



**Memphis/Shelby County
Coordinated Entry System (CES)
Policy & Procedure Manual**

2023 Version

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Introduction to Continuum of Care (CoC) and Coordinated Entry System (CES)

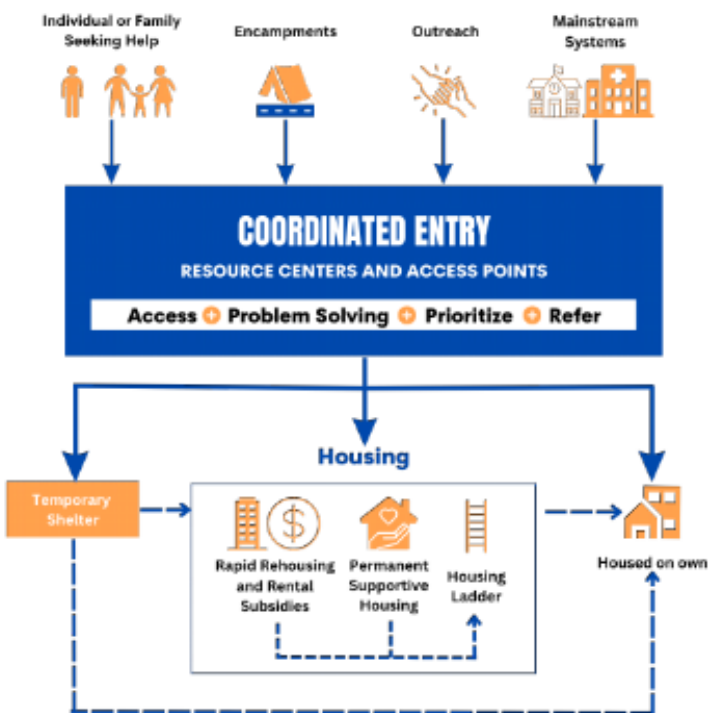
HEARTH Act

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) amended the McKinney-Vento Homeless Assistance Act. Among other changes, the HEARTH Act consolidated the three separate McKinney-Vento homeless assistance programs (Supportive Housing program, Shelter Plus Care program, and Section 8 Moderate Rehabilitation SRO program) into a single grant program known as the Continuum of Care (CoC) Program.

Continuum of Care (CoC)

The CoC promotes a community-wide commitment to the goal of ending homelessness. The CoC provides funding for efforts by nonprofit providers and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homelessness. The CoC promotes access to and effects utilization of mainstream programs, optimizing self-sufficiency among individuals and families experiencing homelessness.

Coordinated Entry System (CES)



The CES establishes a single process for homeless service and housing providers in the Memphis/Shelby County geographic region to refer people experiencing homelessness to CoC Program- and Emergency Solutions Grant (ESG) Program-funded projects. The CES uses a common housing needs assessment tool to prioritize households experiencing literal homelessness and uses that prioritization to match households fairly and equitably with housing assistance and other mainstream resources. The CES creates and supports Access Points within the Memphis/Shelby County where households that are literally or

at-risk of homelessness can safely complete the appropriate common housing needs assessment. Lastly, the CES manages referral and prioritization data within the local Homeless

Management Information System (HMIS) to evaluate and report CES outcomes that lead to process and system improvement.

Its purpose is to provide quick, fair, and equal access to anyone coming into the system, so that episodes of homelessness are rare, brief, and nonrecurring.

CoC: CES Participant Roles & Responsibilities

Participation in the CoC's Coordinated Entry System is a requirement for all CoC, YHDP, and ESG funded programs. All Permanent Supportive Housing, Rapid Re-housing, and Supportive Services for Veteran Families (SSVF) agencies must adhere to the CoC: Coordinated Entry System (CES) protocols for their tenant assignments. Additional community and local partners, outlined below, also utilize Coordinated Entry and share resources to ensure that consumers are housed quickly and appropriately.

Community Alliance for the Homeless (CAFTH)

Operates as the lead Continuum of Care (CoC) and lead Homeless Management Information System (HMIS) agency in Memphis/Shelby County. CAFTH is the operating agency for CES Individuals, Youth and IPV/DV populations; coordinating routine population specific CES meetings, HMIS electronic housing referrals, monitor CoC housing availability vacancies and housing availability matchmaking for CES participants.

Veteran Affairs (VA)

Department of Veteran Affairs Medical Center, in conjunction with their Homeless Center/VASH Program, SSVF Programs and GPD Contract Beds – are required to participate in the CoC CES. Veterans who are identified as homeless are assessed, verified and added to the By-Name List for housing prioritization and methodology standard to the Memphis/Shelby County CES, even those who entered at the VA, and do not qualify for VA specific assistance. Veterans who cannot be served by VA specific programs should be referred to the Community Q (CQ) process so other housing options can be offered.

Youth Homelessness Demonstration Project (YHDP): Youth System Navigators Team

The Youth System Navigators team works within the Memphis/Shelby County Continuum of Care to ensure unaccompanied and pregnant/parenting 18-24 year old youth are offered housing problem solving and diversion, to prevent entry into the homeless system. If diversion is not possible, they will ensure quick and streamlined access to housing services, while utilizing the youth coordinated entry system. The team will initially administer YHDP assessments to determine eligibility for HUD programs and will be the main coordinated entry access points. Youth serving institutions and partner agencies in and out of the Memphis/Shelby County CoC will refer youth to the Youth System Navigators team for connections to the youth Coordinated entry system. Once a youth is entered into the youth coordinated entry system, Youth System Navigators will have access to flexible funds to assist with removing barriers and getting youth

connected to available housing quickly and efficiently. The team will also participate in weekly case conferencing and provide warm handoffs to housing case managers for their assigned youth clients.

CoC Housing Providers

CoC Housing Providers are responsible for participating in the Coordinated Entry System, accepting referrals from the Coordinated Entry matchmaker, as well as reporting all unit vacancies, move-in statuses, and consumer progress. Housing Providers must provide updates on consumer housing successes and challenges so the community can troubleshoot and ensure consumers are successfully maintaining their housing. Housing Providers communicate routinely with the Coordinated Entry facilitator, so evictions can be prevented, and rehousing needs can be addressed quickly and appropriately. Housing Providers are also responsible for the wrap around support and community resource linkage to every consumer in their programs, while abiding by their funding regulations and reporting requirements using HMIS. All concerns, delays, or problems locating a CE referral, concerns should be discussed directly with the CE facilitator so a solution can be made. If a referral ends up being declined or cancelled, protocol should be followed accordingly as outlined in this manual. All housing providers are committed to following the Housing First Protocol set forth by HUD in the Housing First Permanent Supportive Housing Brief.

Marketing

All persons participating in any aspect of CES such as access, assessment, prioritization, or referral shall be afforded equal access to CES services and resources without regard to a person's actual or perceived membership in a federally protected class such as race, color, national origin, religion, sex, age, familial status, or disability. Additionally, all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, shall have fair and equal access to the coordinated entry process.

If a client is in need of an accessible format such as Braille, large type, or sign language, agencies can request materials or assistance from CES facilitator(s).

Housing First

Housing First, as defined by the United States Interagency Council of Homelessness, "is a proven approach, applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers." Housing First is an evidence-based practice designed to maximize housing stability for people experiencing

homelessness. Housing First providers operate under the principle that homelessness is a housing crisis and must be addressed through the provision of safe and affordable housing.

Housing First is most successful when supportive services are leveraged to prevent returns to homelessness. Therefore, utilizing a person-centered housing model to move households experiencing homelessness quickly and efficiently into housing under the assumption that every eligible person is “housing ready.”

“Housing ready” means that a person’s eligibility for housing is not based on sobriety, treatment compliance, or criminal histories. Rather, people experiencing homelessness can control their own outcomes and improve their quality of life after they have attained housing.

The core components of Housing First include:

- Low barrier admission policies – Housing program policies should place a minimum number of expectations on participants. They should be designed to “screen-in” rather than “screen-out” applicants with the greatest barriers to housing, such as having little to no income, poor rental history or past evictions, or criminal history.
- Few to no programmatic prerequisites to housing – Program participants are offered permanent housing with no programmatic preconditions such as demonstration of sobriety; completion of drug, alcohol or mental health treatment; or agreeing to comply with a treatment regimen upon program entry.
- Voluntary but engaged services – Supportive services are proactively offered to help clients achieve and maintain permanent housing, but participants are not required to participate in services as a condition of housing.

Low Barrier

Access to the CES is low barrier, meaning that people experiencing homelessness seeking CoC CES are not discriminated against based on perceived barriers to housing. Barriers that are not considered or discriminated against when offering CoC CES services include, but are not limited to:

- Prior or ongoing substance use
- Domestic violence history
- Criminal justice involvement
- Physical, intellectual, and/or developmental disabilities
- Acute, long-term, and/or behavioral health conditions, including Serious Mental Illness(es)
- History of evictions, poor credit history, and/or housing lease violations

Racial Equity

The CES recognizes the historic and systematic racial disadvantages minority populations have faced in seeking housing in the United States. HMIS is used to track these inequities through

dashboards and data analysis and the CES P&P are reviewed annually in order to address these disadvantages. The CES supports and follows the following guidance from HUD's Racial Equity Homeless System Response: "No protected class (race, color, religion, national origin, sex, age, familial status, and disability) can be used as the sole basis for decisions on housing, but communities must take meaningful actions to overcome historic patterns of segregation, promote housing choice, and foster inclusive communities that are free from discrimination." An ongoing goal of the CES is to identify, address, and eliminate inequities and disparities that may present within the system in order to ensure that access to housing is as equitable as possible.

Non-Discrimination

CES has been designed to offer a fair, equal access and low barrier Housing First approach. All participants within the CES will have equal access to all programs regardless of race, color, age, religion, gender, sexual orientation, gender identity, gender expression, national origin, marital status, familial status, pregnancy, parenthood, creed, veteran's status, veteran's disability, or physical or mental disability. The following laws govern non-discrimination policies within the CoC and Coordinated Entry:

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

Eligibility for CES will not be determined or affected by:

- Too little or no income
- History or active substance abuse
- Domestic violence history
- Resistance to receiving services
- The type or extent of disability-related services or support needed
- History of evictions or poor credit
- Lease violations or leaseholder history
- Criminal record

Data from the assessment process will not be collected 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.

If an individual or household feels they are being discriminated against based upon any of the previously mentioned factors, they may file a complaint utilizing the grievance policy. Any complaint filed will not affect the individual's place within CES

Homelessness Management Information System (HMIS)

Homeless Management Information System (HMIS) is a locally-administered database used to collect person and program-level data as it relates to homeless housing and services in a Continuum of Care. As a requirement of participating in the CoC, all program and assessment data collected for the CoC and CES must be stored in HMIS.

The vendor used by the Memphis CoC is Bitfocus, whose product is called Clarity Human Services. CoC and ESG-funded projects are required to be entered and managed within Clarity to be compliant with HUD's HMIS Requirement Rule.

The CoC HMIS is required to collect all data as it relates to the CES in managing project enrollment and exit information, assessments, including the housing needs assessment, HUD-required reporting elements, prioritization, and any necessary case management services that support the goal of households' move into permanent housing.

Participating Agencies that enter household information into Clarity must obtain each household members' permission to collect and share their Personally Identifiable Information (PII) within HMIS.

Comparable Database (CDB)

The Domestic Violence population comes with its own set of privacy and confidentiality standards. Recipients of Violence Against Women Act (VAWA) funding and all agencies that participate in Coordinated Entry are prohibited from disclosing personally identifiable information without the participant's written consent.

Client's fleeing domestic violence can have their information entered into a VAWA-compliant comparable database but will not be entered into the HMIS. Comparable databases collect aggregate data with no identifying information being stored or reported, which makes client information entered unidentifiable to others.

Victim Service Providers are prohibited from entering data into HMIS and will be required to use a comparable database to participate in CE. A comparable database is a relational database that meets all HMIS Data Standards and does so in a method that protects the safety and privacy of survivors.

CES will rely on Victim Service Providers (VSP) to utilize the CDB to safely integrate homeless victims access housing available through the CoC CES.

CES Trainings for *New* CES Participants

All new CES participants are required to complete a three-part pre-recorded webinar training series and a VI-SPDAT webinar. Upon completion of the three trainings, the CES Onboarding Trainings quiz must be completed with 100% efficiency, prior to conducting VI assessments or participating in CE related activities.

When the quiz is completed with efficiency, reach out directly to the Coordinated Entry facilitator, emailing coordinatedentry@cafth.org.

YHDP CES Trainings

In addition to the training listed, Memphis/Shelby County CoC members who are participating in the youth CES will be offered training specifically centered on serving and empowering youth. These will include but not be limited to:

- Positive Youth Development
- Trauma Informed Care
- Adverse Childhood Experiences (ACE)
- Adultism
- Continuous Quality Improvement (CQI)
- Equity, including LGBTQ+ education

This community understands that youth and young adults can present different challenges and barriers to accessing coordinated entry and housing services. These trainings will provide assistance in preparing outreach workers, navigators, and other front line staff with the tools they need to interact with youth in a respectful and trauma informed manner.

Routine CES Training

Coordinated Entry System (CES) participants will be provided routine training to assist providers with best practices, procedures and ensure a collaborative community effort to end homelessness. Trainings are provided in-person or in recorded webinar form and cover:

- Assessment training, protocol, and eligibility
- Review of the Continuum of Care and Coordinated Entry System

- Housing Eligibility and Prioritization
- How to conduct a Vulnerability Index (VI) assessment
- Documentation requirements
- Referral process
- Steps for follow-up evaluation by outreach
- Any new or updated Coordinated Entry guidelines or practices.

CAFTH CES team acknowledges these needs are continuing to change and grow, so changes to trainings and additional trainings will be added as the CE team feels necessary to best assist the consortium and homeless population.

ACCESS

No Wrong Door Approach

The Memphis/Shelby County Coordinated Entry System (CES) is de-centralized and uses a “no wrong door” approach. This system allows for clients to access Coordinated Entry and be assessed for housing eligibility regardless of which agency they connect with. The CES partnered agencies are equipped to enter individuals, youth and families into Coordinated Entry. All access points use community adopted vulnerability assessment tools to maintain alignment with Department of Housing and Urban Development (HUD) regulations around serving the hardest to serve in all populations.

All subpopulations, as identified by HUD, can access the CES through a “No Wrong Door Approach.” This allows all continuum of care coordinated entry assessors to enter Individuals, Youth, Families and Veterans into CES if they present as homeless to their location.

No Wrong Door eliminates the need for providers across the community to collect the same information from an individual over and over; the system allows different providers serving the same person to securely share data in HMIS.

Youth Access to Coordinated Entry

Unaccompanied youth seeking services can access the Coordinated Entry system by:

- Presenting at a housing or service provider within the CES in person
- Reaching out to Youth System Navigators by phone
- Receiving a referral from a community service provider outside of the CES
- Filling out a services request form on CAFTH.org

Youth System navigators will directly engage with youth, completing basic assessment protocols. Navigators will be knowledgeable in youth-specific providers to assess the housing and resources needs of the youth.

ASSESSMENT

Memphis/Shelby County's Coordinated Entry System (CES) utilizes a phased assessment process. It is strongly suggested by HUD to collect information in phases, initially only collecting the information essential to ascertaining the person's immediate needs and connecting them with appropriate interventions; and to capture information as needed and limit how frequently the person being assessed must repeat their story. The goal is to build an accurate and concise picture of that person's needs and preferences in order to connect them to an appropriate intervention.

1st Phase CES assessment(s):

Youth (YHDP) Assessment (18-24)

The YHDP assessment was specifically developed to gather initial information of youth (18-24) experiencing homelessness. As a special population, determined by HUD, this screening has youth specific questions to assist with their CES navigation.

CES Pre-Questionnaire (everyone else, other than youth)

CES Pre-Questionnaire is about 10 questions that are data driven. The questions are a cumulation of necessary information to conduct basic case conferencing at routine CES meetings to further decide the most appropriate housing and resource needs and eligibility.

2nd Phase CES assessment(s):

Community Vulnerability Assessment - VI-SPDAT

The CoC's CES process for clients (who are not fleeing domestic violence) provides a standardized assessment process to all CE participants, ensuring uniform decision-making and coordination of care for persons experiencing a housing crisis. The standardized assessment tool used for Coordinated Entry, outlined below, follows the guidelines for establishing a Coordinated Entry System outlined by HUD.

Who Can Administer Vulnerability Assessments?

Assessors who administer the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) to clients who are not fleeing domestic violence are generally housing provider staff, outreach workers, or those who are key players within the CES. Training on the assessment tool is a 22-minute video, offered by the assessment's creator – OrgCode Consulting, Inc. This training video is incorporated into a three part Coordinated Entry Training series that can be found on the CAFTH website (www.cafth.org). After completing the video training, assessors will take a brief quiz located on the website on the material to ensure they have watched the training in full and are able to comprehend the materials. Anyone can administer the

assessments once they are trained on the tool and pass this brief quiz, and all assessors must know how to swiftly pass along the assessment once completed while maintaining confidentiality and data security. Assessors are also trained in how to quickly and safely refer a client fleeing domestic violence who may present at a CE access point.

All staff administering assessments are expected to use culturally and linguistically competent practices. The CoC will incorporate cultural competency and linguistic competency training into the required annual training protocols for participating projects and staff members using standards of practice from models provided by organizations and associations like the American Speech and Hearing Association (ASHA). Assessments will include questions for all persons that reduce cultural and linguistic barriers to housing and services for special populations, including immigrants, refugees, youth, individuals with disabilities, and LGBTQ+ persons.

Who Qualifies for a Vulnerability Assessment?

The Memphis/Shelby County CES has adopted the practice that a person or household must be at minimum literally homeless to receive a vulnerability assessment. The definition of literally homeless is determined by HUD and varies by population. HUD's HEARTH Act Final Rule on Homelessness defines literal homelessness as:

1. Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
2. Individuals and families who will imminently lose their primary nighttime residence; and
3. Individuals and families who are fleeing, or are 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.

The following population brackets match the following assessment tools:

1. Any individual who is at least 25 years of age and at least literally homeless must be assessed using the VI-SPDAT.
2. Any family, or household with children, who are at least literally homeless, must be assessed using the Families (F)-VI-SPDAT.

Administering an Assessment

When a client is identified as literally homeless, a CE provider, outreach worker, or person trained to administer the VI-SPDAT assessment tool should conduct the assessment with the client to identify potential housing resources they may qualify for. All assessments take approximately 10-12 minutes to administer. All assessments include important information about the person/household's history of homelessness, while identifying any barriers to being housed, as well as any variables that might make them more vulnerable. The score on the assessment helps to determine vulnerability level when making prioritized placements and referrals to housing and supportive services. In addition to identifying a person/household's

overall needs and preferences, the assessment also offers an immediate evaluation to establish if the client needs access to shelter, outreach, mental health services, or mainstream resources. All assessment tools are electronically available within the HMIS Coordinated Assessment Systems module and on the CAFTH website.

How Long Does an Assessment Remain Valid For?

Per OrgCode's guidance, a VI-SPDAT assessment has no timeframe for expiration. Clients should only receive an additional assessment, even if they are re-entering the CES, if the household has been housed and become homeless again, or has had a major change in their life circumstances. The outreach worker or service provider currently engaging with the client will be responsible for reviewing HMIS for the client's previous VI-SPDAT assessment score and for discussing with the client if they have had any major life changes or were recently housed in a CoC program but have now returned to homelessness. The outreach worker or service provider will also be responsible for discussing the client who they believe needs a new assessment with CE Lead Agency staff and during the next By-Name List meeting. If sufficient information has been gathered showing that the client has had a major life change or has returned to homelessness from housing, the CE Lead Agency will instruct the outreach worker or service provider to complete a new assessment.

Assessments for Domestic Violence Survivors

It is HUD's position that any level of domestic violence, dating violence, sexual assault, or stalking is inherently dangerous and life-threatening. Therefore, HUD did not intend the phrase "dangerous or life-threatening" outlined above in the definition of literal homelessness to be interpreted as a level of violence that must occur before an individual or family can qualify as homeless. HUD interprets the intent behind section 103(a)(6) of the McKinney Vento Act as including all individual and families fleeing, or attempting to flee domestic violence, dating violence, sexual assault and stalking. These domestic violence subpopulations are to be assessed separately from those who are entering CE and are not fleeing domestic violence or assault. Clients within this population are to receive a brief risk assessment to best assess their needs while protecting their privacy.

Privacy and Assessments

An HMIS consent form is attached to each assessment. The client's consent is required for the release and sharing of information, and for entering the client into the HMIS Coordinated Entry System. If a participant completes the assessment, but does not want their data in HMIS, the CE Lead Agency will need to be given the data by the assessor so that a unique identifier can be used on the By Name List for connection to supportive housing. Domestic violence clients will not have their information entered into HMIS, to protect their safety and abide by Violence Against Women Act (VAWA) regulations.

Client's Right to Decline Answers

CoC Coordinated Entry clients are free to decide what information they provide during the assessment process, to refuse to answer assessment questions, and to refuse housing and service options without retribution or limiting their access to other forms of assistance. Written policies and procedures outlined in Section 1.4.3 specify the conditions for participants to maintain their place in coordinated entry prioritization lists when the participant rejects options.

During the assessment, clients are not required to disclose information, including a specific disability or diagnosis. The disclosure of a specific disability or diagnosis (or the refusal to disclose such) will not impact an individual or household's placement into the Coordinated Entry System, nor will it affect the individual's place on the priority list. Assessment score, length of time homeless, chronic status, and supportive documentation forms will all be used to determine eligibility and referral appropriateness. Information regarding a specific diagnosis or disability may only be obtained for the purposes of determining program eligibility to make appropriate referrals from Coordinated Entry, e.g. accessible units, physical limitations, first floor vs. upper floor vacancies, and congregate vs. scattered-site settings.

Prioritization Practices

CES captures all ages and family compositions of all those who enter the CES. Each population convenes meetings and/or program procedures to fill CoC Housing Projects.

All CES prioritization meetings include but are not limited to:

- Connection to navigation services
- Updates to client cases (all updates will be recorded in HMIS)
- Identification of barriers in accessing housing and services
- Identification of emerging trends (e.g., increase in single fathers experiencing homelessness)
- Questions regarding processes
- Collaboration among homeless service providers
- Sharing of resources
- Any other client-related topics
-

Coordinated Entry System (CES) Meetings

Coordinated Entry meetings are convening routinely to address the homelessness population. Clients who have a completed assessment (VI-SPDAT) and a CES program enrollment into HMIS, then populate on the Coordinated Entry by-name list.

The By-Name list functions as a prioritized list for all CES participants who have been assessed by CE and are seeking permanent housing. This by-name list allows the CE system to prioritize those most vulnerable for the limited number of housing openings within the CoC.

Routine CES meetings are facilitated by CAFTH’s Coordinated Entry staff. Meeting case conferencing and client updates documents the client interactions with outreach and their status of documentation, service connection, prioritization, and housing needs.

INDIVIDUALS	YOUTH	FAMILIES	VETERANS
Individual Outreach Meeting	Youth Outreach Meeting	Families CES Meeting	Veterans CES Meeting
Meets Weekly	Meets Weekly	Meets Weekly	Meets Bi-Monthly

Inactive Clients

Clients who have not been located, engaged, and served within 60 days of being entered into the Coordinated Entry system will be moved to a pending inactive list for 2 weeks. After two weeks have passed with no additional contact, the client will be moved to inactive on the By-Name List and in HMIS. Inactivity is noted as the last day of known/identified contact with the client. Clients may resume active status once they have been re-engaged, verified, and re-assessed if necessary. Moving dates and notes will be maintained, and clients will be re-entered onto the By-Name List, with no limit to how many times a person may be re-entered into Coordinated Entry.

CoC Housing Program Vacancies

Communication surrounding open units/available beds is vital to the efficiency of the Coordinated Entry process. Notification of a unit vacancy should be communicated to the CE Lead Agency via entering an Open Units Report In HMIS, as early as one month before the unit is open or as soon as possible.

The notification must include specific details of the vacancy, including the project name, unit size, location, and any funder-defined eligibility requirements. The facilitator will matchmake to identify a prioritized household to fill the vacancy within 4 business days from the open unit report.

When an opening occurs, an individual will be placed based on the latest updates from the routine CE meetings, kept in HMIS. No vacancy will be held on account of not having proven chronically homeless clients on the By-Name List who qualifies for the project.

CES Client Documentation

There are two main documents that are collected for participants in CoC-funded housing programs, which are Verification of Homelessness (VOH) and Verification of Disability (VOD).

- Verification of Homelessness (VOH): A VOH document is used to assess a client’s literal homelessness status, and the length of time they have experienced homelessness in the last 3 years. The following are acceptable forms of VOH documentation in the priority order set by HUD in 24 CFR 578.103:
 1. An HMIS record or record from a comparable database;
 2. A written observation by an outreach worker of the conditions where the individual was living;
 3. A written referral by another housing or service provider; or
 4. Where evidence in paragraphs (a)(4)(ii)(A) through (C) of this section cannot be obtained, a certification by the individual seeking assistance, which must be accompanied by the intake worker's documentation of the living situation of the individual or family seeking assistance and the steps taken to obtain evidence listed above.
- Verification of Disability (VOD): A VOD document is used for PSH programs to verify that a client or at least one person in a household has a qualifying disability. Programs that require a VOD, such as PSH programs, may accept the following as outlined in 24 CFR Part 578.103:
 1. Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently;
 2. Written verification from the Social Security Administration;
 3. The receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation);
 4. Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, is confirmed and accompanied by evidence listed above;
 5. Other documentation approved by HUD.

If the provider is using anything other than a Third-Party Verification, the case file must include documentation of due diligence to obtain third-party verification. Documents must be kept for a minimum of (5) years per HUD guidance. Copies of all eligible forms of verification may be found in the back of this manual and on the Community Alliance website.

Chronic Homeless Verification

The following section has been taken from the HUD Exchange page on record keeping requirements for chronically homeless persons:

“The [Final Rule on Defining “Chronically Homeless”](#) establishes recordkeeping requirements for the following criteria, which must be documented for the individual or head of household presenting for assistance:

- The history of residing in a place not meant for human habitation, in an emergency shelter, or in a safe haven, including where the individual or head of household is coming from currently;
- Stays in institutions;
- Breaks of seven nights or more residing in a place *meant* for human habitation; and

- The qualifying disability.

For each of the criteria above, with the exception of documenting breaks of seven nights or more in a place meant for human habitation, the final rule requires that recipients maintain and follow written intake procedures which establish the order of priority for obtaining evidence as third-party documentation first, intake worker observation second, and written certification from the person seeking assistance third. Breaks between occasions may be documented entirely by the individual or head of household's written certification that they resided in a place meant for human habitation, such as in the home of a friend or in a hotel paid for by the household, for at least seven consecutive nights.

The definition of chronically homeless in the final rule requires that an individual or head of household be coming directly from a place not meant for human habitation, an emergency shelter, or a safe haven and that they have been residing in one of these locations in a place not meant for human habitation, an emergency shelter, or a safe haven for a period of at least twelve (12) months either continuously or cumulatively over a period of at least four (4) occasions over the last three (3) years.

In general, HUD expects recipients to document at least 9 of the 12 months the individual or head of household resided in a place not meant for human habitation (e.g., under a bridge, a car), in an emergency shelter, or in a safe haven with third-party documentation. The remaining months can be documented by the individual or head of household's own written certification that they had resided in one of these locations.

For up to 25 percent of program participants served by the project in an operating year, recipients may document up to the full 12 months through the individual or head of household's written certification of where they were living, but this must be accompanied by the intake workers notes that demonstrate that they have exercised due diligence to obtain a higher level of documentation. It should be noted that the final rule clarifies that a single encounter in a month is sufficient documentation to consider the individual or head of household as residing in that location for the entire month unless there is clear evidence of a break (such as an HMIS record of a stay in transitional housing where the household is not also enrolled in permanent supportive housing and actively seeking a unit) of more than seven nights."

The following section has been taken from the HUD Exchange pages on the Final Rule for "Chronically Homeless":

"The amended definition as found in the [Final Rule on Defining "Chronically Homeless"](#) does not establish a minimum number of days that each occasion must total and instead defines the end of an occasion as a break of *at least seven nights* where the individual or head of household is not residing in an emergency shelter, safe haven, or is residing in a place meant for human habitation (e.g., with friends or family) or a period of 90 days or longer in an institution. While third-party documentation may be available to document a break in an individual or head of household's time residing in a place not meant for human habitation, in an emergency shelter, or in a safe haven, it is not required. All breaks can be documented through a written

certification of the individual or head of household seeking assistance. However, please note that when there is evidence of a break (such as in an HMIS record) it must be counted. Stays of less than seven nights in one of these places is not considered a break and instead counted toward the total time residing in a place not meant for human habitation, an emergency shelter, or a safe haven. Additionally, stays in institutions of fewer than 90 days are not considered a break and instead the time spent in the institution is counted towards the total time residing in a place not meant for human habitation, an emergency shelter, or safe haven.”

Documentation for Clients Fleeing Domestic Violence

The following record-keeping requirements for clients who are seeking housing assistance due to domestic violence are outlined by HUD and taken from the HUD Exchange resource on record keeping requirements:

- For Victim Service Providers (VSPs): Documentation that an individual or head of household is experiencing homelessness can be in the form of an oral statement by the individual or head of household seeking assistance which states: they are fleeing domestic violence; they have no subsequent residence; and they lack resources. This statement must be documented by a self-certification or a certification by the intake worker.
- For non-VSPs: Documentation that an individual or head of household is experiencing homelessness can be provided in an oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworkers. Where the safety of the individual or family is not jeopardized, the oral statement must be verified and:
 - Certification by the individual or head of household that no subsequent residence has been identified; and
 - Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing

CES Matchmaking

To be eligible for any CES housing opening, all HUD required verification documents must be collected and uploaded into HMIS. Outreach or agency staff who are working directly and indirectly with a client are responsible for collecting all required verification and ensuring that the documentation is valid. Or it must be confirmed the documentation will be acquired within 30 days of the referral.

CAFTH CoC CES will fill CoC housing program openings as soon as they are reported to be available, “Live Referrals” are referrals made to CoC housing program openings upon their availability, utilizing prioritization practices CE facilitators will matchmake clients to unit openings.

Upon the reported open unit, utilizing prioritization practices the CES team will matchmake an individual or family to unit openings. Matchmaking will happen within 3 business days of the reported opening.

Matchmaking is done by utilizing CES prioritization practices, these heavily rely on CES meeting participation.

Upon receiving a CES referral, it is a collaborative effort to schedule a warm hand-off between the housing provider and the individual or family. This process helps to ensure that clients are connected and helps to build trust and communication during the referral process.

Client Choice in Matchmaking

All CES participants have the right to refuse a housing placement. Any rejection of a referral by an individual will not affect the individual's place on the prioritization list, and the rejected unit will then be offered to the next referral ready person on the CQ. If/when refusal occurs, the individual will remain eligible for the next available housing placement option. CES encourages client participation and person-centered choice. Clients have a choice in the services received, the level of support accepted and the location of the unit, if applicable.

CoC Housing Program Transfer

When a CoC housing program participant requests/requires an internal transfer the Internal Transfer Application must be completed on their behalf by the current housing provider. The Housing Provider will case conference with the CES facilitator.

If a transfer to an alternative CoC housing program is needed, the Housing Provider will complete a CoC Housing Program Internal Transfer Form.

When the form is reviewed and uploaded in HMIS by the CES facilitator. The next appropriate available unit opening that fits the clients' requests/needs. If the internal transfer cannot be resolved right away, weekly case conferencing at the Outreach Committee meeting will be utilized to resolve housing crisis related to the transfer request.

Declining or Canceling a Referral

While referrals are designed to be successful for clients and housing programs, there are instances where providers in CE may need to decline or cancel a referral. Referrals may be interrupted only in the following instances:

- A program may **cancel** an HMIS CES referral with a note in HMIS if the individual is not eligible for program services, has been incorrectly referred from CES, or is banned from the program.

- A program may **decline** a client referral in HMIS if the eligible individual refuses the assigned placement as “client refused services.”

The CE facilitator may cancel a referral if the assigned individual is unable to be located within 5 business days of the initial referral and there are other eligible clients on the By-Name List who are referral ready. In the event a client cannot be located, the individual will remain in the CQ and the open unit will be referred to the next ready client. It is imperative that CES be used to place clients quickly and should rarely hold units for any extended period of time.

Any program that declines a referral for reasons other than stated above, must explain the reason for declining the referral in the note portion when declining the referral in HMIS.

Rehousing CES Clients

Individuals can be rehoused in the same program as many times as the program is willing to accommodate. Individuals can be assigned rehousing in as many as three separate housing programs before a client will have to exit and restart the Coordinated Entry Process, taking into consideration any other resources needed to help the client succeed, and based on the program’s acceptance of the referral.

Immediate Rehousing Situations

Certain situations may arise while clients are in CoC-funded housing programs that will necessitate an immediate move from one housing unit or program to another. Situations that necessitate an immediate rehousing of clients include:

- Clients fleeing domestic violence which makes their current housing unit unsafe. Clients experiencing domestic violence while in CoC funded housing may not be terminated because of the domestic violence and are protected by VAWA regulations.
- Clients who are in need of more intensive support or case management services i.e. in need of a program with more intensive mental/behavioral health services

In these situations, clients will be moved back to the top of the By-Name list and will be prioritized for the next available appropriate housing opening. Programs must effectively communicate with the CES facilitator that there is an immediate rehousing situation to ensure that clients are efficiently prioritized and moved to a new setting as soon as possible.

Non-Immediate Rehousing Situations

There may be situations that arise while clients are in housing programs where they express a desire to move to a different housing unit or program, or where clients have violated their lease agreements. Lease violations do not automatically mean that clients are unable to be rehoused, or that they must be evicted from a program.

Rehousing clients based on their need

- Rehousing Due to Violence: A client that is evicted due to violence is not eligible for expedited priority rehousing. The client may be placed back on the By-Name List, using the documentation provided to make the original Coordinated Entry Referral. That information (score at the time of placement unless a new assessment is needed based

on a change in client vulnerability, homeless status at the time of placement, etc.) will be used in the future placement of the client. _

- Rehousing Due to Client Preference: If a client requests to leave their unit on their own free will, they are not eligible for expedited priority rehousing placement. Clients are allowed to have choice in their housing situations. However, if the request for rehousing is solely based on client preference and no major issues are occurring due to their housing setting, they are not prioritized for rehousing. The client has the right to exit and be placed back on the By-Name List, using the documentation provided to make the original Coordinated Entry Referral. That information will be used in the future placement of the client.
- Rehousing Due to Lease Violations: If a client violates a lease agreement frequently or severely, including non-payment of rent, a client may be evicted from a program. In this event, a client may be rehoused through CE but is not prioritized for rehousing. Clients may be rehoused in the same program if the program is willing to rehouse them, or in another CE program. Client can be offered a different type of housing, or a community resource, but will not be put at the top of the By-Name List. The client may be placed back on the By-Name List, using the documentation provided to make the original Coordinated Entry Referral. That information will be used in the future placement of the client.

Rehousing Clients in RRH Programs to PSH Programs

Individuals that get placed into Rapid Rehousing (RRH) do not lose their homeless status. A rapidly rehoused client doesn't exit to permanent housing until they have ended their rapid rehousing rental assistance and exit that agency's program. If an individual has chronically homeless verification and disability verification, and is not succeeding in rapid rehousing, that client can be moved into a Permanent Supportive Housing (PSH) unit. The chronic homeless status is retained for the duration of their rapid rehousing rental assistance. Additionally, youth aged 18-24 who have a disability verification can be moved into a PSH program if they are not succeeding in RRH. Under YHDP regulations, youth are not required to have a chronic status for PSH.

Eviction

All CoC Housing Programs have agreed to participate in CES and follow the Housing First model set forth by HUD. Anytime an eviction is being considered, it is recommended that the program communicate any issues with the CE facilitator case conference in weekly meeting to tackle barriers and find solutions. The goal of this process is to help programs best assist their clients in maintaining their housing. Eviction should always be the last resort abiding by Housing First Principles. These eviction protocols discuss eviction prevention, eviction due to non-payment of rent, behavioral issues, criminal activity, abandonment, hospitalization, or incarceration and a suggested plan of action programs should take before any client is evicted.

Eviction Prevention Strategies

CoC Housing Program staff should make every effort to prevent clients from being evicted unless extreme situations such as violence or criminal activities prevent mediation from being conducted safely. Program staff should use techniques such as motivational interviewing, trauma-informed care approaches, and establishing strong client-staff communication practices to work with clients who are violating their lease or having behavioral issues within the program. It is important to note that just because a client has a lease violation, that does not automatically mean that a client must be evicted. Programs should uphold every strategy possible to work with a client to understand why violations may be occurring and create a plan to help link clients with additional resources or services that can help address any unmet needs. Before an eviction outside of extreme violence or criminal activities occurs, programs should contact the CE facilitator for additional resources or support. Case conferencing during the weekly CES meetings is also used to help program staff collaborate on strategies and techniques for preventing lease violations and evictions.

Eviction Due to Non-Payment of Rent

Individuals with income have the option to pay on their own or have a payee. If they fail to pay for more than one month after the designated due date, they should agree to have a payee assigned. Failure to cooperate with the payee application process, thereby not paying rent per the lease agreement and housing contract is considered a lease violation, and the program has the right to provide warnings and eviction protocol.

Programs should use an internal protocol to address nonpayment, including verbal warnings; a housing retention agreement and contract signed by the client; case notes and supportive documentation of scheduled client meetings regarding the issue and who was in attendance; and any progress surrounding income, budgeting, payee set up, etc.

Eviction Due to Abandonment, Hospitalization, or Incarceration

If a client willingly walks away from their unit, lets the housing program know they aren't coming back, or hasn't been seen or heard from for more than 30 days, they are eligible for program eviction as a matter of abandonment. When a program knows that a client has not been heard from before the 30 days mark the program should contact the CE facilitator so that CE partners and outreach workers can attempt to make contact with the client to prevent abandonment evictions.

If a client has been hospitalized for more than 90 days, they are required to be terminated from the program per HUD regulations. If the program knows that their client is hospitalized or incarcerated, it is not considered abandonment. In this instance, 90 days must pass before the client is eligible to be evicted versus the 30-day abandonment rule mentioned above.

Eviction Due to Criminal Activity

If a client commits a criminal offense on the property in which they reside, or the crime has an immediate connection to the property or other residents on the property, they may be eligible for immediate eviction without case management attempts at mediation.

If a client commits a criminal offense away from the individual's residence and property, it is not an immediate eviction due to criminal activity. These activities are not considered direct program violations or documentable behavioral issues. Unless the individual is convicted of a crime and incarcerated, their right to remain housed within the program remains.

Eviction Due to Violence

If a client is violent with a program staff member or another tenant, the safety of all involved should be the highest priority. The client should meet with directors and case managers to discuss behavioral improvement plans and action steps to prevent an occurrence from happening again. An internal incident report, supportive documentation, and policies around behavior expectations should be included.

Depending on the program's policies, its staff, and the extent of the violence, programs have a right to decide if eviction is the best course of action.

CoC Housing Program Termination

Individuals CE Program Termination

All programs have agreed to participate in Coordinated Entry and follow the Housing First model set forth by HUD. Anytime a PSH program termination is being considered, it is required that the program communicate any issues with the CE facilitator, and case conference in weekly meeting, in order to tackle barriers and find solutions. It is the responsibility of the program to exercise good judgment and examine all extenuating circumstances in determining when program violations are serious enough to result in termination from the program.

Rental assistance payments can only be made for units that pass the Department of Housing and Urban Development Housing Quality Standards (24 CFR 982.401) within 30 days of an initial and annual inspection. Failure to comply with the federal regulations of the program will result in termination from the program. Per the federal regulations, clients must:

- Receive an annual assessment of needs; and
- Provide all required documentation to verify program eligibility initially and as changes occur.

Termination will also occur if the qualifying member of the household:

- Is institutionalized or incarcerated for 90 days or more;
- Moves out of the service area;
- Voluntarily exits the program; or
- Dies.

Clients must be provided a written copy of the program rules and the termination process upon entry into the program. Clients who repeatedly and/or seriously violate program rules or their lease may be terminated from the program. In the spirit of the supportive aspects of the

program, the participating agency will document reasonable efforts and interventions that demonstrate attempts to encourage clients' compliance with program rules and expectations. In some severe cases, (e.g. violence, or serious threats of violence, toward program staff, volunteers, or other clients), termination from the program may be immediate.

Individuals participating in ESG or CoC funded RRH programs may also be terminated from the program if they do not meet program requirements, but that does not mean that their lease is terminated. ESG RRH programs require clients to have income below 30% AMI and must participate in monthly home, and if clients do not meet these requirements they may be terminated from the program but continue to hold their lease with the landlord.

When termination is necessary, the client will be provided notice that clearly states the reason for termination. The agency will also provide the CE facilitator with a "Termination of Program Client" form, outlining specifics of why the client is being terminated to determine their rehouse eligibility and/or prioritization. The program must deliver all termination-related notices in writing. A client is able to file a grievance with Coordinated Entry if a client feels they have been wrongly terminated from a program. Notice of the final decision will be provided to the client in a timely manner. The termination process must be consistent with federal regulations and agency policy.

Youth CE Program Termination

All programs have agreed to participate in Youth Coordinated Entry and follow the Housing First model set forth by HUD. Anytime a youth PSH program termination is being considered, it is required that the program communicate any issues with the CE facilitator, and case conference in the routine youth CE, in order to tackle barriers and find solutions. It is the responsibility of the program to exercise good judgment and examine all extenuating circumstances in determining when program violations are serious enough to result in termination from the program.

Youth must be provided a written copy of the program rules and the termination process upon entry into the program. Youth who repeatedly and/or seriously violate program rules or their lease may be terminated from the program. In the spirit of the supportive aspects of the program, the participating agency will document reasonable efforts and interventions that demonstrate attempts to encourage clients' compliance with program rules and expectations. In some severe cases, (e.g. violence, or serious threats of violence, toward program staff, volunteers, or other clients), termination from the program may be immediate.

Family CE Termination

MIFA may terminate assistance to a program participant who violates the program requirement of granting the Family Housing Advocate one home visit for each month a rental stipend is provided. MIFA may resume assistance to a program participant whose assistance was previously terminated if the situation is corrected. In terminating assistance to a program

participant, MIFA must provide a formal process that recognizes the rights of individuals receiving assistance to due process of law.

In addition, a family may no longer be eligible to receive Rapid Rehousing rental assistance if other circumstances occur that violate MIFA's specific policies outlined when orienting the client to its program requirements.

Grievance

All individuals and families participating in the CES, as well as the programs and partners involved, have the right to file a grievance regarding the Memphis and Shelby County Coordinated Entry System as it pertains to its policies and procedures, including the identification and placement process.

A grievance form must be delivered to the CE facilitator for an official grievance to be filed. Upon receipt, the CE facilitator will exhaust every effort to satisfy the matter within ten (10) days. The complainant or their representative will be notified using the preferred method of communication noted on the grievance form.

If the matter is still not resolved, the concern should be addressed in writing to the Executive Director of CAFTH who will work to resolve the matter within ten days of receipt. The complainant or their representative will be notified using the preferred method of communication.

If no resolution has been reached using the assistance of the Executive Director, the matter shall be submitted in writing to the Governing Council of the Memphis/Shelby County Homeless Consortium. The Governing Council will determine the best course of action and respond accordingly within 45 days of receipt. The complainant or their representative will be notified using the preferred method of communication. All decisions by the Governing Council shall be considered final.

Data Privacy

CE process partners and all participating agencies contributing data to CE must ensure participants' data are secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically. Additionally, participants must be informed about how their data is being collected, stored, managed, and potentially shared, with whom, and for what purpose.

Client Information and Confidentiality Process

Before an assessment is completed, anyone administering the assessment must review the release of information form on the front of the assessment with clients. This form identifies what data will be collected, where data will be stored/managed, how data will be used for the purposes of helping the participant obtain housing and assistance and for other administrative purposes, and what data will be shared with others (if the participant consents to such data sharing).

All data, files, records, and documentation are confidential information and are only shared with written permission from the client. All client data collected during the Coordinated Entry process will only be shared among CE Community Organizations who have signed a confidentiality agreement with the CAFTH. The confidentiality agreement states all recorded data will only be shared with designated staff for the purposes of CE management, participant care coordination, CE evaluation, and other administrative purposes. Upon review of the release of information and the purpose of the assessment, clients must then sign the consent form or verbally notify that they understand and agree to participate in the assessment.

Additionally, protected data such as that of a specific disability or diagnosis will not be used to prioritize specific households above others.

HMIS and Client Data Security

If clients consent to having their data shared, their information will be stored within HMIS. CE staff should thoroughly explain the process of storing client data in HMIS, and the data security standards in place to protect client data. Assessors should also ensure that clients understand their choice regarding their information being stored in HMIS will not affect their access to housing resources.

At any time, a client can request to view their information or request to have their information removed from HMIS. To get their information removed from the HMIS system, they need to directly reach out to the HMIS facilitator requesting their information be removed and the HMIS Lead Agency will remove their information. If a client desires or requires assistance to complete this request, service providers are encouraged to assist clients with completing their request. The same HMIS data privacy and security protections will be applied to the By-Name List as prescribed by HUD for HMIS practices in the HMIS Data and Technical Standards.

In line with HUD regulations, the CoC complies with mandatory disclosures of any oversight with compliance of HMIS privacy and security standards.

Client's Right to Refuse Questions

Before completing any assessment, it is the responsibility of the service provider to inform the client of their right to refuse any individual questions during the assessment and ensure clients understand that doing so does not affect their ability to access housing programs. Under no circumstance does refusal of information or request to have information removed make any

participant ineligible for services unless the information is necessary to establish or document program eligibility per applicable program regulation.

CES Evaluation

The Memphis and Shelby County Coordinated Entry System (CES) will be evaluated and monitored through a variety of methods on an ongoing basis to ensure the mission of the CES remains the same: to end homelessness, prevent new episodes of homelessness, and make future episodes rare, brief, and nonrecurring. The CES will be assessed for:

- Compliance: evaluates whether the CE process meets HUD's requirements and the CoC's design.
- Effectiveness: evaluates how effective the CE process is in connecting people experiencing homelessness to appropriate referrals.
- Process: evaluates how the CE process has been implemented and whether it is currently operating in accordance with the CoC's established policies and procedures.

Compliance

In order to assess compliance with current HUD requirements, CoC Lead Agency staff are responsible for monitoring HUD requirements and updates to Coordinated Entry guidelines on a quarterly basis, at minimum. When HUD requirements or guidelines change and require updates to CE policies, the CoC will follow the policies and procedures for updating the CE Manual outlined in Section 4.5.

Effectiveness & Process

In conjunction with ongoing monitoring of the CE system's effectiveness, there will be an annual CE Evaluation which will incorporate client and CoC program feedback, data collection and analysis, and additional feedback collected from CE stakeholders. This evaluation will gather information on the effectiveness and success of the CES through analysis of performance measures, HMIS data, client and CoC program surveys, system goals, assessment tool data, and additional data collected from CE key stakeholders. This evaluation will also look at common tracking indicators for persons moving through the CES including:

- Intake, assessment and referral protocol
- Outcomes for all demographics – exits to permanent housing and recidivism
- Newly identified homeless numbers
- Length of time homeless
- Rate of returns to homelessness
- Gaps in services
- Number of declines, cancellations, and client refusals within the referral process

The Memphis and Shelby County CES will be designed to produce specific outcomes expected by HUD, which may include:

- Length of time individuals and families remain homeless
- Repeated homelessness and returns to Coordinated Entry
- Extent of Outreach efforts

- Decrease in unit vacancy rate and increase in long term occupancy rates
- Reduction in homeless numbers within Memphis and Shelby County
- Job and income growth
- Client-centered programs and services
- Linkages to mainstream benefits and community support
- Prevention Services
- Decrease in homeless episodes, sustainability in housing and retention
- Length of time between entry into Coordinated Entry and housing placement

The primary method of determining the effectiveness of our system will be through analyzing performance measures to evaluate the quality and outcome of CES services. These performance measures are determined by HUD and assessed by the Memphis/Shelby County CES to ensure alignment with HUD goals. Data collected should be able to indicate:

- Length of stay in shelters
- Newly identified homeless episodes
- Re-entry into the Coordinated Entry System
- Rate of matched and mismatched referrals
- Time from identification to move in – and the progress tracked in between
- Rate of vacancies and occupancy among CoC and ESG funded housing
- Time on the By Name List – wait time and placement
- Number of interactions with clients on the By Name List
- Prioritization of vulnerability

In addition to data analysis, the input collected from clients and CoC programs through surveys is also a key component of the CES evaluation. Rather than rely solely on HMIS and collected data, using responses to surveys and questionnaires from clients and CoC providers allows the evaluation to gain a more in-depth look into successes and challenges that the system faces that may not show up on a data level. Suggested survey questions relating to the Memphis and Shelby County Coordinated Entry System will not only address implementation, but also the accessibility of the system and referral process, services, and gaps.

APPENDICES

Coordinated Entry System (CES) Glossary

Access Point: A Participating Agency of the CoC where a person or persons experiencing homelessness can be assessed and enrolled in the Coordinated Entry System (CES).

Annual Performance Report (APR) - A reporting tool that HUD uses to track program progress and accomplishments and inform the Department's competitive process for homeless assistance funding.

Case Conferencing – As a component of the Coordinated Entry process, in conjunction with the By-Name List, case conferencing is utilized to assess client needs and housing placement for those with the highest need and barriers to permanent housing, including those who have declined previous housing offers and those who have been unable to maintain permanent housing.

Case Management - Case management refers to a collaborative and planned approach to ensuring that a person who experiences homelessness gets the services and support that they need to maintain

Continuum of Care (CoC): A program designed to: 1) promote communitywide commitment to the goal of ending homelessness; 2) provide funding for efforts by nonprofit providers, state, and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; 3) promote access to and utilization of mainstream programs by homeless individuals and families; and 4) optimize self-sufficiency among individuals and families experiencing homelessness.

Coordinated Entry System (CES): Defined by HUD interim rule 24 CFR § 578.7(a)(8) as: "A centralized or coordinated assessment system that will provide a comprehensive assessment of the needs of individuals and families for housing and services."

Chronically Homeless: Based on the Federal definition adopted by HUD: "Either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more; or (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years."

Disability (HUD Definition):

A Physical, Mental or Emotional Impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by

the provision of more suitable housing conditions; includes: Developmental Disability Defined in §102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 15002). Means a severe, chronic disability that is attributable to a mental or physical impairment or combination AND is manifested before age 22 AND is likely to continue indefinitely AND reflects need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual may be considered to have a developmental disability without meeting three or more of the criteria listed previously, if individual is 9 years old or younger AND has a substantial developmental delay or specific congenital or acquired condition AND without services and supports, has a high probability of meeting those criteria later in life. HIV/AIDS Criteria Includes the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Emergency Shelter (ES) - Any facility with overnight sleeping accommodation, the primary purpose of which is to provide temporary shelter for the homeless.

Family: A family is a household that consists of a parent and at least one minor child under the age of 18.

Family VI-SPDAT: The Family Vulnerability Index and Service Prioritization Decision Assistance tool is developed and owned by OrgCode and Community Solutions. It is a tool that provides a recommendation for the type of housing intervention and support services needed for the family with minor children to resolve their homelessness.

Homeless Management Information System (HMIS)

Homeless Management Information System (HMIS): The local information technology system used to collect and maintain household data for CoC housing programs and the CES.

Housing Crisis: A housing crisis is anything that can jeopardize, or has jeopardized, a person's stable housing. A few examples are currently staying in an emergency shelter, DV shelter, or on the streets/car; residing in a motel/hotel and cannot continue to reside there due to lack of funds; or facing eviction for where a person is currently living.

Housing First: Housing First is a housing approach that quickly connects those experiencing homelessness to permanent housing without barriers to entry. Supportive services are offered within this approach to help the person stabilize in housing and to prevent returns to homelessness.

Joint Transitional-Rapid Re-Housing (Joint TH-RRH) – Joint TH-RRH combines two existing CoC funded program types, Transitional Housing and Permanent Housing-Rapid Re-Housing, in a single project to serve individuals & families experiencing homelessness. The project must be able to provide both TH & RRH components to all participants for up to 24 months as needed by participants.

Literal Homelessness/Literally Homeless (LH): Individuals and families who live in a place not meant for human habitation, including the streets, a vehicle, emergency shelter, transitional housing, or a hotel paid for by the government or a charitable organization.

Permanent Supportive Housing (PSH): A type of HUD-CoC housing voucher for the highest vulnerability households. Program eligibility is based on homeless chronicity and disabling conditions.

Point-In Time Count (PIT) – The PIT is a one-night count of sheltered and unsheltered homeless persons, reported by CoCs into the Homeless Data Exchange (HDX). CoCs can choose to conduct these counts each year, but they are only required to conduct them every other year during the last week in January. The CoC conducts a PIT annually.

Rapid Re-Housing (RRH) : A short-term type of HUD-CoC housing designed to help move households toward permanent housing from literal homelessness using time-limited financial assistance and targeted supportive services.

TAY-VI-SPDAT: The Transition Age Youth Vulnerability Index and Service Prioritization Decision Assistance tool, also referred to as the Next Step Tool, is developed and owned by OrgCode and Community Solutions. It is a tool that provides a recommendation on the type of housing intervention and support services needed for the young adult, ages 18-24, to resolve his/her homelessness.

Transitional Housing (TH) - TH is designed to provide housing and appropriate supportive services to those experiencing homelessness, to facilitate movement to self-sufficient, independent living in permanent housing within a time frame of no longer than 24 months. TH may be service intensive, primarily targeting special populations, including youth, families, survivors of domestic violence, and consumers with substance abuse addictions.

Trauma Informed Care - A person-centered approach to treatment and services that “realizes the widespread impact of trauma and understands potential paths for recovery, recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system, responds by fully integrating knowledge about trauma into policies, procedures and practices, and seeks to actively resist re-traumatization (SAMHSA website).”

U.S. Department of Housing and Urban Development (HUD): The United States Department of Housing and Urban Development. A cabinet department in the executive branch of the U.S. federal government.

The Violence Against Women Act (VAWA)-is a federal law that provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protects applicants and tenants receiving rental assistance. Notification of these rights is mandatory regardless of if participants have never been and never become of a victim of domestic violence, dating violence, sexual assault, or stalking. VAWA provides three basic benefits to such victims: (1) protection from discrimination; (2) protection from eviction; and (3) the right to terminate a lease and transfer to another unit with continued rental assistance, or to remain in a rental unit if the landlord is willing to “bifurcate” the lease.

VI-SPDAT: The Vulnerability Index and Service Prioritization Decision Assistance Tool is developed and owned by OrgCode and Community Solutions. It is a tool that provides a recommendation on the type of housing intervention and support services needed for the individual to resolve his/her homelessness.



Confidentiality Agreement for Participating Coordinated Entry Agencies

The Community Alliance for the Homeless has committed to end all types of homelessness, as well as implement a Coordinated Entry System (CES) that provides fair, quick, and efficient responses to newly identified episodes of homelessness. Toward that end, we have created a Coordinated Entry (CE) By Name List (the List) of both Veterans experiencing homelessness and Non-Veterans experiencing homelessness. HUD defines chronic homelessness as one consecutive year of homelessness or four episodes of homelessness in the last three years that total 12 months. HUD defines literal homelessness as coming directly from the street, emergency shelter, or place not meant for human habitation. *Additionally - youth specific homelessness (18-24) does include housing instability and staying with friends and family on couches.*

The purpose of these weekly CES prioritization housing placement council meetings is to identify, discuss, and match eligible clients to eligible housing program options. Outreach strategies, client engagement, homeless statuses, and disability statuses are all shared in these meetings. The List will help us identify and prioritize people for housing and services. The List contains the following information includes but is not limited to: name, date of birth, social security number, Veteran status, location, assessment information, income status, disability status, services received, services needed, outreach connectivity, and housing type needed.

The information entered on the List is obtained from multiple sources, including the HMIS database, participating providers that do not enter information into HMIS, local agencies administering assessments, mental health court, veterans court, drug court, medical professionals, faith-based organizations, shelters, and other community partners serving the homeless population.

The list will be stored in the HMIS database maintained by the Community Alliance for the Homeless. This list is shared with only those who have signed this confidentiality agreement.

The following is a list of possible CE participating providers in attendance of the weekly prioritization meetings. Providers are not limited to those listed, as additional agencies may decide to participate and join the group on an ongoing basis.

Providers: **Community Alliance for the Homeless, Alliance Healthcare Services, Inc., Catholic Charities of West TN, Case Management Inc., Salvation Army, OutMemphis, Room In the Inn, Memphis VA Medical Center, Hospitality Hub, Alpha Omega Veterans Services, Friends for All, Calvary Rescue Mission, Memphis Union Mission, Shelby County Mental Health Court, Hope House, PATH Program, Merge Memphis, HUD VASH, Door of Hope, Agape, Behavioral Health Initiative, Methodist Hospital, GPD transitional housing providers, City of Memphis, Shield Inc., Promise Development Corporation, Memphis-Shelby County Schools, MIFA, St. Johns Community Services and more.** By signing this form, you are agreeing not to disclose personal information about clients shared in these meetings.

Date: _____

Name (Printed): _____

Signature: _____

Agency: _____

COC Coordinated Entry System Transfer Request Form

To be completed by current housing provider, to be submitted to coordinatedentry@cafth.org

Name of Staff Requesting Transfer:	Date:
Head of Household Name:	
Current Housing Program:	Program Entry Date:
Please list the lease violations:	
Please describe what strategies program staff have already used:	
In what ways do program staff think a transfer will make a difference?:	
How does the participant think a transfer will affect the possibility of future lease violations?:	
What does the participant want in regard to their housing?:	
What stage of the eviction process is the landlord in?:	
Supervisor's Signature:	Date:

If granted, the transfer should be completed within 30 days.

For Coordinated Entry Manager use only:

Transfer was: <input type="checkbox"/> granted <input type="checkbox"/> denied
Participant will transfer to the following program:

Memphis/Shelby County Continuum of Care Verification of Disability for Permanent Supportive Housing

The Applicant is seeking placement into a HUD Continuum of Care-funded Permanent Supportive Housing Program. To be eligible, the Applicant must have documentation of a HUD-defined disability.

This verification must be completed by a professional licensed by the state to diagnose and treat the disability. Acceptable qualified sources include: physicians, state licensed psychologists/psychiatrists/clinical social workers.

Client Name:	Client DOB:
Client Release: <i>I hereby authorize the release of the information requested below to the Memphis/Shelby County Continuum of Care for the purpose of determining my eligibility for a Permanent Supportive Housing Program.</i>	
Client Signature:	Date:

Verification of Disability (VOD)

Check One or More:	Instructions: Please check parts A, B, and/or C, if they apply to the Client. Please do not attach any psychiatric evaluations or other medical records.
<input type="checkbox"/> A.	<p>The Client has a physical, mental, or emotional impairment which:</p> <ol style="list-style-type: none"> 1. is expected to be of long-continued and indefinite duration, 2. substantially impedes an individual's ability to live independently, and 3. is of a nature that could be improved by more suitable housing conditions; <p>Note: All three conditions above must be met.</p> <p>Additionally, please specify the nature of the Client's disability that meets all of the three conditions listed above (check all that apply):</p> <p><input type="checkbox"/> Substance use disorder</p> <p><input type="checkbox"/> Post-traumatic stress disorder</p> <p><input type="checkbox"/> Cognitive impairments resulting from brain injury</p> <p><input type="checkbox"/> Serious mental illness</p> <p><input type="checkbox"/> Chronic physical illness or disability</p> <p>Additional Information:</p>
<input type="checkbox"/> B.	The Client has a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000.
<input type="checkbox"/> C.	The Applicant has the disease of acquired immunodeficiency syndrome (AIDS) or conditions arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

Completed By:	
Printed Name of Licensed Professional:	
Practice/Agency Name:	
Professional Credentials:	Telephone:
Signature of Licensed Professional:	Date:

**Memphis/Shelby County Continuum of Care
Verification of Homelessness – Stay(s) at Shelter/Program/Facility (Third-Party)**

This Client is seeking placement into a HUD/Continuum of Care-funded housing program. To be eligible, this Client must have documentation of homelessness.

Client Name:	Client DOB:
Verification of Stay(s) at Shelter/Program/Facility	
Agency and Program Name:	
This program/facility is classified as one of the following:	
<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> <i>Mental Health Institution*</i> <input type="checkbox"/> <i>Transitional Housing*</i> <input type="checkbox"/> Safe Haven <input type="checkbox"/> <i>Substance Abuse Facility*</i> <input type="checkbox"/> <i>Correctional Facility*</i> <i>*only stays at emergency shelter or safe haven will count towards total length of time homeless for chronic homelessness</i>	
The above-named individual stayed at this program/facility during the following time period(s) within the last 3 years (start with the most recent period , if there is more than one occasion): (Attach additional pages if necessary.) <i>*If the applicant stayed at more than one facility/agency, a separate form must be completed by each.</i>	
Entry Date (MM/DD/YY):	Exit Date (MM/DD/YY):
/ /	/ / <i>or</i> <input type="checkbox"/> Currently staying at program/facility
/ /	/ /
/ /	/ /
/ /	/ /
/ /	/ /
/ /	/ /

Verified By: <i>I certify that the information documented above is true and accurate.</i>	
Agency Name:	Printed Name:
Title:	Telephone:
Signature:	Date:

**Memphis/Shelby County Continuum of Care
Verification of Homelessness – Unsheltered (Third-Party)**

The Client is seeking placement into a HUD/Continuum of Care-funded housing program. To be eligible, the Client must have documentation of homelessness.

Client Name:		Client DOB:	
Documentation of Unsheltered Homelessness			
<p>A Street Outreach or Service provider may complete this section. Service providers include but are not limited to: doctors/therapists/counselors/case managers, law enforcement officers, food pantry/soup kitchen workers. (Attach additional pages if necessary.)</p> <p>You can only verify homelessness at the time(s) which you encountered the applicant. For example, the applicant came to your office on 4/10/2021. At that time, he stated that he was currently living in an abandoned building and had been since 2/1/2021. <i>You can only verify that he was homeless on 4/10/2021, not the previous months.</i></p> <p>If you did NOT physically observe the unsheltered living situation of the applicant, you must also state why you believe to the best of your knowledge and based on your professional judgment that the applicant was homeless at the time of encounter.</p>			
Encounters at Client’s Unsheltered Location			
List of Date(s) Client Encountered at Client’s Unsheltered Location		Description of living situation (e.g. tent, car, park, abandoned building)	
Encounters at Service Site Location			
List of Date(s) Client Encountered at Service Site		Description of service site and why you believe applicant was homeless at time(s) of encounter(s)	
Verified By:			
<i>I certify that the information documented above is true and accurate based on my professional judgment.</i>			
Printed Name:		Agency Name:	
Title:		Telephone:	
Signature:		Date:	

**Memphis/Shelby County Continuum of Care
Verification of Homelessness – Self-Certification**

Client Name:		Client DOB:	
Self-Certification of Homelessness			
<p>This self-certification form can be used to document homeless history or breaks in homelessness. This form only needs to be completed for homelessness that cannot be documented by a third-party. Documentation showing due diligence of obtaining third-party verifications by staff and the outcomes or obstacles must be provided for occasions of homelessness and stays in institutions. Except in limited circumstances, no more than 3 months of homelessness should be documented with self-certification.</p>			
Start (MM/DD/YY)	End (MM/DD/YY)	Location Type	Location of Stay (Agency/Program name or general description)
/ /	/ /	<input type="checkbox"/> Unsheltered <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing	
/ /	/ /	<input type="checkbox"/> Unsheltered <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing	
/ /	/ /	<input type="checkbox"/> Unsheltered <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing	
Any other relevant information about homeless history <i>(attach additional sheets if necessary):</i>			
Client Certification: <i>I certify that the information documented above is true and accurate.</i>			
Client Signature:		Date:	
Staff Efforts to Obtain Third-Party Verification			
I made the following efforts to obtain third-party verification of client’s self-certified occasion(s) of homelessness <i>(attach additional sheets if necessary):</i>			
Staff Certification: <i>I certify that the information documented above is true and accurate.</i>			
Printed Name:		Agency Name:	
Title:		Telephone:	
Signature:		Date:	

Termination of Program Client

In the event that a client is being terminated from a CoC-funded supportive housing program, this form must be completed to document why a client is being terminated. This form serves to outline the reasons why a client is being terminated, what steps were taken to prevent the eviction, and documents the client's rehouse status. This form must be completed in full and be sent to the CE Lead Agency for documentation and further community discussion at the next By-Name List meeting.

Client Initials and HMIS ID/Unique Identifier: _____

Was this termination due to:

1. Violence towards staff or other program members? Yes No
2. Institutionalization, incarceration or hospitalization lasting 90 days or longer? Yes No
3. Abandonment for 30 days or longer or permanent move out of the service area? Yes No
4. Voluntary exit from the program? Yes No
5. Continual Lease Violations? Yes No

Please provide as much as possible regarding the selected termination reason for this client:

What efforts and/or interventions were made to prevent the above client from being terminated? Please provide as much detail as possible.

Would this client be eligible for another program within your agency? Yes No

Program Staff Completing This Form:

Name

Position

Program/Agency Director Signature

Rehouse Status: Priority Rehouse

For Internal Use:

Non-Priority Rehouse

Not Eligible for Rehouse



Version: 6/2023

Coordinated Entry System Grievance Form

You have the right to file a grievance about the Coordinated Entry (CE) System. The information on this form will be used to address your concerns and will be kept confidential. If you need assistance completing this form, please contact a case manager. Completing this form will not negatively affect your status within the Coordinated Entry System. Please bear in mind that the Coordinated Entry Process cannot guarantee placement into permanent housing, as demand for housing is far greater than the current supply in our community.

Name of person completing this form (grievant): _____

Date: _____ **Cell #:** _____

Email: _____ **HMIS ID (if applicable):** _____

Secondary Phone # (if applicable): _____

Preferred Method of Contact: Phone Email

Alternative Contact Information: _____

Case Manager and/or Interpreter Information: _____

Can we leave confidential information with the alternate contact? Yes No

What is this grievance in regard to?

- Access to Coordinated Entry System (i.e. no assessment provided)
- Assessment (i.e. scoring)
- Prioritization (i.e. disagreement with housing designation)
- Housing referral (i.e. lack of follow through from housing provider)
- Other (please be specific)

Note: if you have a grievance about a particular agency or shelter, please go through their grievance process.

