry process. They will be employees of the Lead Agency and will be responsible for facilitating prevention/diversion and SPDAT assessments, attending the Coordinated Assessment Work Group meetings; entering data into HMIS; and other duties as needed to implement Coordinated Entry.

*Coordinated Assessment Work Group:* The group will consist of at least all Rapid Rehousing and Permanent Supportive Housing providers, Coordinated Entry Assessors, Partners Ending Homelessness (CoC Collaborative Applicant), Lead Agency, VA, Assessor, GHC, GHA and the PATH team. The group will meet weekly to review SPDATs and prioritize individuals for transitional, Rapid Rehousing and Permanent Supportive housing resources. The Coordinated Assessment Work Group will be assigned by the respective agencies.

*Coordinated Entry:* According to HUD, Coordinated Entry is a process developed to ensure that all people experiencing a housing crisis have a fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.

*Coordinated Entry Committee:* A standing committee of the COC board that provides oversight and evaluation of Guilford County's Coordinated Entry process.

*Fleeing Domestic Violence:* HUD's definition: "Any individual or family who: (1) Is fleeing, or is attempting to flee, domestic violence, (2) has no other residence, and (3) lacks the resources or support networks to obtain other permanent housing."

*Lead Agency:* The agency selected by the Guilford County Continuum of Care Board to lead and manage the day to day operations of the Coordinated Entry System.

*Literal Homeless:* HUD's definition: (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and government programs); (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering institution.

*VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool):* Tool to help determine the chronicity and medical vulnerability of homeless individuals or families.

**Target Population:** Guilford County's Coordinated Entry process will target all individuals and families experiencing homelessness and those who are at imminent risk of homelessness. Homelessness is defined in accordance with the Department of Housing and Urban Development's (HUD's) definition of literal homelessness (see above), as well as people at imminent risk of homelessness. Who, according to HUD, are people who believe they will become homeless within 72 hours. People who do not meet one of these definitions will be referred to other services in the community.

**Guiding Principles:** Guilford County's Coordinated Entry system will operate in accordance with the following guiding principles:

- *Consumer Choice:* Consumers will be given program choice based on availability and eligibility criteria.
- *Consumer Engagement:* Consumers will be engaged partners in the implementation and evaluation of Coordinated Entry. In addition, the CoC board will have a member with lived experience.
- *Data Driven:* Real time, accurate data will be used to make decisions, set goals and allocate resources.
- *Prioritization:* Housing and services will be prioritized to those with the most needs.
- *Housing First:* Coordinated Entry will support the Housing First approach by working to connect individuals and families to the appropriate permanent housing as quickly as possible.

## KEY COMPONENTS

### Housing First

For Guilford County to have an effective Coordinated Entry System its continuum of homeless service providers must embrace Housing First, operate with few barriers and a focus on quickly rehousing individuals and families experiencing homelessness. Providers that receive HUD, City and ESG funding are required to abide by Housing First principles including low barrier and harm reduction strategies. See *Guilford County Continuum of Care Housing First Written Standards* for more details.

### Outreach/Community Education:

Guilford County outreach efforts consist of four (4) teams: PATH team, 16 Cents Ministry, NIA and Street Watch. These organizations consist of dedicated volunteers (16 Cents Ministry and Street Watch), and grant funded programs including the PATH team and NIA. The teams conduct street outreach at different times, ensuring that outreach happens 7 days a week. The PATH team specializes in reaching those who are the most vulnerable with severe and persistent mental illness. The volunteer teams have been in existence for many years and have built trust in the community. Meals are served on weekends under bridges and also brought to those living in encampments. All the teams work hard to build trust and to find those who don't usually seek out services.

Coordinated Entry will rely upon these and other agencies and groups in Guilford County who do outreach for various populations to provide information on accessing Coordinated Entry. It will launch a vigorous marketing program ensuring they have the information needed to best connect their clients in need to Coordinated Entry.

In addition, a specific focus will be providing information to those agencies that service hard-to-reach individuals and families that may be experiencing homelessness such as immigrants, those with disabilities including sight and hearing impairments, youth and families with children. For example, materials will be provided to FaithAction International, Social Security Administration, DHHS Division of Services for the Deaf and Hard of Hearing, etc. Marketing materials will be provided in Spanish, as well as English.

Educating the community about Guilford County's Coordinated Entry process will be critical to identifying those who are at risk for or experiencing homelessness and to properly guide those individuals to easily access the system for prevention/diversion, assessment, emergency shelter and/or housing services.

The following community education strategies will be used:

- Forums with stakeholders
- Continuum of Care and other community meetings
- Brochure(s) – service providers/clients
- Website – Continuum of Care, Partners Ending Homelessness, 211
- Public Service Announcements
- Guilford Nonprofit Consortium
- 211

**Access:** To ensure the greatest access for clients and full coverage of the county, Guilford County has chosen a "No Wrong Door" approach to Coordinated Entry. Having a "No Wrong Door" approach will ensure that all populations/subpopulations will have non-discriminatory access to the Coordinated Entry

process including those fleeing domestic violence, dating violence, sexual assault or stalking (referred to hereafter as “domestic violence”); experiencing chronic homelessness; veterans; adults; children; and youth regardless of where and how they present for crisis services.

All access sites will provide a private and safe setting in which individuals can share sensitive information during the assessment.

To ensure the greatest safety for individuals and families fleeing domestic violence, they will be able to access the Coordinated Entry system directly from the Domestic Violence Shelters or the Victim Services Programs located in both Greensboro and High Point. To further assure the safety of the individual/family, shelter staff will conduct the assessment. The assessments will be brought to the Coordinated Workgroup meeting each week by a DV shelter representative to ensure victims of DV have equal access to services. To maintain confidentiality, name of the client will be represented by their initials and their score.

However, when a homeless individual or family shows up at a non-victim service agency and is identified as fleeing or attempting to flee domestic violence, they will be immediately referred to the domestic violence 24-hour Crisis Line: 336-723-8124. If the individual/family does not wish to seek DV specific services or the Crisis Line determines they are ineligible or cannot be accommodated by a DV shelter, the individual/family will access the Coordinated Entry System in accordance with all protocols described in these Policies and Procedures. All emergency shelter managers and case managers, as well as CE Assessors will be trained by Family Services of the Piedmont staff (DV provider) annually to assess safety issues and how to develop Safety Plans with those fleeing domestic violence.

Each of the primary and secondary access points are accessible to people with disabilities. If services are needed for those with hearing or sight impairments, the CE Assessor will contact a partner agency to provide those services. If an individual or family needs does not speak English, the CE Assessor will contact a partner agency to provide translation services.

Clients presenting for housing services will be assessed by emergency shelter staff or staff from front-line homeless service providers for prevention/diversion using the PR-VI-SPDAT. If it is determined that a client can be prevented or diverted with financial assistance, the staff person will contact the agency(s) with prevention funds to determine availability and eligibility. Agencies will be able to record the amount, type and origination of emergency assistance funds distributed for prevention/diversion in HMIS. If there are funds available and the client is eligible, they will make the appropriate referral. All prevention funding in Guilford County is privately funded.

If they are unable to be diverted or prevented from entering the homeless system, the CE Assessor Assessor will assist with shelter placement, either placed immediately in a bed at the shelter in which they presented or referred to another shelter based on eligibility and availability. If a bed is not available, the CE Assessor will collect information from the individual/family on how to contact them (phone, location, relative) so they can follow-up the next business day.

If it is after hours, individuals/families presenting at the emergency shelter will be offered a bed if population-appropriate or will be referred to a shelter that is population-appropriate with available space. Transportation will not be provided. After-hours shelters in Greensboro for individuals is Greensboro Urban Ministry and Open Door Ministries in High Point. Both Greensboro and High Point have Domestic Violence shelters available 24/7 for admissions for individuals/families fleeing domestic violence by calling the 24-hour Crisis Line: 336-723-8124.

The main access points in Guilford County are:

- **Greensboro Urban Ministry – Weaver House**  
305 W. Gate City Blvd, Greensboro, N.C. 27406  
Intake Hours: 8:00 am to 4:00 pm  
**\*After Hours Shelter**
- **Salvation Army – Center of Hope**  
1311 S. Eugene Street, Greensboro, NC 27406
- **Open Door Ministries**  
400 N. Centennial Street, High Point, NC 27262  
Intake Hours: 2:00 pm to 6:00 pm  
**\*After Hours Shelter**

In addition to the primary access points, there will be secondary access points including:

- Carpenter House (High Point) – DV Only
- Clara House (Greensboro) – DV Only
- Pathways (Greensboro)
- My Sister Susan’s House
- Family Justice Center
- YWCA (Greensboro)
- Salvation Army of (High Point)
- Greensboro Housing Coalition (Greensboro)
- Interactive Resource Center (Greensboro)
- Church Under the Bridge (Greensboro)
- Grace Church (Greensboro)
- Triad Stand Down (Greensboro)

**Assessment:** Having a coordinated assessment process is critical to ensure that Guilford County targets the most appropriate programs and services to meet the needs of each homeless individual and family. This will not only improve the outcome for that individual and family, but will also help the community to best utilize its resources.

The first stage of assessment will be the facilitation of the PR-VI-SPDAT Prevention/Diversion Tools to screen individuals and families for the opportunity to prevent or divert them from becoming homeless. The staff will utilize either the PR-VI-SPDAT for single adults or families based on the situation to ensure appropriate questions are being asked. Both Coordinated Entry CE Assessors, as well as trained staff from local homeless service providers across Guilford County will be specially trained by Partners Ending Homelessness staff to facilitate the tools to ensure easy access for individuals and families at risk for homelessness.

The Prevention/Diversion assessment can be completed either through the HMIS system or a paper copy. Paper copies must be forwarded to the Lead CE Assessor within 1 business day of completion.

If an individual or family cannot be diverted or prevented from becoming homeless, then they will be referred to an access point that is staffed by a CE Assessor if during operating hours (see above for schedule). If outside of operating hours the individual will be referred for emergency shelter and the CE Assessor will meet with the individual at the residing shelter within 2 business days.

Guilford County will utilize the VI-SPDAT Prescreen Triage Tool for Single Adults, the VI-SPDAT Next Step Tool for Homeless Youth and the VI-SPDAT Prescreen Triage Tool for Families as its tools to assess the acuity of people presenting as literally homeless according to HUD's definition. The VI-SPDATS will be administered by CE Assessors, as well as other individuals and groups that have been approved by the Coordinated Entry Committee and have completed required training.

The VI-SPDAT is a valid, tested and reliable assessment used by Continuum of Care's throughout the country to determine need and eligibility for housing and related services and to precipitate prioritization based on acuity. The VI-SPDAT has been vetted as a culturally and linguistically competent tool. The VI-SPDAT does not require disclosure of specific disabilities or diagnosis, only collects information necessary for determining program eligibility to ensure appropriate referrals.

Acuity speaks to the severity of presenting issue(s) across the following dimensions:

- **Wellness:** chronic health issues and substance abuse
- **Socialization and Daily Functioning:** meaningful daily activities, social supports, income
- **History of Housing and Homelessness:** length of time experiencing homelessness and cumulative incidences of homelessness
- **Risks:** crisis, medical, law enforcement interactions. Coercion, trauma and most recent place individual has slept
- **Family Unit (Family VI-SPDAT):** school enrollment and attendance, familial interaction, family makeup and childcare

However, before administering the VI-SPDAT tools, the CE Assessor will determine if an assessment had been completed within the last 90 days. If so, the CE Assessor will use the score from the previous assessment.

Each assessment takes approximately 10 minutes to administer. The assessment is to only be administered by CE Assessors who have completed the required training.

All CE Assessors will receive standardized messaging so that the process and results are shared clearly and consistently throughout the community. The messaging contains the following components:

- The 10-minute duration of the assessment
- An acknowledgement that there are few housing resources immediately connected to the assessment, that the purpose is to better assess their needs and resources to which they can be referred.
- Assessment information will be shared with providers in Guilford County and that the assessment does not need to be completed additional times. Providers will use this information to identify people for housing resources.

If an individual agrees to participate in the CE process as described in the messaging, they will be asked to sign a release to collect, share and store information as needed to refer through the Coordinated Entry process. Participants always have the right to abstain from sharing or providing information without it impacting their access to other forms of service. However, the CE Assessors should communicate with participants that incomplete assessments could limit the variety of referral options available to them. If a client does not complete an assessment, or provides an incomplete assessment, CE Assessors should continuously engage with the individual/family to encourage them to participate by giving assurances as to the confidentiality of their information and to share the potential benefit of having greater housing/service options.

**Prioritization:**

Guilford County has limited resources; therefore, prioritization is critical to ensure that available resources go to individuals or families least likely to be able to self-resolve and that have the most acute needs. Prioritization of services will consider the VI-SPDAT scores, as well as the length of time the individual and/or family has been homeless and if they are unsheltered at the time.

The Coordinated Assessment Work Group will meet weekly to review all VI-SPDATs and will prioritize those individuals and families for housing and services based on the criteria detailed below. The Coordinated Assessment Work Group has the decision-making authority to identify referrals, based on prioritization, to available transitional, rapid rehousing and permanent supportive housing. The Lead Agency will be responsible for coordinating the meetings and maintaining the list of VI-SPDATs and tracking prioritization.

The VI-SPDAT scores will determine the type of housing and housing services targeted for each individual or family eligible for housing assistance.

The Coordinated Assessment Workgroup will follow the privacy standards outlined in the HMIS Data Standards and 2016 N.C. HMIS Operating Policies and Procedures. In addition, each agency must agree to abide by the Health Insurance Portability and Accountability Act of 1996 and shall follow the HIPAA standards of sharing Protected Health Information (PHI) within and outside of the group.

**INDIVIDUALS**

<b>VI-SPDAT Scores</b>	<b>Non-Chronic</b>	<b>Chronic (priority)</b>
0-3	No Housing	No Housing
4-7	Transitional/Rapid Rehousing	Rapid Rehousing
8+	Transitional/Rapid Rehousing	Permanent Supportive Housing

**FAMILIES**

<b>VI-SPDAT Scores</b>	<b>Non-Chronic</b>	<b>Chronic (priority)</b>
0-3	No Housing	No Housing
4-8	Transitional/Rapid Rehousing	Rapid Rehousing
9+	Transitional/Rapid Rehousing	Permanent Supportive Housing

After determining the type of housing needed by each individual and/or family, additional points will be added to the VI-SPDAT score based on the length of time homeless, as well as if they are unsheltered at the time (see chart below). This new score, called the Total Assessment Score, will determine their place in line for available resources.

Unsheltered	2 Points
Homeless < a Year	1 Point
Homeless 1-3 Years	2 Points
Homeless > 3 Years	3 Points

The Prioritization System detailed above prioritizes those who are chronic and unsheltered and those who have been homeless for longer periods of time through point allocations. However, there may be occasions where there is a tie in the Total Assessment Score. If that occurs, the following criteria should be used in this precise order to prioritize housing resources:

1. Chronic
2. Unsheltered
3. Length of Time Homeless
4. Disabled

The housing resources to be targeted to meet the client’s intermediate and long-term housing needs will operate according to the following criteria:

Permanent Supportive Housing			
Intervention	Essential Program Elements	Time Frame	Target Population
Rental assistance with supportive services for those coming from the street or temporary housing. Most programs will serve households with a disabled head-of-household, but disability requirement will be based on subsidy source requirements.  Programs can operate on a project-based or scattered site model.	Case Management Rental Subsidy Health Care Access	No time limits	Those with the highest needs with multiple barriers to housing and are classified as chronic.
Rapid Rehousing Program			
Intervention	Essential Program Elements	Time Frame	Target Population
Short-term rental assistance and supportive services program that rapidly-rehouses and stabilizes persons who are homeless.	Case Management Temporary Financial Asst. Housing Location	Up to 24 months	Individuals who are literally homeless or residing in shelters. Households that show the ability to become self-sufficient in a short time as evidenced by: income potential; recently became homeless; and/or no serious disability.  RR can be used as bridge to PSH.
Transitional Housing			
Intervention	Essential Program Elements	Time Frame	Target Population
Short-term housing and intensive or specialized supportive services for those that cannot immediately access permanent housing or who need time to stabilize before transitioning to permanent housing.	Case Management Temporary Financial Asst. Housing Location	Up to 24 months	Youth under 18 that cannot sign a lease; victims of domestic violence; those needing substance abuse treatment or recovery services; and those needing respite care due to medical or mental health issues.  TH can be used as bridge to RR or PSH, if they are eligible for RR/PSH before admission to the TH program.

Given that each individual and family experiencing homelessness have very unique needs and that resources are limited in our community, the Coordinated Assessment Work Group will have the authority to consider mitigating factors when making decisions on prioritizing services. In order to deviate from the established process, the committee must have a unanimous vote of those in attendance at the meeting and the reasons for the deviation must be clearly described in the minutes from that meeting. A copy of the minutes must be provided to the Chair of the Coordinated Entry Committee within 5 business days of meeting.

**Referral**

It is the responsibility of the CE Assessors to make referrals to the appropriate TH, PSH or RR housing program for clients prioritized by the Coordinated Assessment Work Group. All COC and ESG funded

agencies are required to get referrals through Coordinated Entry. Referrals will be processed through Guilford County's HMIS system. Before the referral, the CE Assessor will verify homelessness and if the client is chronic – they will record/attach this documentation in HMIS. If they cannot verify homelessness or chronic status (this should be the exception, not the rule), the individual/family can be designated as homeless and/or chronic based on self-declaration. Once that individual is referred to a housing program, that program is then responsible for verifying status based on HUD program requirements. Refer to Homeless Verification Requirements in the COC Written Standards for additional information.

CE Assessors will pull the waitlist daily and compare to the units/beds available in HMIS. If there is availability, the CE Assessor will create a reservation in HMIS to remove the unit from the program's inventory. The CE Assessor will contact the client and the outreach worker, if applicable, regarding availability at which time the client must immediately accept or reject the unit. The Assessor will provide the client information about the program they are being referred to including program rules and benefits and client expectations. A client always has the right to refuse housing or service options. If the client cannot be contacted within 7 days, the CE Assessor will move on to the next client on the list. If the client accepts the unit, the CE Assessor will connect the client and Receiving Program for admission.

PSH Stand Alone Units: If the client declines the unit, the next client on the waitlist is contacted by the CE Assessor and the client that refused will maintain his/her place on the priority waitlist based on their Total Assessment Score.

PSH and RR: If the client declines a unit offered, the housing provider will work with them to find the best fit for the client. However, if the client denies 3 units, the next client on the waitlist will be contacted and the client that refused will maintain his/her place on the priority waitlist based on their Total Assessment Score.

The Receiving Program that receives the referral has 1 business day to acknowledge the referral and must enroll or deny the referral in HMIS within 7 days. Receiving programs can only deny referrals under the following limited circumstances:

- There is not a vacancy available
- The individual/family does not meet the program's eligibility criteria
- The individual/family missed two intake appointments
- The Receiving program has been unable to contact the individual/family for 7 consecutive business days. If the client shows up after the 7 days have expired, the Receiving Program will assist the client in re-entering the Coordinated Entry System
- The family presents with more people than referred by the CE Assessor and the Receiving Program cannot accommodate the increase
- The individual/family was denied by an independent property owner/landlord due to criminal behavior
- The individual/family would be a danger to others or themselves if allowed to stay at this particular program
- The individual/family has previously caused serious conflicts within the program and was banned (must have been for a serious offense)

All Permanent Supportive Housing programs are required to post discharges in HMIS within 2 business days – this information will be evaluated via HMIS and regular meetings. Rapid Rehousing providers will share their availability at the weekly Coordinated Assessment Workgroup meetings.

## Grievance Process

The CE Assessors must share the following information with their clients regarding process and client responsibilities:

Once housing is available, we will contact you and you must immediately accept or reject the unit. If you cannot be contacted within 7 days, we will move on to the next client on the list.

PSH Stand Alone Units: If the client declines the unit, the next client on the waitlist is contacted and the client that refused will maintain his/her place on the priority waitlist based on their Total Assessment Score.

PSH and RR: If the client declines a unit offered, the agency will work with them to find the best fit for the client. However, if the client denies 3 units, the next client on the waitlist will be contacted and the client that refused will maintain his/her place on the priority waitlist based on their Total Assessment Score.

The Receiving Program will contact you within 7 days. Receiving programs can only deny referrals under the following limited circumstances:

- There is not a vacancy available
- You do not meet the program's eligibility criteria
- You miss two intake appointments
- The Receiving program cannot contact you for 7 consecutive business days.
- You present with more people than referred by me and the Receiving Program cannot accommodate the increase
- You are denied by an independent property owner/landlord due to criminal behavior
- You have previously caused serious conflicts within the program and were banned

With expectations shared with the individual/family, they should also be made aware that they have the right to file a grievance or nondiscrimination complaint based on the following factors:

- **Housing Program**: if an individual/family has a grievance with the housing program in which they are enrolled, they need to ask for and follow the grievance policies and procedures for that agency.
- **Fair Housing**: if an individual/family feels like they have been discriminated against, they can file a fair housing grievance with:
  - U.S. Department of Housing and Urban Development  
([http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/fair\\_housing\\_equal\\_opp](http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp))  
To file online: [http://portal.hud.gov/hudportal/HUD?src=/topics/housing\\_discrimination](http://portal.hud.gov/hudportal/HUD?src=/topics/housing_discrimination)  
Phone: (202) 220-5170 or toll free at 1-800-877-0246 OR TTY (206) 220-5185
  - City of Greensboro – Human Relations  
Phone: 336-373-2038
- **Coordinated Entry**: if an individual/family has a complaint regarding the process and/or procedures for Coordinated Entry they can either submit a complaint in writing or by phone to the Coordinated Entry Committee:
  - Coordinated Entry Committee  
c/o Partners Ending Homelessness  
1500 Yanceyville Street  
Greensboro, NC 27405  
E-mail: [info@partnersendinghomelessness.org](mailto:info@partnersendinghomelessness.org)  
Phone: 336-553-2715 x 102

## Training

Training related to the Coordinated Entry system will include:

TARGET POPULATION	FREQUENCY	MINIMUM TOPICS TO BE COVERED
CE Assessors, Emergency Shelter Managers and Case Managers	Annually	Low Barrier, Housing First, Role in CE, Safety Planning re: DV (assessment and development of Safety Plans), cultural and linguistic competency, trauma-informed assessment
CE Assessors, Intake staff, Case Managers, others	Quarterly	Prevention and Diversion – tools, methods, strategies
CE Assessors, Emergency Shelter Case Managers	Annually	Progressive Engagement
CE CE Assessors	Semi-Annually	CE Policies & Procedures (including variations for subpopulations, prioritization procedures and criteria for uniform decision-making and referrals), Diversion & Prevention Tools and Strategies, Assessment Tools and Strategies
Shelter staff, CE CE Assessors, intake staff	Quarterly	HMIS and Coordinated Entry data entry procedures including data and privacy standards

## GOVERNANCE

The Coordinated Entry (CE) Committee will be responsible for oversight and management of the Coordinated Entry process in Guilford County including:

- Providing general oversight of the Coordinated Entry process.
- Investigating and resolving consumer and provider complaints or concerns about the process
- Providing information and feedback to the COC Board and the community at-large about Coordinated Entry
- Evaluating the efficiency and effectiveness of Coordinated Entry
- Reviewing and analyzing performance data
- Recommending Policy and Procedure changes to the COC Board
- Bringing nominations for Coordinated Entry Committee members to the COC board for approval

The Coordinated Entry Committee is a standing committee of the COC board. Members of the Committee are approved by the COC board and will be facilitated by a chair who is a member of the COC Board of Directors. The committee will include a representative of the Coordinated Assessment Work Group. The chair will schedule meetings, set the agenda and will ensure that minutes are recorded and submitted to Partners Ending Homelessness, as CoC Collaborative Applicant, for record-keeping. In addition, the chair will serve as the Point of Contact for the CE Committee. If the chair is not available, he/she will delegate an acting chair to run the meeting in his/her absence. A Secretary will be appointed by the chair and will be responsible for taking minutes and providing copies of the minutes to the COC Board Secretary for record keeping.

As a standing committee, the Coordinated Entry Committee should meet at least monthly, but can schedule more frequent meetings as needed. The agenda for each meeting must address the following: (1) review of minutes from weekly Coordinated Assessment meetings; (2) outcomes listed in the Evaluation section; (3) grievances or complaints; (4) suggested policy and procedure changes; (5) committee changes or nominations; and (6) review client surveys.

For purposes of conducting business, a quorum of the Coordinated Entry Committee will be 50% of the voting members. Any decision regarding modification of the Coordinated Entry Policies and Procedures or making changes to committee membership require both a majority vote of the Coordinated Entry Committee, as well as the COC Board. Other decisions require a simple majority of those present at the CE Committee meeting.

## EVALUATION AND DATA MANAGEMENT

### Metrics

The following metrics will be collected and analyzed monthly to determine the effectiveness of Guilford County's Coordinated Entry (CE) system.

- Prevent or divert 20% of people presenting for housing services from becoming homeless
- Place 85% of individuals/families that present for housing services and cannot be diverted/prevented into shelter within 2 business days
- Increase by 20% the number of individuals transitioning to permanent housing from homelessness (emergency shelter and transitional housing). **Baseline: 45% (2016).**
- On average, an individual/family in Guilford County will be homeless less than 90 days. **Baseline: 88 days (2016)**
- Reduce the number of repeat entries into homelessness in Guilford County by 20%. **Baseline: 179/1553 = 12% (2016)**
- Reduce the number of entries into homelessness in Guilford County by 10%. **Baseline: 277 2016.**
- The number of denials by programs at referral will not exceed 20%.

Guilford County's HMIS System Administrator will be responsible for collecting, analyzing and reporting on these metrics at each Coordinated Entry Committee meeting.

### Data Management:

The Homeless Management Information System (HMIS) is a database used to record and track client-level information including service needs and demographic information. HMIS links homeless service providers within a community to establish a more coordinated and effective service delivery system.

Federal, state and local government agencies use aggregate data from HMIS to track the extent of and changes in homelessness over time. This data informs policy makers and often impacts funding appropriations.

Guilford County's Continuum of Care utilizes the Michigan Coalition Against Homelessness as its HMIS administrator. The Guilford County System Administrator, employed by Partners Ending Homelessness, is the HMIS point of contact for the Guilford County Continuum of Care. Agencies that participate in HMIS are called "participating agencies" and are required to follow the HMIS Data and Privacy Standards (see attachments C a and b).

Guilford County will use its HMIS system to manage Coordinated Entry data, referral process, by name lists, as well as prioritization list. Clients are afforded adequate privacy protections as required by the HMIS Data and Technical Standards as outlined in the COC Program Interim rule – 24 CFR 578.7(a)(8). These protections are outlined in the HUD HMIS Data Standards Manual and the 2016 NC HMIS Operating Policies and Procedures. All HMIS users are informed of and understand privacy rules associated with the collection, management and reporting of client data. The COC will not deny services to participants who do not allow their data to be shared unless Federal statute requires collection, use, storage and reporting of participant's personally identifiable information (PHI) as a condition of program participation.

Guilford County's System Administrator will be responsible for coordinating HMIS training for emergency shelter staff, as well as CE Assessors as it pertains to data entry for CE activities. This training will occur at least quarterly.

The key data entry points and responsibilities include:

Prevention/Diversion – Shelter staff and CE Assessors will put directly into HMIS as they are facilitating the assessment. For shelter staff that do not have that capability, they will forward the completed assessment to the CE Assessor designated by the Lead Agency for HMIS entry.

VI-SPDAT Assessments – CE Assessors will put information directly into HMIS as they are facilitating the assessment.

Referrals - The CE Assessors will put referral in through HMIS after decisions are made at the weekly Workgroup meeting. The Referral agencies must accept or deny the referral through the HMIS system. If the referral agency accepts the client, they will be responsible for entering HMIS housing data on that client.

**Evaluation Tool:** The Coordinated Entry Committee will facilitate an annual assessment using HUD's Coordinated Entry Process Self-Assessment tool of Guilford County's Coordinated Entry System. In addition, the committee will review performance metrics and survey results. A report will be made of this assessment to the COC board and full membership with recommendations to change or continue with the Coordinated Entry lead agency.

#### **Consumer Surveys:**

In addition to collecting and analyzing the metrics above, it is critical to get the feedback from clients. Each quarter a member of the Coordinated Entry Committee, who is not an employee of the Lead Agency, will follow-up with 5 randomly selected clients and ask the following questions:

- Where did you first go for help when you became homeless?
- How did you find that program or place?
- How did that program help you?
- Did you follow through with the suggestions given to you?
- If you needed a place to sleep that night, did you get it?
- Where are you living now?
- On a scale of 1-10 – with 1 being the least satisfied and 10 being the most satisfied, how do you feel about the assistance you received in meeting your housing needs?
- Do you have any other comments or suggestions you would like to share?
- Are there any other suggestions or comments you would like to make?

**COC Questionnaire:**

In order to get feedback from COC providers, an annual survey will be done asking the following questions:

- How do you identify your role as it relates to the Coordinated Entry System?
  - Emergency Shelter Provider
  - Rapid Rehousing Provider
  - Permanent Supportive Housing Provider
  - Other homeless service provider
  - Outreach
  - Policy and Oversight
- Do you participate in any of the following Coordinated Entry System activities?
  - VI-SPDATs
  - Outreach
  - Prevention/Diversion
  - Referrals
  - Coordinated Entry Committee
  - Coordinated Entry Workgroup
- How satisfied are you with the overall functionality of the Coordinated Entry system and processes?
- How satisfied are you with the Coordinated Entry access points?
- How satisfied are you with the VI-SPDAT assessment tool?
- How satisfied are you with the prioritization, matching and referral processes in Coordinated Entry system?
- How satisfied are you with the county-wide geographic coverage of the Coordinated Entry system?
- How satisfied are you with the manner in which data or information is shared within Coordinated Entry system?
- How satisfied are you with the marketing and communication received regarding the Coordinated Entry system?
- How satisfied are you with the responsiveness received from the Coordinated Entry Lead Agency technical support team?
- How satisfied are you with the Coordinated Entry Policies and Procedures?
- Are there any other suggestions or comments you would like to make?

## STATUTORY AND REGULATORY REQUIREMENTS

The Guilford County Coordinated Entry system will market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the absence of special outreach. Guilford County's Coordinated Entry Committee will take all necessary steps to ensure that the Coordinated Entry System is administered in accordance with the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II and III of the American with Disabilities Act. The Coordinated Entry System will also comply with the following statutory and regulatory requirements.

## **Fair Housing**

The Fair Housing Act promotes housing that is accessible to and usable by persons with disabilities. Guilford County's Coordinated Entry partners will comply with the non-discrimination requirements of the Fair Housing Act, which prohibits discrimination in all housing transactions based on race, national origin, sex, color, religion, disability status and familial status.

## **Equal Access**

The Guilford County Continuum of Care non-discriminatory policy, regarding the U.S. Department of Housing and Urban Development (HUD) final rule regarding equal access to Community Planning and Development (CPD) funded programs regardless of sexual orientation, gender identity, and marital status, will ensure that individuals are aware of their rights to equal access to CPD funded programs.

Thus, all CPD funded programs, including Continuum of Care and Emergency Solutions Grant funded programs, must comply with the following requirements:

- Determine client eligibility for housing regardless of sexual orientation, gender identity, or marital status, and must not discriminate against clients who do not conform to gender or sex stereotypes (i.e., because of gender identity);
- Grant equal access to CPD funded programs or facilities consistent with client gender identity, and provide client's family with equal access;
- MUST NOT ask clients to provide anatomical information or documentation (i.e. ID), physical, or medical evidence of gender identity; and
- Take non-discriminatory steps when necessary and appropriate to address privacy concerns raised by any residents or occupants.

## **Reasonable Accommodations and Modifications**

The Fair Housing Act requires housing providers to make reasonable accommodations in rules, policies, practices or services to allow a handicapped person equal opportunity to use and enjoy the dwelling unit, including public and common use spaces. An accommodation must be made unless it would impose undue financial or administrative burden on a housing program or requires a fundamental alteration in the nature of the program. The owner/manager can request verification that the applicant is disabled and needs the accommodation, but cannot request information about the nature, extent or severity of a person's disability.