Coordinated Entry: Written Standards

Jackson County Continuum of Care

Approved January 15, 2018 by the CE/HMIS Workgroup

This document contains information regarding eligibility for receiving services, the use of local assessment tools, and details about the referral system as provided locally through HUD's Continuum of Care Program. This document combines the Coordinated Entry technical guidance with the Coordinated Entry written standards.

Revision History

Date	Author	Description
6/27/17	Seth Kaplan	Draft created
7/5/17	Seth Kaplan	Revised Flowchart
7/27/17	Interim Board	Revised Graphic for Coordinated Entry Process
1/8/18	Constance Wilkerson	Suggested edits to bring Written Standards into compliance with HUD requirements
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5/11/18	Constance Wilkerson	Addition of TAY-VI-SPDAT at direction of CE/HMIS Workgroup
7/24/18	Constance Wilkerson	Addition of Emergency Transfer Plan, written by the HMIS/CE Workgroup

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Relevant Acronyms

AOD: Alcohol and Other Drugs
CE: Coordinated Entry
CoC: Continuum of Care
CIL: Centralized Interest List
DV/SA: Domestic Violence/Sexual Assault
ESG: Emergency Solutions Grant
HH: Household
HMIS: Homeless Management Information System
HoH: Head of Household
HPP: Homeless Prevention Program
HUD: United States Department of Housing and Urban Development
PSH: Permanent Supportive Housing
ROI: Release of Information Form
RRH: Rapid Re-Housing Program
RVCOG: Rogue Valley Council of Governments
SORCC: Veterans Administration – Southern Oregon Rehabilitative Center and Clinics
SDS: Senior and Disability Services
SP: ServicePoint
TAY-VI-SPDAT: Transition Age Youth Vulnerability Index Service Prioritization and Decision Assistance Tool
TH: Transitional Housing
VI-FSPDAT: Vulnerability Index Family Service Prioritization and Decision Assistance Tool
VI-SPDAT: Vulnerability Index Service Prioritization and Decision Assistance Tool

About this Guide

The Written Standards in this guide apply to the following activities relating to homeless persons: screening and assessment, referrals made to recipient programs, referrals accepted or rejected by recipient programs, prioritization for assistance, and HMIS data entry associated with the Coordinated Entry (CE) System. The Written Standards guide the Jackson County CoC (Oregon 502) Coordinated Entry System and inform the CoC process, as approved by the Jackson County Continuum of Care Advisory Board, the governing board of the Continuum of Care (CoC). Unless otherwise stated, the terms "Program" or "Programs" mean the specific program(s) that serve homeless households as a part of the CE System.

As delineated in this guide, the Jackson County CoC Coordinated Entry process is in full compliance with the requirements established by HUD's Coordinated Entry Notice (Section I.B) and the CoC Program Interim Rule (24 CFR 578.3 and 24 CFR 578.7 (a)(8)).

Background

Coordinated Entry in Jackson County

Coordinated Entry (CE) is a county-wide process to match people experiencing homelessness to housing resources that are the best fit for their situation. Homeless households in our communities work with Street Outreach Workers and Access Point Assessors, located at various agencies, to complete a standard assessment that identifies the needs and best type of services for the household. Assessors then make a referral to the Centralized Interest List (CIL), which feeds into available housing slots designated for homeless households across all participating agencies. The referrals are received by the HMIS/CE Coordinator at ACCESS, where the households are prioritized by level of vulnerability and referred to housing programs as appropriate. The housing programs participating in CE no longer maintain their own waitlists and do not have to recruit households for their programs. They are able to serve the most vulnerable households in the county, and households no longer must advocate for themselves at multiple agencies to access housing programs.

Currently, the agencies that provide assessments include Community Works, Maslow Project, Rogue Valley Council of Governments (RVCOG), Veterans Administration – Southern Oregon Rehabilitative Center and Clinics (SORCC), Ashland Community Resource Center (ACRC) and ACCESS. Together these organizations provide assessments for all ages and for protected populations such as youth, people with disabilities, Veterans, and victims of domestic violence/sexual assault, date violence and stalking. Below are brief descriptions that summarize the scope of their mission and outline their programs and services, many of which function as diversion and homeless prevention support.

Community Works strengthens lives and the community through prevention, support services, and advocacy for victims of domestic violence, sexual assault, and at-risk youth and their families. This is accomplished through free and confidential wrap around supportive and longer term services for individuals who have been subjected to chronic and traumatic victimization due to homelessness, and domestic violence, sexual assault, stalking or dating violence. Community Works provides through 24/7 HelpLine (hot line), crisis intervention, safety planning, ongoing advocacy, case management, shelter,

and transitional living for individuals age 15 years and older. This is accomplished through outreach services stationed at nine different locations throughout Jackson County including law enforcement agencies, Department of Human Services, Children's Advocacy Center, and the Courthouse. The Dunn House Shelter is the domestic violence/sexual assault emergency shelter for this area. The homeless youth receive case management and transitional living services for up to two years. Many of the services that Community Works provides have been in the county for over 40 years.

Maslow Project is an outreach and advocacy organization serving homeless children, transition-aged youth and families by providing wraparound supports, referrals, basic needs, counseling and housing assistance, and case management. The three core program areas are school-based, street outreach team, and drop-in center.

Ashland Community Resource Center (ACRC) is a drop-in outreach and advocacy center which assists all ages of people experiencing homelessness with food, rental assistance, housing assistance, employment search, and case management, among other services. It also serves as a mail drop and message center and distributes toiletries and provides laundry and shower facilities.

ACCESS is the Community Action Agency of Jackson County, Oregon, and as such has been helping Jackson County residents break the cycle of poverty since 1976. This organization assists economically disadvantaged citizens of the community by providing multiple programs aimed at promoting self-sufficiency, fostering independence, providing critical education, assisting with basic human service needs and preserving or creating affordable housing. ACCESS' mission has three areas of strategic focus – to feed, warm and house low-income residents of Jackson County. Its programs and services include nutrition programs, energy assistance and education programs, supportive services to Veterans, emergency and long-term rental assistance and education, weatherization programs, senior and disabled outreach, medical equipment loans, first-time home buyers and mortgage payment assistance programs and Individual Development Accounts.

Rogue Valley Council of Governments (RVCOG) is a council of representatives from jurisdictions and special districts in Jackson and Josephine Counties. In addition to offering technical consulting to its members, RVCOG serves as an Area Agency on Aging and provides certain services to seniors 60 years and older, through the Older Americans Act. RVCOG contracts with the State of Oregon Department of Human Services which provides the Medicaid Long Term Care services, Oregon Health Plan, SNAP (food stamps) and other benefits to local seniors and adults with disabilities. RVCOG Senior and Disability Services (SDS) also provides information, assistance, problem solving and Options Counseling to callers who contact the Aging and Disability Resource Connection. Home at Last is one of several additional programs that RVCOG SDS offers to the community. In addition, RVCOG operates a permanent supportive housing project for chronically homeless people with disabilities. RVCOG is able to pay rent and utilities and provide case management for 14-15 individuals and households.

The Veterans Administration: Southern Oregon Rehabilitative Center and Clinics (SORCC), located in White City, Oregon, provides 600 residential rehabilitation beds and a Primary Care/Mental Health outpatient department. The SORCC provides outpatient care primarily to Veterans from Jackson, Josephine, Klamath and Lake Counties in Oregon. The outpatient service area includes more than 40,000 Veterans. The VA SORCC emphasizes rehabilitation as it provides safe residential rehabilitative care to resident inpatients and accessible primary and mental health care to the outpatients. Specialized cornerstone rehabilitation and therapeutic services include: a major Substance Abuse Treatment

Program (SATP), an innovative Mindfulness Action Group (MAG), an extensive Psychosocial Rehabilitation and Recovery Program (PRRC), a specially integrated Vocational Rehabilitation Program Mental Health Clinic offering individual and group therapies, OEF/OIF Veterans Program, Native American Veterans Program, and home-based primary care.

Overview of Coordinated Entry Process

COORDINATED ENTRY PROCESS
TRIAGE and REFER and/or ASSESS
Community Works (24/7 HelpLine): Triage and assess/refer
211: Refer to HelpLine
Maslow Street Outreach: Triage and assess/refer
Local Organizations: Triage and send to appropriate agency for assessment
AGENCY ASSESSMENT SPECIALITIES
Community Works: HMIS for all ages
Maslow Project: HMIS for youth
RVCOG: HMIS for people with disabilities
SORCC: HMIS for Veterans
ACCESS: HMIS for all ages
Ashland Community Resource Center (ACRC): HMIS for all ages
Community Works: Database for domestic violence/sexual assault
CENTRALIZED INTEREST LIST
HOUSING REFERRALS
Community Works
ACCESS
RVCOG
Additional Resources: homeless prevention, mental health/AOD, employment, etc.

HUD Requirement

In 2012, the U.S. Department of Housing and Urban Development (HUD) released policy guidance in the form of an interim rule regarding the requirements related to governance structures as well as the eligible services and activities provided through the Continuum of Care (CoC) Grant Program. The Continuum of Care program is authorized by subtitle C of title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11381-11389). The CoC program is designed to:

- Promote community-wide commitment to the goal of ending homelessness;
- Provide funding for efforts by nonprofit providers, States, and local governments to quickly

rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness;

- Promote access to and effective utilization of mainstream programs by homeless individuals and families; and
- Optimize self-sufficiency among individuals and families experiencing homelessness.

Each CoC must meet the following requirements:

- Communities must develop written standards for rapid re-housing, transitional housing, and permanent supportive housing that cover:
  - Eligibility
  - Prioritization
  - Method for determining appropriate amount of rent household should pay
- Common Assessment tools should be determined locally
- Ensure Domestic Violence/Sexual Violence survivors are connected to housing opportunities
- Must work with Emergency Solutions Grant (ESG) grantees

The Interim Rule also requires each CoC to implement a Centralized Intake or Coordinated Assessment System**,** which HUD defines as "a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool."

The term Coordinated Entry (CE) used by Jackson County CoC (OR-502) is synonymous with the Coordinated Assessment System as defined by HUD.

Scope of the Coordinated Entry Project

The Jackson County CoC Coordinated Entry process is designed to met the HUD requirement. It does this by:

- Enabling individuals and families to be assessed in a standard and consistent way and to connect with the housing and/or support services that best meet their needs;
- Ensuring clarity, transparency, consistency, and accountability for homeless households, referral sources and homeless service providers throughout the assessment and referral process;
- Facilitating exits from homelessness to stable housing in the most rapid manner possible given the available resources;
- Ensuring that individuals and families gain access to the type of intervention most appropriate to their immediate and long-term housing needs; and
- Ensuring that those who are the most vulnerable have priority access to housing resources.

Homeless Diversion and Prevention

The Access Points (see Access Points section) provide critical connections to community services such as nutrition assistance, utility and rent assistance, wrap around services for youth and families, case

management, and supportive services for subpopulations such as older adults, Veterans, unaccompanied youth, people with disabilities, and survivors of domestic violence/sexual assault. Screenings at each of these access points will link homeless persons or people at risk of becoming homeless with the appropriate services through referrals. A brief overview of the services offered at these access points is provided in the "Background" section.

Emergency Services and Shelter

Homeless households do not need to go through the Coordinated Entry process to access emergency shelters. If an individual in need of emergency shelter contacts an assessor, the assessor will refer them to the Community Works HelpLine, which operates 24/7, for information on shelter availability. 211info operators will be trained to direct these inquiries to the Community Works HelpLine, as well. During each annual Coordinated Entry training, emergency shelter staff will be notified that individuals may be referred to their shelter outside of their regular operating hours of intake and assessment and that they should encourage the individual to complete an assessment at one of the access points (described in "Access Points" section) during normal business hours.

- Community Works HelpLine number: 541-779-4357 or (855) 216-2111.
- 211info: dial 211 or text zipcode to 898211

Screening, Assessment and Referral

Street Outreach

The Coordinated Entry process is linked to street outreach efforts so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the Coordinated Entry process. Maslow Project partners with ACCESS through the ESG program to help deliver the Street Outreach Program. This invaluable program creates increased coordination between the adult outreach efforts, Point in Time counts, and improved coordination of services. Maslow Project's Street Outreach Program ensures that the most vulnerable youth are met "where they are" rather than relying on youth finding their way to services. Maslow's outreach team frequents places where youth congregate on a routine basis: public parks and greenways, campgrounds, bus stations, coffee shops, laundry mats, soup kitchens and other public locations; on-site in local public schools; at our centrally located day shelter; and through community HUB locations (food pantries, health centers, churches). The street outreach team provides emergency food, hygiene supplies, first aid kits, bus tokens, wifi, phone/internet access, resource plans and other necessities as gateway services designed to help build rapport and guide youth into wrap-around services. Additionally, the team provides safety planning geared toward identifying youth who may be trafficked or exploited and interventions to break that cycle whenever possible.

Other agencies provide walk-in services to youth and families, during which referrals are made, safety plans can be created and information on resources and services based on identified needs are shared. Homeless people who are willing to provide information are administered the VI-SPDAT or TAY-VI_SPDAT, depending upon age, and entered into HMIS.

The Jackson County Continuum of Care believes that conducting assessments on the streets will increase and more accurately reflect the population of chronically homeless people in Jackson County and enable the CoC to more accurately plan and assign resources to meet identified needs. Currently, the CoC is

developing plans to create a HUB which would provide additional street outreach.

Access Points

Assessments, screenings, and referrals take place at "Access Points" throughout Jackson County. These sites are designed to increase accessibility based on demographics and to eliminate any potential barriers to receiving services. In addition to the brick and mortar access points, assessments can be completed through the Community Works HelpLine at any hour.

All access points are accessible to people with disabilities and are located near public transportation routes. Only one of the access points is greater than ¼ mile from the nearest public bus stop.

An Access Point into the Coordinated Entry System is a site that does formal screening and assessments for people's entry into the housing programs that are provided funding by HUD's ESG and CoC grant programs, as well as any other programs voluntarily using the Coordinated Entry System. The screening and assessment procedures collect information to guide housing referrals based on program eligibility and services offered for Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing. Access Point staff are referred to as "assessors" throughout this document.

While an assessment can happen at one of several access points, assessors will provide immediate linkage to the appropriate access point for subpopulations. Depending on presenting need and household composition, homeless households will be directed to the following locations to access screening, assessment, and referral services:

- People experiencing chronic homelessness: Community Works, ACCESS, Ashland Community Resource Center
- Youth-Head of Household Under Age 21: Maslow Project or Community Works
- Families or Singles with a U.S. Military Veteran: VA Southern Oregon Rehabilitation Centers and Clinics (SORCC)
- All Other Families and Adults: ACCESS or Ashland Community Resource Center (ACRC)
- Fleeing Domestic Violence/Sexual Assault, Dating Violence or Stalking: Community Works offers safe and confidential access and shelter to these victims
- Other assessors may be provided at local emergency rooms, government services, and events, such as Jackson County Community Services Consortium's annual Project Community Connect.

Assessors will utilize the Vulnerability Index Service Prioritization and Decision Assistance Tool (VI-SPDAT VI-FSPDAT or TAY_VI_SPDAT forms) through ServicePoint HMIS to document screening and assessment interactions. If an agency is restricted by State or Federal statutes from participating in a shared Homeless Management Information System, such as providers serving survivors of Domestic Violence/Sexual Abuse, the CoC will make reasonable accommodation to provide a separate system with similar data entry and aggregate reporting functionality. Survivors of Domestic Violence/Sexual Assault and stalking victims will not complete the standard Release of information form. A parallel document will be used to insure confidentiality. Non-Domestic Violence/Sexual Assault providers will perform immediate linkage to the DV/SA provider to ensure services are provided.

The CE System will provide the following information about access points to homeless people and partnering agencies: contact information, address, hours of operation, and whether screening/assessment is available face-to-face, by phone, or both.

Marketing and Non-Discriminatory Access

To advertise its services, the CoC will distribute informational fliers at all access points, provide community outreach through the Jackson County CoC Advisory Board and its workgroups, and link with media outreach about such events as the Point-in-Time Count and the annual Project Community Connect. Access points will be encouraged to promote the work of the CoC through social media and website posts.

As discussed in the "Access Points" and "Consumer Rights" sections, the CoC provides non-discriminatory access to services by providing barrier-free entry to access points, information in large type formats, participant information in English and Spanish, and sign-language interpreters, when needed.

Screening

Before starting an assessment, assessors will explain the CE process to households and inform them that there is no guarantee that they will secure housing through the Centralized Interest List (CIL). Households must establish chronic homelessness status to be eligible for the CIL. It is important to explain to households that it is possible they may not qualify for a referral to the CIL.

The CoC uses the definition of chronically homeless adopted by HUD. HUD defines a chronically homeless person as either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years. This definition was adopted by HUD from a federal standard that was arrived upon through collection decision making by a team of federal agencies including HUD, the U.S. Department of Labor, the U.S. Department of Health and Human Services, the U.S. Department of Veterans Affairs, and the U.S. Interagency Council on Homelessness.

To further clarify this definition of chronically homeless, HUD describes "homeless" as "a person sleeping in a place not meant for human habitation (e.g. living on the streets) or living in a homeless emergency shelter," and "a disabling condition" as "a diagnosable substance abuse disorder, a serious mental illness, developmental disability or chronic physical illness or disability, including co-occurrence of two or more of these conditions." In addition, "a disabling condition limits an individual's ability to work or perform one or more activities of daily living."

For information regarding prioritization, see "Prioritizing HHs for Receiving Services" section. The "Program Eligibility" section outlines the eligibility for TH, RRH, and PSH programs.

Assessment

The purpose of the Assessment is to identify the most appropriate referral to locally available housing

programs based on a household's potential eligibility for specific housing programs, in addition to the requirement that an adult HH member meets the Chronic Homelessness definition.

Street Outreach or access point staff will complete the Vulnerability Index Service Prioritization and Decision Assistance Tool (VI-SPDAT) or the VI-FSPDAT for Families (households with children). The VI-SPDAT for Singles (households without children), the VI-FSPDAT for Families (households with children), and the TAY-VI-SPAT (households headed by transition age youth) can all be found in ServicePoint HMIS.

Assessors are encouraged to screen households for chronic homelessness and complete the VI-SPDAT, VI-FSPDAT or TAY-VI-SPDAT first as the length of homelessness and score generated will determine if the household is eligible for referral to the CIL.

Referral to the Centralized Interest List (CIL)

Once the assessment is complete, referrals to TH, RRH, and PSH will go to the Centralized Interest List via ServicePoint HMIS. The HMIS/CE Coordinator will review the referral and update the CIL as appropriate. Assessors are encouraged to review the CIL to confirm their referral made the list. Assessors may contact the HMIS/CE Coordinator with any questions or concerns regarding referrals added or not added to the CIL.

In order to keep the CIL accurate and current, assessors will regularly review the posted CIL in ServicePoint for potential errors or omissions, and notify the HMIS/CE Coordinator to correct any errors.

Reassessment

Each assessment using the VI-SPDAT or VI-FSPDAT is good for 6 months. Assessors are encouraged to view the CIL for households up for reassessment and either make an appointment to reassess or refer the household to another assessor. Households needing a reassessment will be removed from the CIL when the VI-(F) SPDAT ages 7 months. Households referred to housing programs and working with a provider do not need to be reassessed.

The reassessment will include the following:

- Update contact information
- Complete a new VI-SPDAT, VI-FSPDAT or TAY-VI-SPDAT and enter the prioritization score in ServicePoint.
- Make the appropriate referral for type of housing program. NOTE: some households may exhibit a rise in VI-SPDAT, VI-FSPDAT or TAY-VI-SPDAT score due to length of time homeless may need to move from an RRH referral to a PSH referral.

Program Eligibility

Limits on HH Income at Time of Program Entry

HUD's CoC Grant Program does not establish income limits for Transitional Housing (TH) or Permanent Supportive Housing (PSH) at the date of Program Entry or at the Required Annual Recertification.

Jackson County CoC (OR-502) does not restrict HH income at program entry unless otherwise required by the funding source (i.e. HUD CoC, HUD ESG, or Local HSC funds). If documentation illustrating HH financial need for assistance or lack of other resources is required for entry into or continued participation in program, such documentation will be kept in a HH's file for auditing purposes.

Individual programs may limit HH income at time of entry, though this must be clearly explained and contained in the written policies and procedures governing the services provided by their program. Additionally, any program's income policies must be consistent with HUD regulations regarding the specific program component.

Transitional Housing and Rapid Rehousing

TH and RRH programs (HUD) in Jackson County CoC (OR-502) may serve those eligible HHs who meet the HUD definitions of homeless. Additionally, they should meet all other HUD-required eligibility for TH and RRH.

Additional prioritization for service will be applied to HHs once they are placed on the CIL for TH and RRH. Further details regarding prioritization are found in the section titled, "Prioritizing HHs for Receiving Services."

Particular Rapid Rehousing Programs which use Oregon Housing and Community Services funds for tenant assistance require each tenant to pay at least $10 of his or her monthly rent.

Permanent Supportive Housing (PSH)

HUD PSH programs in Jackson County CoC (OR-502) may serve those eligible HHs who meet the HUD definitions of Category 1 as defined by HUD, as well as those that meet the Chronically Homeless definition. Additionally, they should meet all other HUD-required eligibility for the specific grant requirements per the project description (i.e. Developmental Disability; Serious Mental Illness; or Substance Abuse and another co-occurring condition).

Additional prioritization for service may be applied to HHs once they are placed on the CIL. Further details regarding prioritization are found in the "Prioritizing HHS for Receiving Services" section.

Referrals

Referrals to the Centralized Interest List

Assessors will generate referrals to RRH, TH, and PSH via ServicePoint HMIS using the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT). Upon review from HMIS/CE staff, referrals to TH, RRH, and PSH will go to the CIL via ServicePoint HMIS.

The CoC will continue to collaborate with all organizations using ServicePoint to ensure that all the beds, units, and services that are available at participating projects within Jackson County will be included in the Coordinated Entry referral process.

Referral Requests from the CIL to Transitional Housing, Rapid Re-Housing and Permanent Supportive Housing Providers

When a TH, RRH or PSH program is ready to receive a referral from the CIL, authorized program staff will request referrals from the CIL via email. The number of referrals shall not exceed the number of current or anticipated openings. The CIL will refer the number of HHs requested by the housing program within 5 business days of the request.

Accepting and Denying Referrals

Referral recipient programs will notify the CIL staff regarding acceptance or denial of a referral from the CIL no later than 5 business days from the date the referral was received. Households may be denied program access if they are determined to be ineligible for the specific program or if the program is unable to locate the household. Individuals cannot be denied referral due to too little or no income, substance abuse or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

If an individual rejects a RRH, TH or PSH referral, the next person on the CIL who meets the requirements for that particular housing type will be notified. The individual who rejected the referral will stay on the list for the next unit for which they are eligible when it becomes available.

HMIS and the Coordinated Entry System

ACCESS acts as the lead agency for HMIS/CE in Jackson County. ServicePoint is the Homeless Management Information System (HMIS) used in this CoC. ServicePoint contains these necessary tools for documentation and communication of CE System-related processes. The screening and assessment tools include:

- VI-SPDAT for Singles
- VI-FSPDAT for Families
- TAY-VI-SPDAT for Transition Age Youth
- Contact Information

To refer a household to the Centralized Interest List, the above forms will be completed and submitted in ServicePoint HMIS. The vulnerability index score will be used to prioritize households for housing.

Referral recipient staff and assessment staff will be adequately trained in the use of the HMIS tools relevant to their role in the system by the HMIS/CE Coordinator.

For particular HMIS policies and procedures, please see the *Homeless Management Information System Policies and Procedures* (July 2017 version) document. Copies of this can be obtained from the Continuum of Care Homeless Prevention Coordinator.

Data Access

Only trained HMIS Users should create, review, or discuss the data contained in a household's assessments related to their participation in the CE System. Assessors will follow all HMIS Policies and Procedures regarding confidentiality, the use of their ServicePoint License, and safeguarding of their User Name and password as established by the NW Social Services Connections Jackson County User

Agreement.

Data Security

From the first point of entry, the privacy of data collected from households will be maintained. The collection and disclosure of participant data among CoC providers affiliated with the Coordinated Entry process will always be managed in a manner that ensures privacy, provides participants choice about what and how to share their information, and does not result in repercussions when participants decide not to disclose or share data. All households will complete a Release of Information (ROI) form which states whether or not information can be shared and stored for the purposes of assessing and referring them through the CE process. Every household can freely abstain from disclosing and sharing information without fear of denial of services resulting from this refusal. Certain programs might require disclosure of particular pieces of information for the purposes of establishing or documenting program eligibility.

Additionally, the data security and privacy as described above will be used in maintaining the Centralized Interest List.

Prioritizing HHs for Receiving Services

The CoC maintains an inventory list, which is updated at least annually, of all housing and supportive services projects to which those on the CIL will be referred.

Currently, two by-name lists are included on the CIL:

Veterans By Name List

Oregon CoC 502 By Name List

Following HUD guidance, as well as staff and program feedback, the CE process prioritizes households for service as follows:

Any HH scoring 4 and above on the VI-SPDAT, VI-FSPDAT or TAY-VI-SPDAT will be placed onto the CIL.

Those scoring 4 to 7 will be accepted for TH, as it becomes available.

Those scoring 8 or greater will be accepted for PSH, as it becomes available.

The VI-SPDAT/VI-FSPDAT will be weighed +1 point for every 5 years of homelessness the HH has experienced in the current episode of homelessness.

Any HH scoring 3 or less will be referred to community agencies for supportive services.

The Prioritization Method will be analyzed annually to make necessary adjustments to provide a people-centered approach that ensures those who are most vulnerable are housed first.

Emergency Transfer Plan & Implementation during Situations of Imminent Harm

In the event that domestic violence or sexual assault occurs within a household in a HUD-funded housing program and is either self-disclosed by the survivor or verified by a social service agency, the CoC or other participating agency will make a direct referral to Community Works and its Dunn House Shelter, the sole shelter in Jackson County for adults and youth fleeing domestic violence, dating violence, sexual assault, stalking and human trafficking. The Dunn House Shelter is in an undisclosed location to provide security. This is to ensure that adults and youth fleeing domestic violence, dating violence, sexual assault, stalking and human trafficking have safe and confidential access to the Coordinated Entry process and victim services, including access to the comparable process used by victim service providers, such as Community Works, and immediate access to emergency services such as the Community Works' HelpLine and Dunn House Shelter.

In the event that Community Works is unable to rehouse the survivor or the survivor does not want to be housed in the shelter, the client or victim services provider will notify the CoC Coordinator, and the survivor and non-offending family members will be moved to the top of the Centralized Interest List for whatever programs he/she/they may be eligible for, regardless of the survivor's VISPDAT or TAY-SPDAT score. Therefore, the individual or family will have priority over all other applicants for rental assistance, transitional living, and permanent supportive housing projects. The individual or family will not be required to meet any other eligible criteria for housing and will retain their original homeless or chronically homeless status for the purposes of the emergency transfer.

Consumer Rights, Responsibilities and Grievance Procedures

Access point assessors shall inform all clients of their rights and responsibilities regarding Coordinated Entry each time a client presents to complete an assessment. Clients will sign the Grievance Procedures form and assessors will then scan it into ServicePoint.

Consumer Rights

All people who participate in the CE process have the following rights:

- Nondiscrimination and equal opportunity provisions of Federal civil rights laws, including the: Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Title II of the Americans with Disabilities Act, and Title III of the Americans with Disabilities Act
    - Prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status under any program or activity receiving Federal financial assistance.
    - Section 1557 of the Affordable Care Act prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs and activities.
    - Jackson County extends protection to additional classes including language, ethnicity, socio-economic status, age, sexual orientation, gender identity, family status, marital status, veteran's status, or political beliefs.
- View, correct, or ask for a copy (fee may be associated) of the information in their ServicePoint Client record.

- Obtain a copy of the ServicePoint Privacy Notice and disclosures of how their personal information will be shared.
- Refuse to consent to share their data, participate in the Coordinated Entry process or any of the housing services such as Street Outreach, work with a housing program provider, or accept the housing offered to them unless Federal statue requires the collection, use, storage and reporting of a participant's personally identifiable information as a condition of program participation.

People with disabilities have the right to receive information using auxiliary aids and services to ensure effective communication. If requested, assessors will provide materials in large type format and/or obtain the services of a sign language interpreter.

Individuals with Limited English Proficiency may request the assistance of language interpreters. These interpreters will be obtained through the Community Works Helpline.

Printed materials will be available in English and Spanish.

Responsibilities of People Being Assessed

As participants of CE, people being assessed have the following responsibilities:

- Follow up with the Assessor to check if they have been placed on the CIL.
- Keep contact information current. They may call any access point agency to update contact information.
- To schedule an appointment with an Assessor for a reassessment after waiting for housing for 6 months. If they are not reassessed at the six month period, they will be removed from the CIL on a date indicated.
- Look into other housing opportunities while on the CIL, as wait times can be long and there is no guarantee that they will secure housing through CE.

Grievance Procedures

- Participants have the right to file a grievance if they feel their rights have been violated. If the grievance is concerning:
- A Coordinated Entry Assessor who has completed the VI-SPDAT and Assessment with the consumer, file a grievance with the access point agency.
- A Housing Program Provider, file a grievance with the housing program they were referred to.
- Denial of services or removal from the Centralized Interest List, contact CoC Coordinator, Constance Wilkerson, at 541-779-6691 or cwilkerson@accesshelps.org to file a grievance. The Program and Evaluation workgroup of the Jackson County CoC Advisory Board will oversee and respond to these grievances.

Trainings and Evaluation

Annual Trainings

Assessment and Referral Training: The Continuum of Care will provide training opportunities at least annually to organizations or to staff persons at organizations that serve as Access Points or assessors.

The CoC will update and distribute training protocols at least annually. These protocols will clearly describe the methods by which assessments are to be conducted with fidelity to the OR 502 CoC Written Standards and explain the requirements for prioritization and the criteria for referrals.

Safety Planning Training: Community Works will provide an annual safety planning training to all assessors in order to meet the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. This is to ensure that adults and youth fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to the Coordinated Entry process and victim services, including access to the comparable process used by victim service providers, such as Community Works, and immediate access to emergency services such as the Community Works' HelpLine and domestic violence/sexual assault/stalking shelter.

Cultural Competence Training: This annual training will contain both instruction on cultural competence and training to build cultural competence skills. Cultural competence involves understanding and appropriately responding to the unique combination of cultural variable, including age, ability, beliefs, ethnicity, experiences, gender identity, linguistic background national origin, religion, sexual orientation and socioeconomic status.

Annual Coordinated Entry Evaluation Process

The CoC Coordinator or designee will consult with each participating project and project participants at least annually to evaluate the intake, assessment, and referral processes associated with Coordinated Entry. Feedback on the quality and effectiveness of the Coordinated Entry experience will be obtained from participating projects and the households served through such methods as interviews, focus groups and questionnaires. Included in the evaluation will be system performance measures established by the System Performance Workgroup of the Jackson CoC Advisory Board. The confidentiality of all data collected in the course of the annual evaluation will be maintained. The CoC Advisory Board and its Program and Evaluation Workgroup will determine how to implement updates to existing policies and procedures.

APPENDIX 1: Types of Shelter and Housing Provided in the Jackson County Homeless CoC System

1. **Homelessness Prevention Program (HPP)**
   Homeless Prevention Services are housing relocation and stabilization services and short- and/or medium-term rental assistance alternatives prior to necessitating a move into an emergency shelter.

2. **Emergency Shelter (ES)**
   Emergency Shelter is often the first stop for individuals, youth and families entering the homeless service system. These shelters provide short-term shelter, generally up to 60 days. Area shelter providers indicate emergency shelter stay policies range from 1 - 60 days. Stays beyond 60 days may be extended for reasonable, housing-related cause.

   Emergency Shelter for Domestic Violence/Sexual Assault/Dating Violence/Stalking Victims

CommunityWorks is the sole organization in the area that provides emergency shelter and services to people who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking and who seek shelter from a victim-specific provider.

3. **Rapid Re-Housing (RRH)**
   Rapid Re-Housing Assistance is housing relocation and stabilization services and short- and/or medium-term rental assistance necessary to help an individual or family move as quickly as possible into permanent housing and achieve stability in that housing. Homeless persons may remain in Rapid Re-Housing for up to 24 months.

4. **Transitional Housing (TH)**
   Transitional housing facilitates the movement of homeless individuals and families to permanent housing. Homeless persons may live in transitional housing for up to 24 months and receive supportive services such as childcare, job training, and home furnishings that help them live more independently.

5. **Permanent Housing Supportive Housing (PSH)**
   Permanent Supportive housing is for those in the community who have long-term physical or mental health needs and require supportive housing, including but not limited to facility accommodations and mental health services.