THE NORTHERN NEVADA CONTINUUM OF CARE

Coordinated Entry Policies and Procedures

Updated February 2024

Version 1: Adopted 2016

Version 2: Adopted October 2022

Version 3: Adopted February 2023

Version 4: Adopted December 2023

Version 5: Adopted February 2024

Northern Nevada Continuum of Care Coordinated Entry Policies and Procedures

Background

As part of the effort to combat homelessness, the Northern Nevada Continuum of Care (CoC) has adopted HUD's policy of Coordinated Entry. Coordinated Entry aims to provide housing to those individuals most in need through a cohesive process involving multiple community partners. Agencies with HUD funded rapid rehousing and permanent supportive housing have been tasked to utilize Coordinated Entry within their programs to ensure homeless individuals and families in Northern Nevada have fair and equal access to housing.

Coordinated Entry is a community wide process meaning no agency has control, and no one agency is left to face the problem alone. Change in communities comes when agencies partner together to face challenges head on. The goal of Coordinated Entry for the Northern Nevada CoC is not only to identify those individuals who most need housing, but to bring agency resources together to help the community in an efficient manner. A successful Coordinated Entry process will meet the needs of those who need it most and identify areas where the needs of those most vulnerable in the community are not being met.

To implement Coordinated Entry the Northern Nevada CoC will be utilizing a standardized assessment called the Community Housing Assessment Tool (CHAT). Multiple agencies will be assessing clients using the CHAT creating multiple entry points for access to housing. The CHAT assessment utilizes the federal Homeless Management Information System (HMIS), a database widely used in the Northern Nevada CoC, and through the HMIS system it creates a prioritized Community Housing List. The Community Housing List (Community Queue) will then be used as the community waiting list for housing – creating fair and equal access.

***** The following is summarized from HUD's policy brief *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*.**

Qualities of Effective Coordinated Entry

A. **Prioritization**: An effective coordinated entry process ensures that people with the greatest needs receive priority for any type of housing and homeless assistance available.
B. **Low Barrier**: The coordinated entry process does not screen people out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record.
C. **Housing First**: The coordinated entry process is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements.
D. **Person-Centered**: The coordinated entry process incorporates participant choice, which includes location and type of housing, level of care, and any other option available to the participant.
E. **Fair and Equal Access**: All people in the CoC's geographic area have fair and equal access to the coordinated entry process, regardless of where or how they present for

services. Fair and equal access means that people can easily access the coordinated entry process, whether in person, by phone, or some other method, and that the process for accessing help is well known.

F. **Standardized Access and Assessment**: All coordinated entry locations and methods offer the same assessment approach and referrals using uniform decision-making processes.

G. **Inclusive**: A coordinated entry process includes all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, and survivors of domestic violence. There is not a separate coordinated entry process for people with mental illness or addictions, although the systems addressing those disabilities may serve as referral sources into the process.

H. **Referral Protocols**: Programs that participate in the CoC's coordinated entry process accept all eligible referrals, the Washoe County CoC has outlined a referral rejection process to ensure clients with the highest need are prioritized.

I. **Ongoing Planning**: The CoC engages in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually.

J. **Safety Planning**: The coordinated entry process has protocols in place to ensure the safety of the individuals seeking assistance as well as safety protocols for staff assisting participants.

K. **HMIS**: The Washoe County CoC uses HMIS to collect and manage data associated with Coordinated Entry assessments and referrals. All CHAT assessments are to be entered in HMIS as they are completed to ensure accurate and live data.

Goals

For Coordinated Entry to be successful, it requires the participation of all Homeless and Social Service Providers. Therefore, each provider participating in CES will agree to the following principles:

- Homelessness in the Northern Nevada region will be rare, brief, and nonrecurring.
- Staff will use the Coordinated Entry standards for all aspects of Coordinated Entry to ensure that every person seeking services has the same experience.
- All processes and resources available to clients will be community-driven, low-barrier, trauma informed, visible, and standardized.
- Providers will participate in ongoing trainings and evaluations to constantly improve the Coordinated Entry system.

Definitions

Access Point: An avenue through which households in a housing crisis can access services. Every Service Provider or agency serves as an access point may begin the standardized assessment process with a client when they present for services. All services may be accessed by phone as well as in person.

Client: Any person eligible to receive services.

Community Housing Assessment Tool (CHAT): Is the standard housing needs assessment tool conducted by Coordinated Entry access points to determine a household's vulnerabilities, service needs, and most appropriate housing intervention. Completion of a CHAT assessment results in an acuity score.

Community Queue: The list of all people experiencing homelessness in the Continuum of Care's geographic region that are eligible to be included, ranked according to acuity score. The list ensures clients are properly prioritized for services across the NNCoC.

Chronically Homeless: An individual with a disabling condition who has either been continuously homeless for a year or more OR has been homeless for four episodes over a three-year time that equal a year. To be defined as chronically homeless, a person must be sleeping in a place not meant for human habitation or in Emergency Shelter at the time of the eligibility determination. Clients staying in Transitional Housing would not be considered Chronically Homeless under this definition.

Continuum of Care (CoC): The official body representing a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing. The CoC is open to everyone and has a membership elected Board.

Emergency Solutions Grants (ESG) Program: A HUD funded homeless assistance grant program that provides funding support to States, units of general purpose local governments, and territories for emergency shelter, homelessness prevention, rapid rehousing, street outreach, and HMIS services.

Homeless: Category 1: Literally Homeless - An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

2) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or

3) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an Emergency Shelter or place not meant for human habitation immediately before entering that institution.

Category 2: At Imminent Risk of Literal Homeless - An individual or family who will imminently lose their primary nighttime residence, provided that:

1) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

2) No subsequent residence has been identified; and 3) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.

Category 3: Homeless under other Federal statutes - Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

1) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

2) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;

3) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and 4) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.

Category 4: Fleeing/ Attempting to Flee Domestic Violence – Any individual or family who:

1) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

2) Has no other residence; and

3) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

Homeless Management Information System (HMIS): A computerized data collection tool specifically designed to capture client-level, system wide information over time on the characteristics and service needs of men, women, and children experiencing homelessness.

Household: Includes, but is not limited to, the following:

- A single person; or,
- A family of any composition.

U.S. Department of Housing and Urban Development (HUD): Primary driver of homeless strategy and policies in the United States. State level strategy and funding follows HUD's lead. HUD is the single largest funder of targeted homeless programs in the region.

Low-Barrier: The Northern Nevada CoC's Coordinated Entry strategy is client-centered. Clients will not be screened out based on perceived barriers such as:

- Little or no income
- Current or prior substance abuse
- A domestic violence history
- Rejecting Emergency Shelter referrals
- Disabilities
- A history of evictions
- Poor credit
- Prior lease violations
- Lack of or limited history of being a leaseholder
- A Criminal record
- Lack of proper identification

Mainstream Resources: A term used to describe a variety of federal, state, and local government assistance programs.

Service Provider: Any organization that provides services relevant to poverty or homelessness intervention.

Prioritization and Wait Times

Prioritizing People Who Are Most Vulnerable

One of the main purposes of coordinated entry is to ensure that people with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance. HUD's policy is that people experiencing chronic homelessness should be prioritized for permanent supportive housing. In some cases, PSH projects are required to serve people experiencing chronic homelessness and in other cases, HUD provides incentives for projects to do so. HUD is strongly encouraging communities to fully implement the prioritization process included in Notice CPD-16-11.

In addition to prioritizing people experiencing chronic homelessness, the coordinated entry process prioritizes people who are more likely to need some form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness, which is determined by CHAT score and case conferencing.

Factors the CoC uses to prioritize persons experiencing homelessness include but are not limited to:

- Persons with a CHAT score of 15 and above
- Significant challenges or functional impairments, including physical, mental, developmental, or behavioral health challenges, which require a significant level of support in order to maintain permanent housing
- High utilization of crisis or emergency services to meet basic needs
- Extent to which persons, especially youth and children, are unsheltered
- Vulnerability to illness or death
- Risk of continued homelessness
- Vulnerability to victimization, including physical assault, trafficking, or sex work

If a prioritized population is not eligible for services that a specific program provides, the next prioritized household will be considered for eligibility.

Addressing Wait Times Using Coordinated Entry

Demand for housing projects funded by the Northern Nevada CoC remains high, however inventory is not always able to meet the demand. The goal of Coordinated Entry is to prioritize those that are most vulnerable and ensure those who are most at risk of harm receive housing resources. It is the goal of the Northern Nevada CoC to house all who are homeless. Those working within the CoC must be realistic about the wait times individuals and families are facing, and work to find as many resources as possible to address the individual or family's housing needs. Simply placing a client on the Community Housing List is not sufficient when addressing housing needs. The Coordinated Entry system is meant to be one part of the solution. Referring agencies should continue to search for other housing options while a client is waiting on the Community Queue.

Also, it is the responsibility of the CoC to maintain a workable Community Queue. Having a far greater number of individuals waiting on the list than will ever be housed through the system is not a solution to homelessness. The Community Queue should be frequently maintained, and

every effort should be made by community providers throughout the CoC to keep the list with a number of clients it is feasible to house within 60 days.

CES Participation

Agency Participation Requirements

The Northern Nevada CoC has recognized the HUD guidelines for CoC funded programs to participate in Coordinated Entry. Any project that receives CoC or ESG funding must comply with the participation requirements as established by the corresponding CoC jurisdiction. The CoC is not responsible for enforcing CES participation of ESG projects. Agencies receiving CoC or ESG funding and those that serve as CES access points are asked to comply with the following guidelines to ensure a fair and low barrier Coordinated Entry process.

A. Adopt and follow Coordinated Entry System Policies and Procedures
B. Have all relevant staff participate in the following trainings at least once annually:
    i. Housing First
    ii. Low Barrier
    iii. Person-Centered, Trauma-Informed care
    iv. Domestic Violence Considerations
    v. HMIS data entry and usage
    vi. Confidentiality and privacy
    vii. Standardized assessment and decision-making
    viii. Cultural and linguistic competency training
    ix. Motivational Interviewing
C. Maintain low barriers to enrollment
D. Maintain fair and equal access
E. Be disability-friendly (e.g., wheelchair access, services for those with impaired vision or hearing)
F. Be accessible in multiple languages
G. Provide appropriate safety planning
H. CoC projects must publish written standards for client eligibility and enrollment determination
I. CoC projects and CES access points must ensure housing and services are marketed to all eligible persons in manner consistent with affirmative marketing strategies
J. CoC and ESG projects must communicate project vacancies (bed and/or unit) to the Matchmaker agency
K. Participate in performance and monitoring standards
L. Persons experiencing a housing crisis must access CoC services and housing using CoC defined access points
M. CoC projects must use CES as its sole referral source and enroll only those clients referred according to the CoC's designated referral strategy
N. CoC projects must participate in the CoC's Coordinated Entry planning and management activities as established by CoC leadership
O. If agencies serve as access and assessment points, they must follow the assessment protocols outlined in these policies
P. If agencies serve as assessment points, they are prohibited from screening clients out of assessment into CES due to perceived barriers
Q. Contribute data to HMIS (or comparable database, when appropriate) if mandated per federal, state, county, or other funder requirements
R. Ensure staff who interact with the Coordinated Entry System process receive regular training and supervision

S. Ensure individual rights are protected and families are informed of their rights and responsibilities
T. Participate in evaluation and accountability processes to ensure equitable access to the Coordinated Entry System

Emergency Shelter

Coordinated entry is not currently used to fill emergency shelter beds. A sufficient number of beds is available to meet the demand on a nightly basis. If it is determined that there are not enough emergency shelter beds available on a nightly basis, the CoC will develop a CES process for emergency shelter placements.

Monitoring and Evaluation

The CoC will conduct annual and as-needed monitoring and evaluation processes, as well as accountability systems incorporated into monitoring and evaluation, that ensure Best Practices are upheld in the assessment, matching, and referral processes and that all projects are in compliance with the Coordinated Entry Policies and Procedures. For a brief overview, please see the Northern Nevada Continuum of Care Coordinated Entry Monitoring and Evaluation Checklist in the appendices.

A critical coordinated entry management function is monitoring of system-level processes to ensure the CES is functioning as planned and system efficiency goals are achieved. A coordinated entry manager will also need to monitor the status of participating providers' compliance in using the CES process and outcome monitoring to gauge the extent to which system performance objectives are being achieved. This includes monitoring participant outcomes through system performance measures and other locally determined outcomes, as well as monitoring participating providers for their programs' fidelity to the coordinated entry policies and procedures.

All recipients of CoC federal funding and any applicable ESG federally funded programs such as Rapid Re-housing, shall openly participate in the performance and monitoring of the Coordinated Entry System. Such performance and monitoring activities shall include, but are not limited to providing the following program performance outcomes, measures, information, and eligibility standards:

- Project Name
- Grant Number
- Start Date
- Expiration Date
- Program Funding Amounts
- Program Funding Source
- Performance/Outcome Objectives
- Performance/Outcome methods of Measures
- Outcome Numerator
- Outcome Denominator
- Level of Type and Amount of Financial Assistance Numbers of Types of households to be served. Number of Types of participants to be served Singles, Families, Youth, Minors

- Length of time for service outcomes
- Program Eligibility and Entry Requirements

Safety of Staff

Staff conducting CHAT assessments are encouraged to be mindful of their personal safety. The clientele participating in CHAT assessments are among the most vulnerable of our local population. With that in mind, if clients are exhibiting any kind of verbal or physical aggression towards staff the assessment should be stopped immediately, and a supervisor within the agency should be notified. Staff are encouraged to refer to their agency's safety policies in case of an emergency.

Rights and Responsibilities

Agency staff is responsible for providing clients with the **Client Rights and Responsibilities form** (in the appendices) and are responsible for adhering to the rights and responsibilities listed in order to participate in the Coordinated Entry Process. Staff are required to have all participants in the Coordinated Entry process sign the **Rights and Responsibilities Form**, and explain the expectations outlined on the form. Staff are also encouraged to follow their agency's policy regarding harassment. Both staff and clients have the right to an environment free of harassment. Clients who in any way subject agency staff or other persons to harassment should not be assessed and are considered not to meet the requirements for the Coordinated Entry Process.

Nondiscrimination

The CoC projects participating in the Coordinated Entry System must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 CFR 5.105(a), including, but not limited to the following:

- 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; and
- 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 service establishments, and other public accommodations providing housing, from discriminating on the basis of disability

In addition, HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status.

Complying with these requirements includes:

- Making known that rental assistance and services are available to all on a non-discriminatory basis and ensuring that all households have equal access to information about and equal access to financial assistance and Service Providers.
- Having a plan established for assisting clients with limited English proficiency.
- Informing households how to file a housing discrimination complaint upon initial contact
    - Housing Discrimination Hotline: 1-800-669-9777
    - HUD San Francisco Regional Office: 1-800-347-3739
- Providing reasonable accommodation or services that may be necessary for a person with a disability to have an equal opportunity to housing and supportive services.
- Placing individuals without regard to actual or perceived sexual orientation, gender identity, or marital status.

All CoC projects in the Coordinated Entry System must ensure that all people in different populations and subpopulations throughout the geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence have fair and equal access to the coordinated entry process, regardless of their location or method by which they access the crisis response system. CoC projects must ensure participants are not "steered" toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.

Nondiscrimination Complaint and Appeal Process

Any client that believes they have been discriminated against and wishes to file a nondiscrimination complaint should do so using the process detailed in subsection B in the Oversight section of this policy and procedure manual.

Safety of Clients

Staff should also be aware that clients may be in threatening or unsafe situations. Staff should encourage clients to share with them if they are in immediate need of assistance and consult with their supervisor on how to proceed. The Community Queue does not have the capability to address immediate needs, and those immediate needs should be addressed by staff completing the assessment.

A. Provide appropriate safety planning. Coordinated Entry System participating providers shall provide necessary safety and security protections for persons fleeing or attempting to flee domestic violence, stalking, dating violence, or other domestic violence situations. Minimum safety planning must include a threshold assessment for presence of participant safety needs and referral to appropriate trauma-informed services if safety needs are identified.
B. Address immediate safety needs. The Crisis Needs Assessment is a part of the CHAT. It is a pre-screening tool designed to capture information regarding the client's immediate safety needs, including whether the client requires immediate medical attention, police assistance, or is currently experiencing domestic violence. Where a client has an immediate safety need, the client should be directed to the appropriate assistance prior to continuing the pre-screening tool or receiving the full coordinated entry assessment. If

the individual or family appears to have obvious and immediate medical or victim-service safety needs, the surveyor should use their best judgment regarding how to proceed in a manner designed to ensure the individual or family's health and well-being.

All information shared by clients will be kept confidential as to not jeopardize their privacy and safety. See section DV HMIS Profiles for confidentiality policies and protections for households fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking.

Documentation

As a community we will strive to keep the requirements for documentation as low barrier for clients as possible. In some cases, clients participating in the CHAT may be required to provide documentation to meet the requirements of specific housing programs. Documentation needs will be shared with the client after a referral from the community queue has been completed and the referring agency has made contact with the client.

Some examples of documentation that may be needed include the following:

A. State issued ID
B. Birth certificate
C. Documentation of a mental illness
D. Documentation of being chronically homeless
    - 3rd party documentation of homelessness for 12 months continuously or 4 or more episodes of homelessness in the past 3 years that when added together equals 12 months.
    - Documentation of a disability that is of long or an indefinite duration and substantially impedes the client's ability to live independently (i.e., SSDI award letter, VA disability award letter, verification from a professional that is licensed in the state to diagnose and treat the disability).

CHAT Training

Staff working with the Northern Nevada CoC who use the CHAT assessment need training prior to administering the assessment. CHAT trainings are to be offered at least quarterly by a designated facilitator within the CoC with experience administering the CHAT and who is familiar with the Coordinated Entry process. The Northern Nevada Continuum of Care Leadership Council (NNCLC) will designate the person(s) responsible for administering CHAT training. The CHAT trainer will be responsible for scheduling and administering the CHAT trainings. Given the sensitive nature of the information collected during the assessment, staff within community agencies are not to administer the CHAT assessment without first receiving training. During the CHAT training, staff will become familiar with the Coordinated Entry process and with how to the use HMIS to administer the assessment in real time. **Paper assessment are to be avoided whenever possible.** Staff will be trained on how to enter the assessment in HMIS and place an individual or family on the Community Queue. It is the responsibility of

community providers to request CHAT training for new staff. Training schedules will be communicated via email, and it is the responsibility of participating community providers to ensure staff are trained prior to administering assessments.

Access to Coordinated Entry

Access

As a community, the Northern Nevada CoC strives to provide access to the Coordinated Entry System to all individuals and families seeking homeless or homeless prevention services. In order to create multiple access points for clients to be assessed using the CHAT or Family CHAT, any agency with a trained assessor has access to the Coordinated Entry System. This creates multiple access points for clients and limits the number of barriers throughout the entirety of the Northern Nevada CoC's geographic region. The CoC does not have any dedicated access points for target populations. All persons seeking assistance through CES will be assisted at any of the CoC's access points. The Coordinated Entry System is available for clients to access at different times depending on where they first access the system. Most providers are open during business hours, Monday through Friday. However, some shelters are open 24/7 and clients can access the CES through those shelters outside of business hours, pending availability of a case worker. The Northern Nevada CoC will continue to add to the number of access points clients are able to utilize as the number of agencies with trained staff continues to grow.

All CoC projects in the Coordinated Entry System must include a strategy to ensure CoC resources and Coordinated Entry System options (referral options) are eligible to all individuals and families regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Special outreach to individuals and families who possess or identify with one or more of these attributes ensures the Coordinated Entry System is accessible to all persons.

The CoC takes steps to ensure effective communication with individuals with disabilities and individuals with limited English proficiency. Agencies who administer are responsible for providing auxiliary aids and translation services (i.e., sign language interpreter, braille, etc.) as needed to promote access to all persons seeking assistance.

All CoC and ESG projects participating in the Coordinated Entry System must document steps taken to ensure effective communication with persons with disabilities. Access points must be accessible to persons with disabilities, including physical locations for those who use wheelchairs.

All CoC projects participating in the Coordinated Entry System must document steps taken to ensure their services or access points are accessible in multiple languages that are relevant to the region.

Marketing

Outreach

The primary method for marketing the Coordinated Entry Process is through case management and outreach. Training on the Coordinated Entry System as well as the CHAT and Family CHAT assessments will be offered to agency staff at least every quarter. This will be done with the hopes that all participating agency staff are able to attend trainings. Outreach staff are encouraged to explain the Coordinated Entry Process to all clients who are in need of housing services. All clients who may qualify for the Coordinated Entry System will be encouraged to participate and complete a CHAT assessment.

In addition to multiple access points, any outreach worker who has been trained to administer the CHAT or Family CHAT assessment can administer the assessment to clients wherever the client may be located. Agencies with outreach staff are encouraged to have their workers trained to administer the CHAT and Family CHAT assessments to reach as many clients as possible who may not already be accessing homeless assistance services. The CoC provides standardized training for the CHAT assessment to ensure all persons assessed are provided the same experience and services regardless of how they access CES.

Marketing will also take place at various community meetings and events, such as the Regional Alliance to end Homelessness (RAH). Agency staff as well as key players in the Coordinated Entry System are encouraged to promote Coordinated Entry to clients as well as other staff and community providers. Updates on the Coordinated Entry Process are provided at the monthly CoC Leadership and General meetings.

Print Media

Flyers are distributed around the entire geographic location of CoC. Service Providers distribute these flyers and can describe the services to any person who may not be able to read the flyer.

Electronic Marketing
The CoC website features all of the print materials we offer as well as a map of services and links to relevant services. Policies and information on how to access coordinated entry can be accessed on the CoC website: https://www.washoecounty.gov/homelessness

All CoC projects participating in Coordinated Entry must develop and report on the strategies utilized to ensure that all housing and services are marketed to all eligible persons. The projects must affirmatively market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the absence of special outreach.

Diversion & Prevention

All people requesting shelter are screened for other safe and appropriate housing options (temporary or permanent) and resources to obtain/maintain their housing. People who have other safe and appropriate housing options or resources are diverted away from emergency shelters and instead are offered problem-solving assistance and immediate linkage to supportive services and/ or immediate linkage to homelessness prevention assistance, as needed, desired, and available.

Diversion

Diversion is 'light touch' strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. The goal of diversion is to prevent a household's entry into a shelter or becoming homeless on the streets by diverting them to other safe, appropriate housing options and resources provided by the household's social support network and/or community resources. The diversion process takes place during an individual or family's initial contact with a CE provider. An exploratory conversation should take place between the individual or family and a provider staff member to determine if their current housing issue could be solved using this approach. Whenever possible, assessors and case managers should look for ways to help prevent their clients from entering the homeless system. When assessing clients, agency staff are encouraged to utilize homeless prevention programs and other community resources to help clients receive resources they may qualify for to prevent homelessness. Assessors are asked to keep in mind the Coordinated Entry System is for those clients who need housing, but not all clients will meet the criteria for the CHAT or the Family CHAT assessments. Assessors should discuss diversion options with all clients during the assessment process.

Agency staff are encouraged to explore all possibilities for clients, and to use the tools at their disposal to best meet the needs of the client they are serving. Agency staff are encouraged to discuss cases with their supervisors and to look for creative solutions to help clients from entering the homeless system.

Agency staff should be mindful that the Coordinated Entry System is a tool and not the only solution for those clients and families in need of housing. Agencies should continue to work with clients to identify housing solutions even after the client has been referred to the Community Queue, as other opportunities for housing may arise as they wait for a housing match through Coordinated Entry.

Prevention

At this time CES is not used to prioritize households for prevention assistance.

Households that may avoid becoming homeless through the receipt of available housing supports will be referred by CES staff to short-term rental assistance, utility assistance, landlord conciliation or conflict resolution services, and other homelessness prevention services as appropriate.

If CES staff determine that a household would best be matched with a prevention program upon completing the CE assessment, they will refer the household to a prevention program. Please refer to the appropriate prevention agency for their specific eligibility criteria.

Crisis Situations

Clients may present to agency staff in a crisis or emergency situation. Clients in crisis or emergency situations should be referred to the appropriate agency to handle the crisis or emergency. Clients with children who do not have a safe place to stay should be discussed with the agency staff's supervisor and referred to the appropriate agency. Agency staff should look to

their agency policy when dealing with emergency situations. Agency staff should keep in mind that they are mandated reporters, and a child's safety should always be considered. Agency staff should keep in mind the first priority is helping their clients manage the crisis they are in currently. A CHAT or Family CHAT should be administered when the client is of sound mind, and not during an emergent situation. Safety of clients and agency staff is the first priority.

A crisis is a disruption or breakdown of a person's or family's normal or usual functioning that cannot be resolved by customary problem-solving resources or skills and thus needs additional support for. A crisis or emergency situation can include housing disruption, but may also include: domestic violence, abuse (including child abuse), mental or behavioral health emergencies, suicidality, physical injury, and many other situations.

Eligibility

Families and individuals experiencing homelessness in the Northern Nevada CoC region are eligible for Coordinated Entry. This includes those who meet one of the following criteria:

- Sleeping in a shelter or place not meant for human habitation (i.e., tent, car, etc.).
- Fleeing or attempting to flee domestic violence with no other residence and without the resources or support networks to obtain other permanent housing.
- Staying in or exiting an institution where they resided for up to 90 days and were in a shelter or place not meant for human habitation immediately prior to entering that institution.
- Staying in transitional housing and were in a shelter or place not meant for human habitation immediately prior to entering transitional housing.
- Unaccompanied youth or families with minor children who are "couch surfing" or doubled up with family or friends and lack housing permanence, a secure place to stay the next night or legal recourse if asked to leave (this population can be served by locally funded resources).

Individuals or families who meet any of the above eligibility requirements can complete an assessment and potentially access resources through Coordinated Entry. Once a client is referred, housing providers are responsible for verifying and documenting participant eligibility in accordance with funding source requirements.

If the client meets the definitions for *family* or *transition age youth* outlined under "Who Qualifies for the different assessments?" later in this document, the single adult CHAT should be used.

Eligibility Criteria by Project Type for Continuum of Care and ESG Funded Projects

The following eligibility criteria apply specifically to CoC and ESG-funded housing resources (Safe Havens are not included because they do not exist in our CoC).

Rapid Rehousing	Rapid Rehousing projects may serve an individual or family that is: • Staying in a shelter or a place not meant for human habitation, • Fleeing or attempting to flee domestic violence (HUD Category 4), or

	• In an institution (e.g. jail, hospital, rehab facility, etc.) where they resided for 90 days or less if in a shelter or place not meant for human habitation immediately prior

Permanent Supportive Housing	Permanent Supportive Housing projects that **are not** dedicated for use by the chronically homeless may serve an individual or family that meets both of the following criteria:
	• A family member must have a qualifying disability, and be:
	  • Staying in a shelter or place not meant for human habitation,
	  • Staying in Transitional Housing if in a shelter, place not meant for human habitation, or fleeing or attempting to flee domestic violence immediately prior, or
	  • In an institution (e.g. jail, hospital, rehab facility, etc.) where they resided for 90 days or less if in a shelter or place not meant for human habitation immediately prior
	Permanent Supportive Housing projects that **are** dedicated for use by chronically homeless individuals and families may serve:
	• An individual who:
	o Has a qualifying disability, and
	o Is staying in a shelter or place not meant for human habitation, and
	o Has been doing so continuously for 12+ months or has had 4+ episodes of homelessness in the last 3 years for a period that adds up to at least 12 months
	• Or an individual in an institution (e.g., jail, hospital, rehab facility, etc.) for 90 days or less who met all of the above criteria before entering the institution
	• Or an individual participating in a Rapid Rehousing project who met all of the above criteria before entering the project
	• Or a family with a Head of Household who meets all of the above criteria
	• Or a family with a Head of Household who meets all of the above criteria

Please note: Many locally funded resources use an expanded definition of homelessness that include households who are doubled up or otherwise unstably housed. HUD's homeless definition and recordkeeping requirements for documenting participant eligibility are available on the HUD Exchange at: https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf.

Assessment

All individuals and families who meet one or more of the eligibility requirements listed in the section above can complete a Coordinated Entry assessment. Assessment information supports the evaluation of participant vulnerability and prioritization for assistance.

Who should conduct the assessment(s)?

The assessment(s) should only be conducted by agency staff who have completed all required trainings, including but not limited to:

- Housing First
- Low Barrier
- Person-centered, trauma-informed care

- Diversity, equity, inclusion, and belonging (DEIB)
- Domestic violence considerations
- HMIS data entry and usage
- Confidentiality and privacy rights
- Standardized assessment and decision-making
- Cultural and linguistic competency training

Further, an assessor is ideally an individual with whom the client can feel safe and open with. Clients should ideally be asked if there is anyone in particular that they would like to have to go through the assessment process with them (e.g., a woman, someone with ___ experience, etc.).

Who Qualifies for the Different Assessments?

A. Individual CHAT

While the Northern Nevada CoC serves many individuals who are identified as low income, or under housed, at this time only those who are currently considered literally homeless are eligible to participate in the Community Housing List. To qualify for the Individual CHAT the participant must not be caring for children under age 18. Those who are caring for children under 18 qualify for the Family CHAT. Individuals in a couple will each need to take a separate CHAT assessment. While the Northern Nevada CoC strives to keep the Coordinated Entry process as free of barriers as possible, at this time the housing programs available in the CoC serve individuals who meet the criteria for literally homeless.

To qualify as literally homeless clients must meet one of the following criteria:

1. Sleeping in a place not meant for human habitation (on the street, by the river, in a car, etc.).
2. Staying in a publicly or privately operated shelter designated to provide temporary living arrangements (including emergency shelter, transitional housing, and motels paid for by charitable organizations, or by government funding.)
3. Exiting an institution where s(he) has resided for 90 days or less, and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
4. An individual who is fleeing **domestic violence** or attempting to flee domestic violence.
    a. For the purpose of Coordinated Entry the Northern Nevada CoC defines domestic violence for an individual as dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual that has either taken place within the individual's primary nighttime residence, or has made the individual afraid to return to their primary nighttime residence; and the individual has no other residence; and lacks the resources or support network to obtain other permanent housing.
5. An individual who is fleeing or attempting to flee **human trafficking**.

a. For the purpose of Coordinated Entry the Northern Nevada CoC defines Human Trafficking for an individual as exploitation of a person for the purpose of compelled labor or commercial sex acts, that has either taken place within the individuals primary night time residence, or made the individual afraid to return to their primary night time residence; and the individual has no other residence; or the individual lacks the resources or support network to obtain other permanent housing.

B. Family CHAT

To qualify for the Family CHAT family members must be caring for a child or children under 18 and have physical custody of the child or children AND/OR has a child who is **temporarily** away from the home because of placement in foster care (that child is considered a member of the family). **Individuals or couples who are pregnant (as verified by a doctor) qualify for the Family CHAT**. The family must be either literally homeless as described in Section IX 1, 2, and 3 or imminently at risk of homelessness. Only families will qualify for the Family CHAT when they are imminently at risk of homelessness given the risks families face when they are literally homeless. Community providers are encouraged to implement diversion tactics within their agencies to prevent a family from entering homelessness. The Family CHAT should be used as a tool. Those working with families in crisis are encouraged to employ many tactics when working with a family facing homelessness. To qualify as imminently at risk of homelessness clients must meet the following criteria:

1. A family facing eviction within 14 days, with no foreseeable solution.
2. The family does not have a support system in place to assist if they were to become homeless.
3. A family fleeing domestic violence or attempting to flee domestic violence.
    a. For the purpose of Coordinated Entry the Northern Nevada CoC defines domestic violence as: dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against an individual or family that has either taken place within the households current nighttime residence, or has made the individual afraid to return to their current nighttime residence; and the individual has no other residence; and lacks the resources or support network to obtain other permanent housing.
4. A family fleeing human trafficking or attempting to flee human trafficking.
    a. For the purpose of Coordinated Entry the Northern Nevada CoC defines Human Trafficking for an individual, family, or child(ren) as exploitation of a person for the purpose of compelled labor or commercial sex acts, that has either taken place within the individual, family, or child(ren)'s primary night time residence, or made the individual, family, or child(ren) afraid to return to their primary night time residence; and the individual, family, or child(ren) has no other residence; or

the individual, family, or child(ren) lacks the resources or support network to obtain other permanent housing.

*****Note the Individual and Family CHAT will both be referred to as CHAT throughout this document*****

C. Transition Age Youth (TAY)

For transition age youth, the CoC will use the single adult CHAT. There is not currently a TAY version of the CHAT.

Conducting the Assessment

In order to create multiple entry points community partners within the Northern Nevada CoC have come together and agreed to use the CHAT as the community wide assessment for the Community Queue. The assessments asks many questions of clients to determine their risk factors, and their level of vulnerability. The CHAT is a standardized assessment meaning all clients will be asked the same questions giving them equal access to housing. **Eligible clients can be assessed using the CHAT every 6 months. New assessments should not be completed sooner than 6 months unless a major change in circumstances has occurred.**

A. Housing Program Qualifying Questions

1. The CHAT will begin with questions to identify which housing programs the client may qualify for. These questions will not affect the score of the assessment.
2. The answers to the questions will allow the Assessor to see which housing programs the client appears to qualify for based on their answers, some questions have been added, while some are part of the assessment.

B. Chronically Homeless

1. Some housing programs require that clients meet the HUD definition of **Chronically Homeless**, while not all programs require that clients meet this definition, given that it is HUD's definition, and the expected leaning in future housing funding, it is included in this manual.
   The **Qualifying Questions** at the beginning of the assessment will try to identify if the client being assessed meets the HUD definition of **Chronically Homeless**.

A ''chronically homeless'' individual is defined to mean a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for 90 days or less and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the ''chronically homeless'' definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would

still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless."

Definition retrieved from https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf

C. Domestic Violence

For the purpose of Coordinated Entry, the Northern Nevada CoC defines domestic violence as: dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family that has either taken place within the household's current housing situation, has made the individual or family afraid to return to their current housing situation, including where the health or safety of children are jeopardized; and the individual or family has no other safe residence; and lacks the resources to obtain other safe permanent housing.

Some Victim Service Providers (VSP) in the community have a more specific definition of Domestic Violence that impacts their eligibility criteria.

For any client identifying as fleeing or a survivor of DV, the provider must uphold all privacy and confidentiality guidelines and follow any and all policies and procedures related to DV survivors outlined in this document.

For additional information on how to ensure DV survivors are protected when they access Coordinated Entry, please refer to the training resources on the CoC website (https://www.washoecounty.gov/homeless/CoC/coc_training_resources.php).

Assessment Procedures (CHAT)

Release of Information

A. If the client is already entered in HMIS and has a current Release of Information in the system

1. Verbal consent to participate in the assessment (CHAT) is sufficient.
2. No additional release of information is required at this time.

B. If the client is not entered in HMIS

1. The case manager will need to enter the client in HMIS.
2. The Bitfocus website provides information on entering new clients in the HMIS system https://nvcmis.bitfocus.com/.
3. All clients over the age of 18 that are entered into HMIS need to sign the Release of Information from Bitfocus the HMIS provider for the Northern Nevada CoC.
4. The release of Information can be found on the Bitfocus website https://nvcmis.bitfocus.com/ it can also be located through this link https://nvcmis.bitfocus.com/forms
5. **Clients who choose not to be entered in HMIS will not be able to complete the assessment and participate in the Community Queue**.
6. DV clients must be entered into HMIS using the procedures outlined in the "DV HMIS Profiles" appendix.

Conducting the Assessment (CHAT)

1. Client presents at agency requesting assistance with housing.

2. Client appears to meet eligibility criteria for the **Community Queue**.
3. The assessment (CHAT) is located in HMIS.
4. **Clients will need to be entered in HMIS prior to completing the assessment.**
5. Once logged in to HMIS, the assessment (CHAT) can be located in the assessment tab at the top of the client's profile screen.
6. Prior to beginning the assessment, the **Assessor** will read the **Community Script**.
7. The **Assessor** will then ask for verbal consent to complete the assessment.
8. If client agrees, the **Assessor** is to proceed with the assessment.
9. If client does not agree, the client is to be informed they will not be placed on the **Community Queue**.
10. **If client is unable to complete assessment due to intoxication, mental state, current behaviors, etc. The person conducting the assessment is to stop the assessment and discuss completing the assessment with the client at a different time.**
11. The client may need a case manager they have worked with or other support staff with them while completing the assessment.
12. The **Assessor** may schedule a later time to complete the assessment with the client if needed.
13. In the assessment tab **click start** on the **CHAT for Single Adults (V1) tab**.
14. This will open the assessment – begin asking the client questions as they are written, and enter the answers given.
15. It is crucial the **Assessor** remain impartial during the assessment, and the only enter the information given by the client.
16. Any previous knowledge the **Assessor** may have about the client is not to be entered in the assessment only the information stated by the client.
17. When asked to clarify answers, **Assessors** need to remain impartial, and are advised to look to the CHAT manual for guidelines.
18. When all questions have been asked and the answers entered in HMIS, the **Assessor** will save the assessment.
19. After saving the assessment you will be taken to the next screen in HMIS, which will have a score at the top.
    a. **If the score is below 15, the client will not be added to the Community Housing List.**
        i. At this point the client should be informed they do not qualify for the **Community Queue**, and the **Assessor** can address any concerns they have.
        ii. This would also be the time to make any appropriate community referrals.
    b. **If the score is 15 or above, the case manager needs to refer the client to the community queue.**
        i. To add the client to the community queue the case manager will hit the button **Refer Directly to the Community Queue** at the bottom of the screen
        ii. At this time the client should be informed they have been added to the **Community Queue.**
        iii. The client should be instructed to check in with the person who conducted the assessment monthly to remain on the list.
        iv. The client should also be given the Client Rights and Responsibilities form, this form outlines the client's responsibilities and rights during the Coordinated Entry Process as well as the Case Review process.

v. The **Assessor** should inform the client to visit the housing program agency they may qualify for in order to see if they need assistance gathering documentation needed for the housing program.
vi. The **Assessor** should note they have informed the client to visit the housing agency they may qualify for in the Notes section of the CHAT assessment.
vii. The **Assessor** should address any questions the client may have at this time.

Accountability in Assessment Processes

The following practices must be upheld during the assessment process:

A. The same assessment approach must be offered by all access points and must follow the policies and procedures in this document.
B. An assessor must answer the questions based solely on the information given by the client, not the assessors interpretation or assumptions about that information.
C. A client may have someone with them to help them answer questions if they cannot remember needed information or struggle to respond in any other way.
D. Agencies conducting CES assessments are prohibited from screening clients out of assessment into CES due to perceived barriers.
E. The assessment process cannot require disclosure of disabilities or diagnoses.
F. Clients have the right to refuse to provide an answer to any questions on the CHAT without retribution.
G. Agencies and staff are prohibited from using data from the assessment process to discriminate or prioritize households on a protected basis (e.g., race, gender identity).
H. Participants in the assessment process must be informed of their ability and right to file a nondiscrimination complaint. See the Nondiscrimination Complaint and Appeal Process in this policies and procedures manual for more information.

Case Conferencing

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

- Inform the prioritization and matching process
- Facilitate coordinated and integrated assistance across providers to quickly connect vulnerable households to housing and support services
- Clarify roles and responsibilities and reduce duplication
- Identify and track systemic barriers and strategize solutions

Agencies need to have HMIS access in order to participate in case conferencing. Case conferencing meetings are held monthly for families and bi-weekly for all other homeless populations. Participation in case conferences may be done in person, over the phone or with other participatory technology, or some combination thereof.

Matching and Referral

Prioritization

The Northern Nevada Continuum of Care has chosen to give extra prioritization to those experiencing *chronic homelessness*. A question about chronicity of homelessness is included in the assessment (CHAT) and this prioritization is done automatically. Assessors should not add points to the client's assessment score.

By-Name List

Clients are prioritized on a by-name list by assessment score, length of time on the queue, and case conferencing (if needed for a tiebreaker). Where there are no chronically homeless individuals and families within the CoC's geographic area the CoC will follow the order of priority described in section III.B. of Notice CPD-16-11 for PSH beds that are dedicated and/ or prioritized for the chronically homeless:

First Priority – Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

Second Priority – Homeless Individuals and Families with a Disability with Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

Third Priority – Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

Fourth Priority – Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also

includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

Documentation Standards when there are no Households Meeting the Chronically Homeless Definition in the CoC's Geographic Area

When dedicated and/ or prioritized PSH is used to serve non-chronically homeless households, the recipient of CoC Program-funded PSH should document how it was determined that there were no chronically homeless households identified for assistance within the CoC's geographic area at the point in which a vacancy became available. This documentation should include evidence of the outreach efforts that have been undertaken, by the CoC and the CoC Program, to locate eligible chronically homeless households within the defined geographic area, and where chronically homeless households have been identified but have not yet accepted assistance, the documentation should specify the number of persons that are chronically homeless that meet this condition and the attempts that have been made to engage the individual or family. Northern Nevada CoC uses a single prioritized housing list so the recipient of PSH may refer to the Community Housing List as evidence.

Referral Process

After a case manager conducts an assessment and refers a client to the queue, the matchmaker works on housing matches when there is a housing program vacancy. Once a match is made, the matchmaker makes a referral to the agency that has the housing vacancy. It is the responsibility of the agency receiving the referral to contact the client directly and work with the client's case worker if the agency struggles to reach the client. The agency receiving the referral must make a thorough effort in contacting the client, including checking other programs or agencies that the client has been active at to contact the client.

When an opening in a housing program becomes available it will be the responsibility of the housing program agency to notify the Matchmaker Agency. **The housing program agency is asked to notify the Matchmaker Agency via email within 2 business days of receiving notice the opening is becoming available.** Refer to the steps below for the Referral Process.

A. Housing program agency becomes aware of an opening in one of their housing programs participating in Coordinated Entry.
B. **Housing program agency notifies the Matchmaker Agency via email of the opening within 2 business days of receiving notice of the opening**.
C. The Matchmaker then refers to the Community Queue to identify the client with the highest assessment score that qualifies for the particular housing program.
    i. If there are multiple people who have the same score and qualify for the housing program with the opening, the Matchmaker will use the following criteria to prioritize clients in the order listed below.
        a. Number of days on the Community Queue - clients who have been waiting the longest will get priority.
        b. Current location – unsheltered clients will get priority over sheltered clients, regardless of the shelter location.
        c. If two clients were assessed on the same day, received the same score, and are in similar locations then the client with the longest

history of homelessness according to their CHAT will get the referral

D. After the client has been identified the Matchmaker Agency then has 2 days to link the client with the housing program agency.

i. The Matchmaker will refer the appropriate client from the Community Queue.
ii. An automated email will be sent to the agency contact notifying them that a referral has been made in HMIS.

E. Once the referral is received, the housing program agency will indicate the referral is accepted by moving the referral from "pending" to "pending-in process" in HMIS and initiate locating the client using the following steps.

i. Attempt to contact the client by phone via the client's contact information in HMIS- call multiple times if needed.
ii. Place a Public Alert in HMIS notifying participating agencies to have the client contact the housing program agency.
iii. Look in the notes section of the CHAT assessment to look for information on the client's location.
iv. Contact the case manager who assessed the client and see if they have contact information for the client.
v. Visit the client's last known location as identified in HMIS.

F. After contact has been made with the client

i. The housing program agency will inform the client of the opening and that they qualify.
ii. The receiving agency will meet with the client to ensure they do in fact qualify for the program, and follow the steps needed to approve the client for the housing program.
iii. The receiving agency will **Note** any action taken regarding the referral in HMIS.
iv. The housing program agency will enroll the client in the housing program in HMIS and enter a move in date when that information is available.

G. The receiving agency (housing program receiving the referral) must make at least four attempts to contact the client over the following timeframes:

a. PSH: 30 days before they can decline the referral. If the receiving agency is unable to contact the client after 30 days, they will place the client back on the Community Queue and identify the next client who qualifies using the criteria outlined above.
b. RRH/EHV: 2 weeks (14 days) before they can decline the referral. If the receiving agency is unable to contact the client after 14 days, they will place the client back on the Community Queue and identify the next client who qualifies using the criteria outlined above.
c. For both PSH and RRH/EHV programs, if a client referral is denied two consecutive times due to being unable to be contacted or located, they will be removed from the community queue but may be reassessed when located if they meet eligibility criteria.
d. Clients who re-engage with the Coordinated Entry System after being removed from the Community Queue for no contact can be added back to the queue by the provider they come into contact with. If the client has been assessed within the last 6 months, they can be added to the Community Queue from their last CHAT assessment. If their CHAT assessment is older than 6 months, they should be reassessed."

Referral Time Standards

Once a referral is made following the prioritization and process outlined above, the provider of record and housing program are expected to incorporate the specified time standards outlined below to complete the referral process:

> * NOTE: CES time standards for housing shall serve as guidelines during the referral, matching, and housing placement process. If a provider is not able to meet these housing placement benchmarks with their client, then any client without a record of active participation towards housing placement may be unassigned by CES administration and returned to community queue but only after a CES Administrator has made contact with the provider to discuss the status of the case.

Specified Time Standards Recommended as follows:

Referral Time Standards	Permanent Supportive Housing	Rapid Rehousing
Provider of record to connect with housing program	3 business days	3 business days
Housing program to connect with client and conduct initial intake and eligibility prescreening	14 days/ 2 full weeks	14 days/ 2 full weeks
Complete eligibility determination and record matched or unassigned with/from program	30 days / 1 month	14 days/ 2 full weeks
Complete and record housing placement	60 days / 2 months	60 days / 2 months

Exceptions to this timeline will be considered by the review board and fidelity to this timeline will be considered in evaluation and monitoring.

The housing provider will document any unsuccessful matches and provide both (1) the reason(s) why they were not housed; and (2) the date of unsuccessful match/“un-assignment” within HMIS so that the person can be reassigned to additional providers (further outlined below). If a client experiences three or more unsuccessful assignments, he or she should be referred to case conferencing for additional attention. The housing provider will also document when each match does lead to successful program entry and provide the date the family moves into housing within HMIS (housing move-in date). Upon successful placement, providers should ensure that the client is exited, as appropriate, from prior housing programs. **All of the above reasons must be documented in the referral notes section of HMIS**.

The housing provider commits to communicating in writing with the Matchmaker when more than 50% of matches do not lead to a successful program entry. This will help with the goal of facilitating more successful referrals in the future (further outlined below). **Referral rates and reasons for denied referrals will be assessed during the regular monitoring process**.

Veteran Referrals

Veterans seeking housing assistance can be assessed by any agency participating in the Coordinated Entry System. Veterans will be prioritized using the Coordinated Entry System of the Northern Nevada CoC. If a client qualifies for HUD VASH, they will be immediately referred to the VA and removed from the Queue. Clinical judgment on behalf of VA staff may prioritize some Veterans for HUD VASH placement who fall outside of the parameters. The CHAT will be used to rate acuity. VA staff are trained and will enter clients into Coordinated Entry when appropriate but will first attempt to assist the client with VA specific resources if available. Monthly veteran case conferencing occurs to communicate information about clients that may be appropriate for a VA referral.

Domestic Violence Referrals

If a DV client is referred to a housing program, the person and agency who created the de-identified profile in HMIS will be connected to the receiving agency to give them that client's contact information. It will be the responsibility of the receiving agency to make contact with the DV client, and they can reach out to the matchmaker for support if they are initially unsuccessful.

It is crucial that in all steps of this process appropriate measures are taken to protect the privacy and confidentiality of the DV client.

Housing Program Denials

With the various qualifications for CoC funding housing programs, there may be a case where a person from the Community Queue is referred to a program, but they do not in fact qualify for the designated housing program. The Northern Nevada CoC has agreed to allow housing partner agencies a maximum of 3 referral rejections within a 6-month period (does not include Denial due to loss of contact). Agencies will not be penalized for Denials due to Loss of Contact as long as protocol for a Loss of Contact Denial has been followed and at least 4 attempts of contact have been documented by the agency within 14 or 30 days of the referral being assigned, depending on the program type. The limit on rejections is to ensure the coordinated entry system and housing programs are low barrier and all persons have equal access to housing. The rate of rejections and reasons for rejections by each service provider will be assessed during monitoring.

The housing provider shall communicate in writing with the Matchmaker when more than 50% of matches do not lead to successful project entry. Housing providers funded by the CoC will be required to report back their denial rate for the quarter at each Quarterly Grantee Meeting with the goal of facilitating more successful referrals. Referral rates and reasons for denied referrals will be assessed during the regular monitoring process.

With rare exceptions, housing providers are expected to accept all referrals that meet the project's eligibility criteria. The housing provider must notify households and the Referring Entity as quickly as possible about all denials including the reason for the denial. Any household denied by a project will be referred back to the Community Queue. Each case conferencing team will review denials and work with the Referring Entity to match the household to a program that can meet their needs.

The following steps outline a Referral Rejection Process

A. The housing partner agency receives a referral for their housing program from the Matchmaker Agency, and the Case Manager with the agency receiving the referral meets with the referred client.
B. The housing partner agency determines that the client does not qualify for their housing program per their program guidelines.
C. The housing partner agency will verbally inform the client why they do not qualify for the program during the meeting. The housing partner agency must provide written documentation of the denial to the client and notify the Matchmaker within 3 business days.
D. The housing partner agency will **Deny** the referral in HMIS which will refer the client back to the Community Queue.
E. The housing partner agency will contact the Matchmaker Agency to say the client does not in fact qualify, and they need a new client referred to the program.
F. The client will then be placed back on the Community Queue.
G. The Matchmaker Agency identifies the next client on the list and follows the **Referral Process** guidelines above.

Participant Refusals

The CES referral process is a person-centered approach that allows clients to make decisions such as location and type of housing, level and type of services, and other project characteristics. Households have the right to refuse a program referral. Households who turn down an offer of housing can maintain their place on the prioritized list (where a list is in place) and be connected to another housing resource. If a client refuses a referral, the agency should deny the referral and follow the procedures above, noting in HMIS that the client refused the referral.

Responsibilities

Special Populations

People Fleeing Domestic Violence, Dating Violence, Sexual Assault, or Stalking

When a household experiencing homelessness is identified as needing domestic violence (DV) services, they are immediately referred to an Access Point designated for survivors of domestic violence. If the household does not wish to seek DV services, the household will have full access to the Coordinated Access processes in place for youth, families with minor children, and adults unaccompanied by minor children, in accordance with all protocols described in this document.

If the DV Access Point determines that the household seeking DV services is either not eligible for or cannot be accommodated with existing resources, the DV Access Point will refer the participant to an appropriate Access Point for youth, families with minor children, or adults unaccompanied by minor children. Non-DV Access Points must comply with all confidentiality and safety measures outlined in this document.

VAWA Emergency Transfer

The Violence Against Women Act (VAWA) provides certain protections for victims of domestic violence, dating violence, sexual assault, or stalking, as well as to those who are affiliated with a

victim. VAWA protections are not limited only to women but are available equally to all qualifying individuals regardless of sex, sexual orientation, or gender identity. VAWA protections explicitly state that a program participant cannot be discriminated against on the basis of being a survivor of violence when they are otherwise eligible for services. Participants may not be denied or terminated from housing services solely based on their protected class. CoC-funded service providers are among those responsible for implementing these protections.

One of VAWA's protections is the Emergency Transfer, which allows survivors to move to another safe and available unit if they face an imminent threat of harm by remaining in their current unit. All housing providers must implement an Emergency Transfer Plan. If a participant requests and is eligible for an Emergency Transfer, the housing provider should first attempt to move the participant to another unit within their program. If this is not possible, the participant will be prioritized for the next available and appropriate housing opening through Coordinated Entry.

Veterans

While the CoC does not have a separate Coordinated Entry Access Point and assessment process for veterans, it does have a robust, community-wide system in place to identify veterans experiencing homelessness, immediately connect them with support services, and quickly connect them to permanent housing.

Data Management and Privacy Protections

The Homeless Management Information System (HMIS) is a database used to record and track client information that is shared among providers of assistance to people experiencing and at risk of homelessness, in order to increase efficiencies and better meet client needs. Clark County is the HMIS Lead and BitFocus is the designated HMIS Administrator for the Northern Nevada CoC.

Coordinated Access prioritized lists along with assessment and referral information is managed in HMIS. For information on how de-identified DV profiles are created in HMIS, see appendices.

The HMIS Releases of Information (ROI) is available within HMIS. All providers must have an ROI signed by the participant before sharing personal information for Coordinated Entry in HMIS. Providers are responsible for updating participant information to support the Coordinated Entry process (e.g., updating contact and provider information needed to get in touch with a participant who reaches the top of a prioritized list).

The CoC prohibits the denial of services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation. In instances where a Prioritized List is used to connect people to housing resources and a participant refuses to sign an ROI, the provider should reach out to the CoC to ensure the person can be connected to the Coordinated Entry process through the utilization of a de-identified profile.

Matchmaker Agency Responsibilities

As part of the Coordinated Entry process the Northern Nevada CoC has identified Washoe County as the Matchmaker Agency. The duties of the Matchmaker Agency are outlined below. Essentially the Matchmaker Agency will be responsible for linking clients with the housing programs they qualify for when they are next on the Community Housing List.

A. The Matchmaker Agency will maintain the **Community Queue**, and ensure it is as up to date and as well maintained as possible.
B. The Matchmaker Agency will **Note** activity regarding client referrals in HMIS. The Matchmaker Agency will make referrals to housing partner agencies in HMIS when an opening in a housing program is identified.
C. The Matchmaker Agency will maintain an up-to-date **Eligibility Toolkit** with information on eligibility for all services in the community, especially projects that participate in Coordinated Entry.
D. The Matchmaker Agency and all relevant staff will follow the HMIS data protection procedures outlined in this document and are expected to attend CES case conferencing meetings.

Housing Partner Agency Responsibilities

The Housing Partner Agency must identify a primary contact for clients and other participating agencies, including the Matchmaker Agency, as the main point of contact for matters pertaining to Coordinated Entry. The primary contact should have sufficient knowledge of the housing programs within their agency, eligibility, approval processes, and documentation that clients will need for their agency's housing programs. The Housing Partner Agency primary contact is responsible for ensuring their agency's housing programs are complying with Coordinated Entry policies, and the clients referred to their agency are successfully housed.

A. The Housing Partner Agency primary contact will let the Matchmaker know via email of openings within their agency's housing programs within 2 business days of receiving notice of the opening.
B. The Housing Partner Agency primary contact will check on HMIS daily to see if the agency has received any **Pending** referrals.
C. The Housing Partner Agency will **Note** activity with referred clients in HMIS.
D. The Housing Partner Agency must make contact with the client when they receive a referral.
E. The Housing Partner Agency will ensure the clients referred meet qualifications for their agency's housing programs.
F. The Housing Partner Agency will ensure clients have the documentation needed for their agency's housing programs.
G. The Housing Partner Agency will keep up with the requirements for their housing programs and inform the Matchmaker of any changes in policy.
H. The Housing Partner Agency will provide contact information to the Matchmaker and ensure there is backup staff if the Housing Partner Agency is unavailable for any reason.
I. The Housing Partner Agency will assign a case manager from their program staff to the referred client within 3 business days of the referral.
    i. The Housing Partner Agency must notify the Matchmaker if they lose contact with the referred client. If contact is not made within 14 or 30 days of the referral depending on the program type, the referral will be **Denied ***due to loss of contact.** A Denial due to Loss of Contact will mean 14 or 30 days have passed where the client has not made contact with the Housing Partner

Agency or the housing agency where they were referred, depending on the program type. The case manager assigned or the Housing Partner Agency will make at least 4 attempts to contact the client over 14 or 30 days before a Loss of Contact Denial is authorized depending on the program type.

J. Housing Partner Agency's are responsible for participating in the Case Review process if requested by clients, and submitting requests on a client's behalf to the Coordinated Entry Review Board as necessary.
K. The Housing Partner Agency and all relevant staff will follow the HMIS data protection procedures outlined in this document and are expected to attend CES case conferencing meetings.

Assessor Responsibilities

Case managers and agency staff will be conducting CHAT assessments and provide all clients fair and equal access to the Community Queue. Assessors should have knowledge of housing programs in the Northern Nevada CoC and various community resources.

A. Assessors are to complete CHAT training.
B. Assessors will maintain their agency's standards and protocols.
C. Assessors are to complete CHAT assessments with fairness and openness, and accurately reflect client answers regardless of personal knowledge of the client.
D. Assessors need to provide the **contact information** to clients who are referred to the Community Queue to check in every 30 days.
E. Assessors will inform clients scoring 14.5 or below they do not qualify for the Community Housing List at this time and provide referrals to clients as needed.
F. Assessors are responsible for providing clients with a copy of the Client Rights and Responsibilities form.
G. The Matchmaker Agency and all relevant staff will follow the HMIS data protection procedures outlined in this document.

Client Responsibilities

Clients participating in Coordinated Entry have responsibilities to maintain their active status on the list. While the Northern Nevada CoC aims to have the Coordinated Entry Process as low barrier as possible, clients will need to comply with the protocols outlined below to qualify for the housing programs participating in Coordinated Entry:

A. Clients on the Community Queue will check in with their case manager at least monthly to maintain active status. Clients are able to check in by phone or in person.
    a. Case managers and agency staff working with clients are able to check in on behalf of their clients either in person or by phone.
B. Clients will gather documentation needed for the housing program they qualify for.
    a. Case managers and agency staff working with clients are encouraged to help clients gather any documentation that will be needed by the housing programs.
C. Clients will comply with agency protocol in order to qualify for various housing programs.
D. Clients are responsible for checking in with assigned agency staff once referred to the housing programs. Clients who fail to meet agency contact protocol are subject to program **Denial** due to **Loss of Contact**.
E. Clients are responsible for following the guidelines outlined on the Client Rights and Responsibilities form.
F. Clients are responsible for requesting a Case Review if they feel it is needed.

Oversight

Coordinated Entry Review Board Policies and Procedures

The purpose of the Coordinated Entry Review Board (CERB) is to ensure fairness within the Coordinated Entry system as well as oversight for the process. The CERB is responsible for hearing any appeals submitted on behalf of, or directly by, clients with regards to the Coordinated Entry system. The CERB is made up of at least 3 community leaders with housing system oversight experience who do not present a conflict of interest. The CERB has the capacity to seek the expertise of a mental health professional/clinician when it is deemed necessary by the CERB to make decisions on a case. The NNCLC will approve and select the CERB members. The CERB will meet at least monthly, or as needed based upon the number of review requests.

A. Should a client, housing program staff, or Coordinated Entry stakeholder find a discrepancy in a CHAT score, identifies extenuating circumstances, or believes outside consideration should be given to a client, he or she has the opportunity to request a review by the CERB. The procedure for a client's score to be reviewed is as follows:

1. Within agencies, staff with familiarity of the case are responsible for sending requests to the CERB for review. Agency staff are encouraged to discuss the case with other agency staff familiar with Coordinated Entry and to review current Coordinated Entry policy prior to submitting an appeal.
2. Documentation to show the need for the request should be included with the request to the CERB.
3. Requests are to be completed via email and should be sent directly to the CoC Coordinator, who will set up a CERB meeting and distribute information to all the CERB members.
4. The CERB will review cases at least monthly.
5. At least 50% plus 1 of the CERB members must be present to review a case.
6. After an initial review the CERB has the opportunity to request more information from the housing agency as the CERB sees necessary.
7. Changes in CHAT scoring will be determined by the CERB, and changes in score will only be made when sufficient documentation is shown to justify the change in score. ***For example, if a client states during their CHAT that they have not been hospitalized in the past 6 months. However, the case manager working with the client has documentation to show the client has been hospitalized within the 6 month time frame, this would then justify a change in the answer on the CHAT assessment which may then change the score dependent on the client's other answers within the section of the assessment.***
8. Written decisions will be issued to the party that submitted the appeal via email within 5 business days after the CERB meets. The CERB may decide to adjust the client's score based on the documentation provided, request a reassessment be completed or take any other action determined to be appropriate. The Matchmaker will also be included on the email to make any adjustments needed to the client's placement on the Community Queue.
9. All decisions issued by the CERB will be considered final unless additional documentation is discovered and provided to the CERB.

B. Should a client or agency staff believe a client has been unjustly served or discriminated against by the Coordinated Entry process a grievance may be filed with the CERB. The client or

agency staff has the opportunity to complete a Case Review form and submit it directly to the CERB for review. The process for a Case Review is as follows:

1. Clients are to be given a Rights and Responsibilities form at the time their CHAT is completed. The Rights and Responsibilities form outlines the Case Review process.
2. The client feels the Coordinated Entry process does not meet their needs (and with or without the help of a case manager) is able to provide documentation to show the process does not meet their needs.
3. The client completes the Case Review form (case managers may assist) and submits it to the CERB as outlined on the Case Review form (case managers may assist).
4. Case managers aware that their client is completing a Case Review form should inform their respective Housing Navigators. The Housing Navigators are to review any Case Review forms Case Managers are assisting with prior to CERB submission in order to address the client's grievances.
5. The CERB reviews the Case Review form and any provided documentation. The CERB may request to meet with the client (with or without a case manager present).
6. Requests are to be completed via email and should be sent directly to the CERB member designated on the Case Review form.
7. The CERB will review cases at least monthly.
8. The majority of currently appointed CERB members must be present to review a case.
9. After an initial review the CERB has the opportunity to request more information from the client or case manager as the CERB sees necessary to determine a change in CHAT score.
10. Changes in score will be determined by the CERB, and changes in score will only be made when sufficient documentation is shown to justify the change in score.
11. Written decisions will be issued to the Housing Navigator via email within 5 business days after the CERB meets. The CERB may decide to adjust the client's score based on the documentation provided or request a reassessment be completed. The Matchmaker will also be included on the email to make any adjustments needed to the client's placement on the Community Housing List.
12. All decisions issued by the CERB will be considered final unless additional documentation is discovered to justify a change in the client's score.

CoC Coordinator

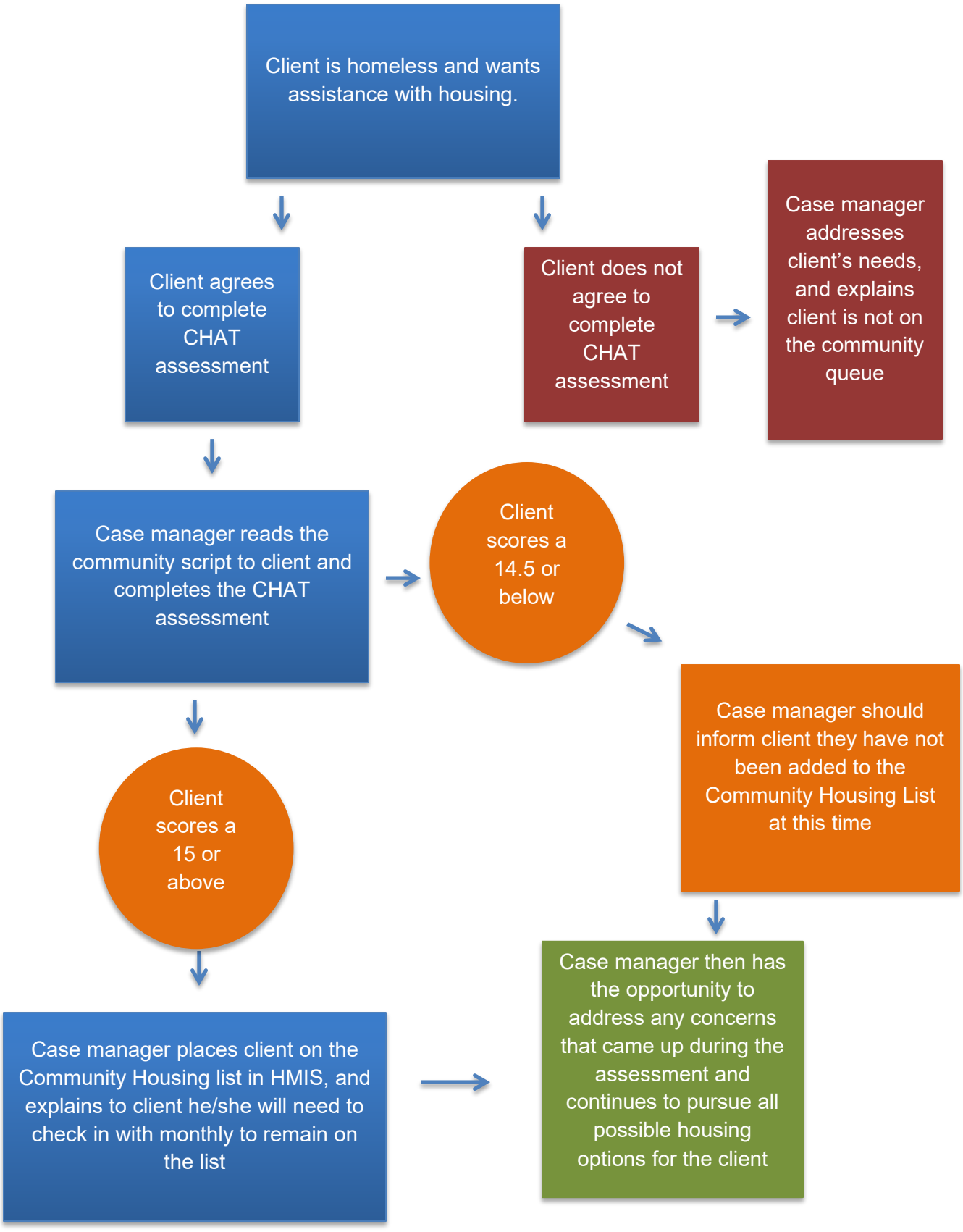
Given the need for ongoing management of the Coordinated Entry System the Northern Nevada CoC has decided to appoint, and partially fund a CoC Coordinator through the CoC. The CoC Coordinator will be responsible for ensuring the Northern Nevada CoC is in compliance with current HUD policies regarding Coordinated Entry. The CoC Coordinator will update the Coordinated Entry Policy Manual as new directives from HUD are announced, and as providers and advocates identify system improvements. The CoC Coordinator will organize community trainings for the CHAT at least quarterly. The CoC Coordinator, in conjunction with the matchmaker will be the primary staff responsible for marketing the Coordinated Entry System. The CoC Coordinator will be available to participating agencies to answer questions about the Coordinated Entry System and provide guidance for agencies to participate in the Coordinated Entry System. The CoC Coordinator will maintain and annually update a list of all resources that may be accessed through referrals from the coordinated entry process.

Data Management

The CoC Coordinator will be responsible for managing data related to the Coordinated Entry Process. All data will be captured using HMIS and will be reported using HMIS. The CoC

Coordinator will maintain contact with HMIS staff to ensure accurate data outcomes and will work with agency staff to ensure data is entered accurately and in a timely manner. Any issues regarding data management as well as data outcomes will be reported to the Northern Nevada Continuum of Care Leadership Council at regular meetings and as needed.

Coordinated Entry Flow Chart



Referral Process Flow Chart

Appendices

Community Script

My name is [interviewer name] and I work for [organization name]. I have a 15-minute survey that I would like to complete with you. The answers will help us determine how we can go about supporting and housing you. If you do not understand a question, let me know and I would be happy to clarify. Most questions only require a Yes or No answer. Several questions require a one-word answer. Some questions are personal in nature but know you can skip or refuse any question. Keep in mind that refusing to answer a question could affect the outcome of the survey. The information collected goes into the Homeless Management Information System. Please answer as honestly as possible, to the best of your recollection, because there are some questions that will require you to recall information. Please know that being honest will give me an over-all picture of how best to support you. The benefit of completing this survey is that it will allow us to identify all housing programs in the community that you qualify for.

POST ASSESSMENT –

> **If score 0-14.5 (without mentioning "score")** Based on your survey answers, you are not being placed on the Community Housing List. The good news is there may be other subsidized housing programs that you qualify for.
>
> **If score of 15+ (without mentioning "score") clients are to be referred to the Community Housing List (Queue) in HMIS and told the following:** Your name will be placed on the Community Housing List and when an opening is identified, we will contact you. The referral agency staff has 7 days to make contact with you. If the referral agency staff isn't able to contact you, your name may be placed back on the Community Housing List (Queue) depending on how many times they have been unable to contact you previously.

Clients who score 15+ need to be told the following.

- Please check in with your caseworker or the person who conducted this assessment. Today is the ____ day of the month. Each month, on the ___day you need to call or go in person to see your caseworker or the person who completed this assessment. If you leave a message, be sure to include your contact number.
- Because the list changes whenever someone new is surveyed or housed, it is not possible to identify where you are on the list or how long it will take for you to be housed.

Is there anything you answered in the survey that you would like to talk about further?

Client Rights and Responsibilities

Client Rights

1. Clients have the right to be treated with fairness and respect throughout the Coordinated Entry process.
2. Clients have the right to an unbiased CHAT assessment, and to have a case worker, family member, or friend present during the assessment.
3. Clients have the right not be discriminated against due to race, sexual orientation, gender identity, mental health status, religious belief, age, health status, or disability throughout the Coordinated Entry process.
4. Clients have the right to a Case Review should they feel the Coordinated Entry process was biased against them in any way.
5. Clients have the right to request assistance from a Case Manager at a participating agency at any point during the Coordinated Entry process.
6. Clients have the right to fair and equal access to the Coordinated Entry process.
7. Clients have the right to any reasonable accommodations they may need throughout the Coordinated Entry process.
8. Clients have the right to request an appeal at any time during the Coordinated Entry process, and the right to have the assistance of a case manager, to help with the appeal process, from the participating agency of their choice.

Client Responsibilities

1. Clients are responsible for working with their case manager in securing housing.
2. Clients are responsible for checking in with their case manager or the person who conducted the assessment, either in person or by phone at least monthly to remain active on the Community Housing Queue.
3. Clients are responsible for informing their case manager or the person who conducted the assessment, if they plan to leave the Northern Nevada region.
4. Clients are responsible for providing as accurate information as possible during the Coordinated Entry process.

Client Name _____

Client Signature _____ Date _____

Assessor Signature _____ Date _____

Participating Agency _____

Resources

1. **Housing First**
   - Housing First Fact Sheet
   - Housing First Assessment Tool
   - HUD & USICH: Core Principles of Housing First and Rapid Re-Housing Webinar
   - Housing First in Permanent Supportive Housing Brief
   - Equal Access Expectations: Training Scenarios for Use with Project Staff
   - Domestic Violence Housing First Program Final Report
2. **Low Barrier Practices**
   - NAEH Emergency Shelter Learning Series includes:
     - The Basics: Introduction to Low-Barrier Emergency Shelter
     - The Keys to Effective Low Barrier Emergency Shelters
     - 10 Steps to Evaluating Your Shelter Rules
     - Safely Serving Families and Survivors of Domestic Violence
     - Person centered, trauma-informed approaches
   - Trauma-Informed Care
   - Trauma-Informed Organizational Toolkit
   - NHRC Homelessness and Harm Reduction
   - NHCHC Hard Reduction Training
3. **Outreach**
   - USICH Core Elements of Effective Street Outreach to People Experiencing Homelessness
4. **Safety Planning**
   - See Topic 9 of the HUD Outline for a CoC CES Policies and Procedures
5. **Domestic Violence**
   - Coordinated Entry (CE) and Victim Service Providers FAQ. This FAQ responses to questions about the coordinated entry process and how it relates to victim service providers for CoCs.
   - Coordinated Entry Process FAQ: A Resource for Domestic Service Providers. This FAQ has been developed by the Domestic Violence and Housing Technical Assistance Consortium to respond to questions received from domestic violence service providers regarding CE.
   - NASH: Safety and Coordinated Entry with Domestic Violence Survivors. Presentation from the National Alliance for Safe Housing that reviews the federal requirements for coordinated entry related to serving survivors of domestic violence.
   - DVHTAC Presentation: Coordinated Entry, What DV and SA Programs Need to Know. Presentation that reviews: the federal requirements for CES related to serving survivors of domestic violence; the types of CE, including parallel DV CE; shares resources; and discusses how to ensure safety and confidentiality for survivors accessing CE.

CES Access Points

A coordinated entry assessment is available at many community agencies across the community, but availability varies based on business hours. Coordinated assessments are available at the Nevada Cares Campus:

Nevada Cares Campus

Location: 1800 Threlkel St., Reno, NV, 89512

Contact Phone Number: 775-329-4141

A full list of all current Coordinated Entry Assessment sites can be accessed here: https://www.washoecounty.gov/homeless/CoC/coordinated_entry.php

Monitoring and Evaluation Checklist

Agency Participation Requirements Checklist

Agency Participation requirements	Yes/No/Partially / NA	Notes
1. Agency follows CES Policies and Procedures.		
2. Agency staff have participated in all of the following trainings at least once annually:		
Housing First		
Low Barrier		
Person-Centered, Trauma-Informed care		
Diversity, equity, inclusion, and belonging (DEIB)		
Domestic Violence Considerations		
HMIS data entry and usage		
Confidentiality and privacy		
Standardized assessment and decision-making.		
3. Agency policies are low barrier to enrollment.		
Agency practices are low barrier.		
4. Agency maintains fair and equal access and complies with the Fair Housing Act and Title VI of the Civil Rights Act		
5. Agency is disability-friendly (e.g., wheelchair access, services for those with impaired vision or hearing) and complies Section 504 of the Rehabilitation Act, Title II and Title III of the Americans with Disabilities Act		
6. Agency services are accessible in multiple languages.		
7. Agency has appropriate safety planning.		
8. Agency has published written standards for client eligibility and enrollment		

determination that are currently relevant.		
9. Agency actively markets housing and services to all eligible persons.		
10. Agency communicate project vacancies to the Matchmaker agency consistently following the time standards.		
11. Agency participates in performance and monitoring.		
12. Agency directs clients experiencing a housing crisis to access points for CoC services and housing using.		
13. Agency only enrolls those clients referred according to the CoC's designated referral strategy.		
14. Agency participates in the CoC's Coordinated Assessment planning and management activities as established by CoC leadership.		
15. If agency served as an access and assessment point, they follow the assessment protocols outlined in these policies.		
16. If agency serves as an assessment point, they do not screen clients out of assessment into CES due to perceived barriers.		
17. Agency contributes data to HMIS (or comparable database, when appropriate) if mandated per federal, state, county, or other funder requirements.		
18. Agency ensures staff who interact with the Coordinated Entry System process receive regular training and supervision.		

19. Agency ensures individual rights are protected and families are informed of their rights and responsibilities.		
20. Agency participates in evaluation and accountability processes to ensure equitable access to the Coordinated Entry System.		

Agency Evaluation of CES Processes

ACCESS

Policy	Yes / No / Partially / NA	Notes
Agency has a strategy to ensure CoC resources and Coordinated Entry System options (referral options) are eligible to all individuals and families (regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status).		
Agency ensures fair and equal access to the CES process (for all people in different populations and subpopulations throughout the geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence).		
Agency documents steps taken to ensure • Effective communication with persons with **disabilities**. • Accessibility in **multiple languages**.		
Agency develops and reports on strategies for marketing to all eligible persons.		

ASSESSMENT

Policy	Yes / No / Partially / NA	Notes
Only those agency staff who have completed all required trainings conduct assessments. Trainings include: • Housing First • Low Barrier • Person-centered, trauma-informed care • Diversity, equity, inclusion, and belonging (DEIB) • Domestic violence considerations • HMIS data entry and usage • Confidentiality and privacy rights • Standardized assessment and decision-making		
Agency offers the standardized assessment approach outlined in the CES policies and procedures.		
Agency does not screen out clients due to perceived barriers.		
Agency does not require disclosure of disabilities or diagnoses.		
Agency does not use data from the assessment process to discriminate or prioritize households on a protected basis (race, gender, identity, etc.).		
Agency informs all assessment participants of their ability and right to file a non-discrimination complaint.		
Assessors follow all Assessor Responsibilities outlined in the CES policies and procedures. • Assessors have completed CHAT training. • Assessors maintain their agency's standards and protocols. • Assessors complete CHAT assessments with fairness and openness, and accurately reflect client answers regardless of personal knowledge of the client. • Assessors provide the **Community Housing Check in Cards** to clients who score 15 or above on the CHAT. • Assessors inform clients scoring 14.5 or below they do not qualify for the Community Housing List at this time and provide referrals to clients as needed. • Assessors provide clients a copy of the Client Rights and Responsibilities form.		

• Assessor follows the HMIS data protection procedures outlined in the CES policies and procedures.		

REFERRAL

Policy	Yes / No / Partially / NA	Notes
Agency consistently follows the Time Standards outlined in the CES policies and procedures.		
Agency consistently accepts referrals from the CES.		
Agency thoroughly and consistently documents program denials or referral rejections according to the CES policies and procedures.		

DOMESTIC VIOLENCE

Policy	Yes / No / Partially / NA	Notes
If a DV Access Point determines that the household seeking DV services is either not eligible for or cannot be accommodated by the DV subsystem, **the DV Access Point will refer the participant to an appropriate Access Point** for youth, families with minor children, or adults unaccompanied by minor children.		

DATA AND PRIVACY

Policy	Yes / No / Partially / NA	Notes
Agency consistently has a ROI signed by the participant before sharing personal information for CES in HMIS or the HMIS Comparable Database.		
Agency consistently updates participant information to support the CES process (e.g., contact and provider information needed to get in touch with a client).		
Agency does not deny services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a		

participant's personally identifiable information (PII) as a condition of program participation.		
If a client declines to sign an ROI, the Agency must reach out to the CoC to ensure the person can be connected to the Coordinated Entry process.		

CERB

Policy	**Yes / No / Partially / NA**	**Notes**
Agency fully cooperates with the Coordinated Entry Review Board.		

DV HMIS Profiles

Northern Nevada Continuum of Care
Interim Policy on De-Identified Profiles in HMIS and De-Identified Client Key

November 2021

Overview

Any client who enters and is assessed by the Coordinated Entry System and is identified as a Domestic Violence survivor should be entered into HMIS and added to the De-Identified Client Key according to this interim policy.

For the purpose of Coordinated Entry, the Northern Nevada CoC defines domestic violence as: dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against an individual or family that has either taken place within the households current nighttime residence, or has made the individual afraid to return to their current nighttime residence; and the individual has no other residence; and lacks the resources or support network to obtain other permanent housing.

De-Identified HMIS Profiles

For Domestic Violence (DV) clients, it is crucial that any personally identifiable information (PII) is *not* entered into HMIS. Instead, a limited amount of information about the client will be entered into HMIS, and PII needed to identify the client in the case of a referral and is entered on the De-Identified Client Key (see below).

- ***Refusal to have information entered into HMIS***. All households, regardless of their DV status, have the right to refuse to share their information among providers within the CoC. However, some information may be required by the project, or by public or private funders to determine eligibility for housing or services, or to assess needed services, so it must be collected. In cases where a client does NOT consent to having their information shared, the information must still be collected by the service providers to determine whether the individual or family is eligible, but it must not be shared via the HMIS if the program participant objects. For instance, if a provider needs to verify the presence of a disability in the process of determining eligibility for PSH, the information itself must be collected but not shared via HMIS.

What information is entered into HMIS by non-Victim Service Provider Agencies

The following are the only data points of true information entered into HMIS for DV clients:

Table 1.

Data Element	Universal Data Element	Response
HMIS unique identified		Auto-generated
CHAT		Conduct CHAT assessment and input responses into HMIS

What is the minimum number of bedrooms you need?		#
Phone Number		Phone number of the appropriate contact (e.g., Agency where the client was assessed and entered into HMIS and onto the De-Identified Client Key).
Unmet Need	This data elements assists with real-time gaps analysis and should be completed in the instance that the household cannot receive a referral to the housing intervention suggested on the CHAT. Reasons for unmet needs include not meeting eligibility requirements or the resource does not exist in the community.	Unmet Permanent Supportive Housing Unmet Rapid Re-Housing Unmet Transitional Housing

The following data elements will be modified when entered into HMIS, as follows:

Table 2.

Data Element	**How to Enter**
Social Security Number	All 0s and the Social Security Number Data Quality field will be set to Client Refused
Date of birth	01/01/[year of birth] and the Date of Birth Data Quality field will be set to Approximate or Partial DOB Reported;
First name	Anonymous
Last Name	HMIS unique identifier
Name Data Quality	Client Refused

Victim Service Providers

Victim Service Providers (VSP) are statutorily prohibited from entering PII information into HMIS. **The VSP can conduct the assessment in HMIS and enter the above de-identified information into HMIS *or* can follow the work-around below if a VSP does not have access to HMIS.** The VSP must follow this workaround for survivors that are served by the VSP [if they do not enter de-identified information into HMIS]:

1. Providers must review the NNV CoC ROI with the household, highlighting the household's rights, which include not having to share their information in HMIS, and that services cannot be withheld if they opt to not share their information;
2. Household is assessed by the local Victim Service Provider using a paper form (which must be kept in a locked, secured location or shredded after use).

3. Victim Service Provider will contact the agency designated for entering information into HMIS; there is an equal expectation of real-time data entry for these households. The Victim Service Provider should call their partner agency who enters information into HMIS upon completing the assessment. However, should there be time or capacity issues and the information is not entered immediately, the information must be entered within 24 business hours.
4. Victim Service Provider provides the specific data elements above (Table 1 and year of birth) for the Head of Household.
5. The agency entering information into HMIS must provide the Victim Service Provider with the HMIS Unique Identifier for the client. The Victim Service Provider will record the HMIS Unique Identifier to the local De-Identified Client Key.

De-Identified Client Key

The De-Identified Client Key (referred to as the "Key") is a separate list that tracks DV clients' personal information outside of HMIS to protect client safety. The information entered on the Key is as follows:

- HMIS unique identifier
- Name
- Phone number
- Individual adult vs. family (and what size)

Format and Handling of the De-Identified Client Key

Format:

- The Key must be in the format of a locked (password protected) Excel file.

Storage:

- The Key must be stored on a locked computer in a locked office at the agency.
    - Storage on a HIPAA compliant server is allowable, though not preferred.
- The Key must *not* be stored online in any format.

Passwords:

- The passwords used for the Key Excel file and the computer it is stored on must be complex passwords (8-character minimum length with an uppercase letter, lowercase letter, and one symbol) .
- The passwords for the Key Excel file and the computer must be changed semi-annually and any time there is staff turnover of staff accessing the list.

Access:

- The Key and its password must only be accessible to 1 primary staff person at the agency and 1 backup staff member that can access in the event that the primary staff person is unavailable when access is needed for a referral.

    - Should the primary staff person leave the agency, the password must be immediately changed, and another backup staff member shall be trained and given as-needed access.
    - This means that, if another staff member conducts the initial intake assessment, the client's information must be given to the primary staff member for entry onto the Key.
- All staff members with access to the Key (maximum of 2 per agency) must have received Confidentiality, Privacy, and DV Considerations training through the Coordinated Entry System lead or another approved form (e.g., a HUD training online).
- All staff members with access to the Key (maximum of 2 per agency) must sign the *Individual Staff Access to De-Identified Client Key Agreement*.
- The Agency housing the De-Identified Client Key must sign the *Agency De-Identified Client Key Agreement*.

Sharing Information and Referrals:

- Agencies and staff with access must not share the Key, the Key's password, or any information on the Key with any other staff, agency, or person except for the Coordinated Entry System (CES) Matchmaker during the referral process.
- When the individual's Unique Identifier is eligible for a CES Referral, the CES Matchmaker will contact the agency to determine whether the person is part of a family or is an individual and will also ask for other PII from the agency to make an appropriate referral. This is the only time that the information on the Key should be shared.

Deleting Information:

- In the case of a referral to RRH or PSH, after a move-in date has been decided and entered, the client should be deleted from the De-Identified Client Key.
- If a client self-resolves or is provided with another source of stable housing, the agency should check-in with the client about if they want to stay on the list for another option to arise. If they want to be removed from the list, they should be exited from HMIS and deleted from the Key.

_____

Agency Name

_____

Partner Agency Administrator Name

The Homeless Management Information System (HMIS) is a collaborative project of the agencies associated with the Northern Nevada Continuum of Care (CoC) and Coordinated Entry System (CES). HMIS enables homeless service providers to collect uniform client information over time. This system is essential to efforts to streamline client services and inform public policy.

As the guardians entrusted with this personal data, Northern Nevada HMIS users have a moral and a legal obligation to ensure that the data they collect is being collected, accessed and used appropriately. It is also the responsibility of each user to ensure that client data is only used to the ends to which it was collected, ends that have been made explicit to families and individuals in Northern Nevada to resolve their housing crises. Proper user training, adherence to the Northern Nevada CoC Policies and Procedures, and clear understanding of client confidentiality are vital to achieving these goals.

Any client who enters and is assessed by the Coordinated Entry System and is identified as a Domestic Violence survivor should be entered into HMIS and the De-Identified Client Key according to the *Northern Nevada Continuum of Care Interim Policy on De-Identified Profiles in HMIS and De-Identified Client Key* ("*Interim Policy*").

To ensure the protection of DV clients' safety and confidentiality, it is crucial that all agencies review the *Interim Policy*, ensure they understand its requirements, and comply with the policy.

Initial Only

_____ I have received training on how to use the HMIS. I understand how and what client information may be shared, and what confidentiality procedures I must follow regarding client information. I understand that DV PII cannot be entered into HMIS.

_____ I have read and will abide by all the Northern Nevada Policies and Procedures.

_____ I have read and will abide by the *Northern Nevada Continuum of Care Interim Policy on De-Identified Profiles in HMIS and De-Identified Client Key*.

_____ I understand the requirements and rules described in the *Interim Policy*, including those related to what information is entered, format, storage, passwords, access,

sharing information and referrals, and deleting information from the De-Identified Client Key.

_____ I understand that I may only view, obtain, disclose, or use the De-Identified Client Key information in the ways outlined in the *Interim Policy*.

_____ I agree to the *Interim Policy* requirement that only one staff member and one backup staff member will have access to the De-Identified Client Key at this agency.

_____ This agency will ensure that any staff member with access to the De-Identified Client Key receives training from the CES on Confidentiality, Privacy, and DV Considerations training through the CES lead or another approved form (e.g., a HUD training online).

_____ I understand that if I notice or suspect a security breach within the HMIS or De-Identified Client Key, I must immediately notify my Agency Administrator and the CES lead.

_____ I will not knowingly enter malicious or erroneous information into the HMIS or De-Identified Client Key.

_____ I understand that agencies and staff with access must not share the De-Identified Client Key, the Key's password, or any information on the Key with any other staff, agency, or person except for the Coordinated Entry System (CES) Matchmaker during the referral process.

_____ I understand that, when the individual's Unique Identifier is eligible for a CES Referral, the CES Matchmaker will contact the agency to determine whether the person is part of a family or an individual to make an appropriate referral, and will also ask for other PII from the agency to make the referral. This is the only time that the information on the De-Identified Client Key should be shared.

I agree to maintain strict confidentiality of information obtained through the Northern Nevada HMIS and the agency's De-Identified Client Key. This information will be used only for the legitimate client service and administration of the above-named agency. Any breach of confidentiality will result in immediate termination of participation in HMIS.

I understand and agree to comply with all the statements listed above.

_____ _____

Partner Agency Administrator Signature Date

_____

Agency Name

_____

Employee/Username

The Homeless Management Information System (HMIS) is a collaborative project of the agencies associated with the Northern Nevada Continuum of Care (CoC) and Coordinated Entry System (CES). HMIS enables homeless service providers to collect uniform client information over time. This system is essential to efforts to streamline client services and inform public policy.

As the guardians entrusted with this personal data, Northern Nevada HMIS users have a moral and a legal obligation to ensure that the data they collect is being collected, accessed and used appropriately. It is also the responsibility of each user to ensure that client data is only used to the ends to which it was collected, ends that have been made explicit to families and individuals in Northern Nevada to resolve their housing crises. Proper user training, adherence to the Northern Nevada CoC Policies and Procedures, and clear understanding of client confidentiality are vital to achieving these goals.

Any client who enters and is assessed by the Coordinated Entry System and is identified as a Domestic Violence survivor should be entered into HMIS and the De-Identified Client Key according to the *Northern Nevada Continuum of Care Interim Policy on De-Identified Profiles in HMIS and De-Identified Client Key* ("*Interim Policy*").

To ensure the protection of DV clients' safety and confidentiality, it is crucial that all agency staff who will have access to the De-Identified Client Key review the *Interim Policy*, ensure they understand its requirements, and comply with the policy.

Initial Only

_____ I have received training on how to use the HMIS. I understand how and what client information may be shared, and what confidentiality procedures I must follow regarding client information. I understand that DV PII cannot be entered into HMIS.

_____ I have read and will abide by all the Northern Nevada Policies and Procedures.

_____ I have read and will abide by the *Northern Nevada Continuum of Care Interim Policy on De-Identified Profiles in HMIS and De-Identified Client Key*.

_____ I understand the requirements and rules described in the *Interim Policy*, including those related to what information is entered, format, storage, passwords, access, sharing information and referrals, and deleting information from the De-Identified Client Key.

_____ I understand that I may only view, obtain, disclose, or use the De-Identified Client Key information in the ways outlined in the *Interim Policy*.

_____ I agree to the *Interim Policy* requirement that only one staff member and one backup staff member will have access to the De-Identified Client Key at this agency, and I acknowledge that I am one of those two staff members.

_____ I have received training from the CES on Confidentiality, Privacy, and DV Considerations training through the CES lead or another approved form (e.g., a HUD training online).

_____ I understand that if I notice or suspect a security breach within the HMIS or De-Identified Client Key, I must immediately notify my Agency Administrator and the CES lead.

_____ I will not knowingly enter malicious or erroneous information into the HMIS or De-Identified Client Key.

_____ I understand that agencies and staff with access must not share the De-Identified Client Key, the Key's password, or any information on the Key with any other staff, agency, or person except for the Coordinated Entry System (CES) Matchmaker during the referral process.

_____ I understand that, when the individual's Unique Identifier is eligible for a CES Referral, the CES Matchmaker will contact the agency to determine whether the person is part of a family or an individual to make an appropriate referral, and will also ask for other PII from the agency to make the referral. This is the only time that the information on the De-Identified Client Key should be shared.

I agree to maintain strict confidentiality of information obtained through the Northern Nevada HMIS and the agency's De-Identified Client Key. This information will be used only for the legitimate client service and administration of the above-named agency. Any breach of confidentiality will result in immediate termination of participation in HMIS

I understand and agree to comply with all the statements listed above.

Employee/User Signature	Date
Partner Agency Administrator Signature	Date