

# Hawai'i Family Coordinated Entry System Policy and Procedures Manual

## **Family Coordinated Entry Overview**

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In 2016, Housing ASAP initiated a process to improve the delivery of housing and crisis response services and assistance to families who are homeless or at imminent risk of homelessness throughout Hawai'i by redesigning the community's process for access, assessment, and referrals within its homeless assistance system.

This process, the Hawai'i **Coordinated Entry System**, institutes consistent and uniform access, assessment, prioritization, and referral processes to determine the most appropriate response to each family's immediate housing needs. This new system of Coordinated Entry is not only mandated by HUD and many other funders, but is recognized nationally as a best practice which can improve efficiency within systems, provide clarity for families experiencing homelessness, and can help serve more people more quickly and efficiently with assistance targeted to address their housing needs.

This Coordinated Entry System Policies and Procedures document is an operational manual, providing guidance and direction for the day to day operation, management, oversight, and evaluation of Hawai'i's coordinated entry approach. This manual will be updated and revised on an ongoing basis as the actual application and practical experience of Coordinated Entry System design principles are refined and improved.

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## Introduction and Purpose

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In July 2012, HUD published the new Continuum of Care (CoC) Program interim rule. The CoC Program interim rule requires that the CoC establish and consistently follow written standards for providing CoC assistance, in consultation with recipients of the ESG program.

At a minimum, these written standards must include:

- Policies and procedures for evaluating families' eligibility for assistance in the CoC Program
- Policies and procedures for determining and prioritizing which eligible families will receive assistance for permanent supportive housing assistance, transitional housing assistance, and rapid re-housing assistance

The goals of the written standards are to:

- Establish community-wide expectations on the operations of projects within the community
- Ensure that the system is transparent to users and operators
- Establish a minimum set of standards and expectations in terms of the quality expected of projects
- Make the local priorities transparent to recipients and sub-recipients of funds
- Create consistency and coordination between recipients' and sub-recipients' projects within the Honolulu CoC
- CoC Program standards must be in accordance with Violence Against Women Act (VAWA) regulations

The Family Coordinated Entry System is Hawai'i's approach to organizing and providing services and assistance to families experiencing a housing crisis throughout the Continuum of Care. Families who are seeking homeless or homelessness prevention assistance are directed to defined entry points, assessed in a uniform and consistent manner, prioritized for housing and services, and then linked to available interventions in accordance with the intentional service strategy defined by Hawai'i's CoC leadership. Each service participant's acuity level and housing needs are aligned with a set of service and program strategies that represent the appropriate intensity and scope of services needed to resolve the housing crisis.

## Guiding Principles

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In 2016, through a series of community planning 'boot camps,' Housing ASAP developed and agreed upon on a shared set of guiding principles:

- Decisions are made based on data and evidence whenever it is available
- We have a shared responsibility to end family homelessness

- While we advocate for the “right” resources and programs, we will try to ensure all existing funding and programs to work toward ending family homelessness rather than managing homelessness
- Depth of need guides services and interventions
- Preference is sheltered homeless than unsheltered
- Hawai'i Continuum of Care – Partners in Care and Bridging the Gap – take responsibility for planning and decision making and possesses autonomy to drive the direction and prioritization for families
- Establish a routine review and reset of priorities
- Have entire system be a housing-focused homeless system
- Only supporting initiatives that are aligned with a housing-focused approach and will resist/advocate against those that are not aligned
- Quality sustainable services not high quantity
- Help families become as sustainable and independent as possible

## **Fair Housing, Tenant Selection and Other Statutory and Regulatory Requirements**

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

All CoC projects in Hawai'i's 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 the location or method by which they access the crisis response system.

All CoC projects in Hawai'i's Coordinated Entry System must document steps taken to ensure effective communication with families with disabilities. Access points must be accessible to families with disabilities, including physical locations for families who use wheelchairs, as well as people in Hawai'i who are least likely to access homeless assistance.

## Coordinated Entry System Terms

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### Chronically Homeless (HUD Definition)

HUD defines a chronically homeless person as follows:

A family who:

1. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
  - a. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last three years, where the cumulative total of the four occasions is at least one year. Stays in institutions of 90 days or less will not constitute a break in homelessness, but rather such stays are included in the cumulative total; and
  - b. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
2. A family who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all the criteria in paragraph (1) of this definition, before entering that facility; or
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

### Disability (HUD Definition)

HUD defines a person with disabilities as a person who:

1. has a disability as defined in Section 223 of the Social Security Act (42 U.S.C.423), or
2. is determined by HUD regulations to have a physical, mental, or emotional impairment that:
  - a. is expected to be of long, continued, and indefinite duration;
  - b. substantially impedes his or her ability to live independently; and
  - c. is of such a nature that more suitable housing conditions could improve such ability, or
3. has a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 15002(8)), or
4. has the disease acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome (HIV).

For qualifying for low income housing under HUD public housing and Section 8 programs, the definition does not include a person whose disability is based solely on any drug or alcohol dependence.

### **Literally Homeless (HUD Homeless Definition Category 1)**

A family who lacks a fixed, regular, and adequate nighttime residence

- a. A 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, camping ground; or
- b. A 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 program for low-income families); or
- c. A family 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.

### **At imminent risk of homelessness (HUD Homeless Definition Category 2)**

A family who will imminently lose their housing (within 14 days) and become literally homeless

### **Homeless under other Federal statutes (HUD Homeless Definition Category 3)**

A family defined as "homeless" by other federal statute (e.g., Dept. of HHS, Dept. of Ed.)

### **Fleeing domestic abuse or violence (HUD Homeless Definition Category 4)**

A family fleeing or attempting to flee domestic violence, stalking, dating violence, or sexual assault.

### **At Risk of Homelessness**

1. Category 1: A family who:
  - a. has an annual income below 30% of median family income for the area; AND
  - b. does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; ANDMeets one of the following conditions:
  - i. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR
  - ii. Is living in the home of another because of economic hardship; OR
  - iii. Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR
  - iv. Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income families; OR
  - v. Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR
  - vi. Is exiting a publicly funded institution or system of care; OR
  - vii. otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.

2. Category 2: A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute
3. Category 3: An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

### **Homeless Management Information System (HMIS)**

A Homeless Management Information System is an electronic web-based data collection and reporting tool designed to record and store person-level information on the characteristics and service needs of homeless families throughout a Continuum of Care (CoC) jurisdiction. Usage of the HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for any person experiencing homelessness.

### **Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)**

The Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) developed and owned by OrgCode and Community Solutions is a triage tool that assists in informing an appropriate 'match' to a particular housing intervention to families based on their acuity in several core areas. Within those recommended housing interventions, the VI-SPDAT allows for prioritization based on presence of vulnerability across five components: (A) history of housing and homelessness (B) risks (C) socialization and daily functioning (D) wellness - including chronic health conditions, substance usage, mental illness and trauma and (E) the family unit. Version 2 of the VI-SPDAT for families, or F-VI-SPDAT released May 2015 and currently undergoing implementation. Hawai'i's Family Coordinated Entry System has agreed to use the F-VI-SPDAT as the universal assessment tool across the Continuum of Care for screening and matching families experiencing homelessness in Hawai'i. Staff administering any of the SPDAT tools should be trained by an authorized trainer.

## Family Coordinated Entry System Program Component Definitions – Appendix A

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Continuum of Care providers have a variety of options of housing interventions for families experiencing a housing crisis. These opportunities vary by agency, by island and across time. Appendix A outlines the definitions of each component type, the essential elements of each, and for whom each intervention is targeted.

### Staffing Roles and Participation Responsibilities

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#### Family Coordinated Entry System Continuum of Care Leadership

Leadership from Partners in Care (O'ahu) and Bridging the Gap (neighboring islands) will conduct oversight and monitoring of Coordinated Entry functions to ensure consistent application of Coordinated Entry System policies and procedures and high quality service delivery for families experiencing a housing crisis.

For the first three months of Coordinated Entry System implementation, beginning February 2017, CoC leadership shall meet monthly to monitor progress, hear appeals and implement changes and updates to Coordinated Entry System operations. The DHS Housing Programs Office (HPO) is identified by HUD as the "collaborative applicant" on behalf of the neighbor island counties for homeless funds, including the responsibility for posting meeting minutes online at <http://humanservices.Hawai'i.gov/bessd/home/hp/bridging-the-gap-meeting-minutes> Meeting minutes for Coordinated Entry implementation for O'ahu will be posted online by Partners in Care at [www.partnersincareoahu.org/](http://www.partnersincareoahu.org/)

After meeting monthly for the first three months of Coordinated Entry System implementation, (from February 2017 through April 2017), if CoC leadership determines that a shift to meeting quarterly is more appropriate, that may be begin as early as May 2017. Efficacy in monitoring progress, hearing appeals and implementing changes will be assessed on an ongoing basis.

#### Case Conferencing

For families experiencing homelessness, referral to prevention/diversion resources, street outreach, transitional housing, rapid re-housing and permanent supportive housing interventions, will be intentionally and primarily made in a de-centralized manner, following the prioritization categories outlined in these policies and procedures. To facilitate successful launch, for the initial matches made February 2017, assessors, outreach, housing guide specialists and housing providers trained on the assessment process may attend one case conferencing meeting to receive as comprehensive a referral as possible for each opening/vacancy. Additional need for regular case conferencing (in-person or remotely) will be evaluated on an ongoing basis.

Providers will receive referrals via email that designate the (1) housing resource (i.e. transitional housing or rapid re-housing) to which the family is matched, the (2) HMIS ID number for the family's head of household, the (3) date of the referral, and where available, (4) point of contact for family engagement. Providers may receive as many as three matches for every one opening/vacancy they have. This promotes choice on behalf of both the families referred and the project. Matches/assignments, and when necessary, unsuccessful matches/"unassignments" will be reflected within HMIS via assignments made on the HMIS record of the family being referred.

Subcommittees shall be defined and created as necessary.

### **Hawai'i Continuum of Care Providers Serving Families Experiencing Homelessness**

- 1. Adopt and follow Coordinated Entry System policies and procedures.**  
Coordinated Entry System participating providers shall maintain and adhere to these policies and procedures for Coordinated Entry System operations, and as established by the Family Coordinated Entry System Continuum of Care Leadership for access points, assessment procedures, family prioritization, and referral to available services and housing.
- 2. Maintain low barrier to enrollment.** Providers serving families experiencing homelessness shall limit barriers to enrollment in services and housing. No family may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to families with a specific set of attributes or characteristics. Providers maintaining restrictive enrollment practices must maintain documentation from project funders, providing justification for the enrollment policy.

CoC providers offering Prevention and/or Short-Term Rapid Re-housing assistance (i.e. 0 – 24 months of financial assistance) may choose to apply some income standards for their enrollment determinations.

- 3. Maintain Fair and Equal Access.** Coordinated Entry System participating providers shall ensure fair and equal access to Coordinated Entry System programs and services for all families regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, veteran status, or sexual orientation.

If a program participant's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the family or assist in locating alternative accommodation that is appropriate and responsive to the family's needs.

Family Coordinated Entry System participating providers shall offer universal program access to all subpopulations as appropriate, including chronically homeless families, veterans, youth, transgender families and families fleeing domestic violence.

Population-specific projects and those projects maintaining affinity focus (e.g. women only, native Hawai'ian only, veterans only, etc.) are permitted to maintain eligibility restrictions as currently defined and will continue to operate and receive prioritized referrals. Any new project wishing to institute exclusionary eligibility criteria will be considered on a case by case basis and receive authorization to operate as such on a limited basis from the Family Coordinated Entry System Continuum of Care Leadership and their funders.

4. **Provide appropriate safety planning.** Coordinated Entry System participating providers shall provide necessary safety and security protections for families fleeing or attempting to flee family 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.
5. **Create and share written eligibility standards.** Provide detailed written guidance for family eligibility and enrollment determinations. Eligibility criteria should be limited to that required by the funder and any requirements beyond those required by the funder will be reviewed and a plan to reduce or eliminate them will be discussed. Include funder specific requirements for eligibility and program-defined requirements such as family characteristics, attributes, behaviors or histories used to determine who is eligible to be enrolled in the program. These standards will be shared with the Family Coordinated Entry System Continuum of Care Leadership as well as funders.
6. **Communicate vacancies.** Homeless providers must communicate project vacancies, either bed, unit, or voucher, to the Family Coordinated Entry System Continuum of Care Leadership in a manner determined by and outlined in these policies and procedures.
7. **Limit enrollment to participants referred through the defined Coordinated Entry System access point(s).** Each bed, unit, or voucher that is required to serve someone who is homeless must receive their referrals through the prioritization criteria outlined below. Any agency filling homeless mandated units from alternative sources will be reviewed with funders for compliance. Coordinated Entry System access points will need to be informed of every opening and how and when they were filled.
8. **Participate in Coordinated Entry System planning.** CoC projects shall participate in Coordinated Entry System planning and management activities as defined and established by Family Coordinated Entry System Continuum of Care Leadership.

9. **Contribute data to HMIS if mandated per federal, state, county, or other funder requirements.** Each provider with homeless dedicated units will be required to participate in HMIS. Providers should work with the Hawai'i HMIS Lead Agency with funding sources to determine specific forms and assessments required for HUD compliance within HMIS.
10. **Ensure staff who interact with the Coordinated Entry System process receive regular training and supervision.** Each provider must notify Family Coordinated Entry System Continuum of Care Leadership to changes in staffing, in order to ensure employees have access to ongoing training and information related to the Family Coordinated Entry System.
11. **Ensure family rights are protected and families are informed of their rights and responsibilities.** Families shall have rights explained to them verbally and in writing when completing an initial intake. At a minimum family rights will include:
  - The right to be treated with dignity and respect;
  - The right to appeal Coordinated Entry System decisions;
  - The right to be treated with cultural sensitivity;
  - The right to have an advocate present during the appeals process;
  - The right to request a reasonable accommodation in accordance with the project's tenant/family selection process;
  - The right to accept housing/services offered or to reject housing/services;
  - The right to confidentiality and information about when confidential information will be disclosed, to whom, and for what purposes, as well as the right to deny disclosure.

# Family Coordinated Entry System Workflow and Policies

## I. Coordinated Entry Workflow Overview

Street outreach, shelter, transitional housing staff, as well as day center, rapid re-housing and permanent supportive housing staff will work to ensure as many of the families they engage will be assessed with VI-SPDAT, readily able to be located, motivated to pursue housing, in possession of the documentation required for potential housing options, and successfully engaged by Continuum of Care providers seeking to resolve their crisis of homelessness.

## II. Survey – Explaining What You’re Doing and Why

The Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) developed and owned by OrgCode and Community Solutions is a triage tool that assists in informing an appropriate ‘match’ to a housing intervention to families based on their acuity in several core areas. Within those recommended housing interventions, the VI-SPDAT allows for prioritization based on presence of vulnerability across four components: (a) history of housing and homelessness (b) risks (c) socialization and daily functioning (d) wellness - including chronic health conditions, substance usage, mental illness and trauma and (e) the family unit. Version 2 of the VI-SPDAT for families, or F-VI-SPDAT released May 2015 and currently undergoing implementation. Hawaii’s Family Coordinated Entry System has agreed to use the F-VI-SPDAT as the universal assessment tool across the Continuum of Care for screening and matching families experiencing homelessness in Hawaii. Staff administering any of the SPDAT tools should be trained by an authorized trainer.

Families engaged by providers representing the Coordinated Entry System should receive the same information regarding what that process involves. Assessors should communicate the survey process and its results clearly and consistently across the community. This ensures both that the benefits to participating in a survey are described clearly to encourage people to participate, but is equally important to make sure that families understand that participating does not guarantee (and may not result in) housing. It is also important that families receive a clear understanding of where their information will be shared. An example of what to standardize follows below, and is further described in Appendix B – Example Messaging:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 10 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- that the information is going to be stored in the Homeless Management Information System
- that other providers conducting assessments and the housing providers

connected to the Coordinated Entry System will have access to the information so that the family does not need to complete the assessment multiple times, that housing providers can identify people to target for housing resources as they come available, and for planning purposes.

- that if the participant does not understand a question, clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

### III. Additional Subpopulation Considerations

#### *Veterans:*

Providers serving veterans may require a Health Insurance Portability Accommodations Act (HIPAA)-compliant Release of Information to enable representatives from the Department of Veterans Affairs, the State, and other relevant stakeholders to ensure veterans are able to access the full spectrum of housing resources designated for this subpopulation.

#### *Survivors of Domestic Violence:*

While families currently experiencing homelessness have often previously survived domestic violence, the Violence Against Women Act (VAWA) prevents providers dedicated to serving this subpopulation from inputting their personally identifiable information within a Homeless Management Information System (HMIS) because of the additional safety precautions specific for these families. While the VI-SPDAT is not primarily a domestic violence-specific triage tool, providers dedicated to serving survivors of domestic violence can assess families that desire access to the broader range of housing options dedicated to families experiencing homelessness. Those results will need to be stored within a VAWA-compliant electronic system or in paper files secured according to the full requirements of the law. Families served in this way who are later matched to outside providers will have further provider-specific security precautions, outlined in Section X. Universal Access below.

### IV. Survey Refusals

For limited instances when families refuse specific questions throughout the assessment process, the assessor may request permission to ask additional questions in order to utilize their conversation with the family, surveyor observation, documentation and information from other professionals in order to provide responses. When staff encounter families who do not provide a response to any of the first questions, they should stop and acknowledge that the assessment will not provide useful information if the family receiving assessment does not want to participate. Staff should utilize continued progressive engagement and rapport building with these families until they are willing to be assessed. The VI-SPDAT should be completed in one engagement (although not necessarily first contact).

Families who respond better to a conversational approach may benefit from the more comprehensive full SPDAT, further described in Appendix C – Full SPDAT Process.

## **V. Survey – Concluding the Engagement**

Upon completion of the VI-SPDAT, the Assessor may ask if the family is currently working with a provider towards one of those forms of housing assistance. If so, the family receiving the survey should be encouraged to continue to engage with their existing case management supports. If not, staff can provide a brief description of the resources currently available within the community and ask if the family is interested in specific forms of housing assistance.

Assessors should emphasize the importance of having reliable and comprehensive information regarding the best time and place to contact the family. Staff should collect information on whereabouts across a 24 hour period, beginning with where the wake up until they bed down at night, with notations for days when location patterns changed, and record that information within the VI-SPDAT. This includes where meals are obtained, transportation methods and times to and from meal and shelter providers, cross streets of locations where they receive services, outside agency names and staff with whom they engage, etc.

Assessors may emphasize that while completion of the assessment does not make them now the family's case manager, it remains critically important that the assessor possesses the most reliable methods possible for locating the family being assessed, especially if that includes an outside agency or staff attempting to contact the family at a later date.

## **VI. Next Steps – Collecting Documentation for Housing**

Once the VI-SPDAT is completed, or as part of the initial engagements for families already assessed, staff should quantify which essential documents the family currently possesses, and begin working with them to begin collecting missing documents, as staff time and resources allow.

Assessors should emphasize that specific documentation is required for many programs, including but not limited to government issued photo identification, social security card, birth certificate, proof of income or zero income, verification of homelessness, and DD-214 for families who have served in the United States armed forces (regardless of discharge status or length of service).

## **VII. Getting Connected – Referral to Homelessness Prevention, Street Outreach, Emergency Shelter, Transitional Housing, Rapid Re-Housing, or Permanent Supportive Housing**

Upon successful VI-SPDAT completion, Continuum of Care providers including homelessness prevention, street outreach, transitional housing, rapid re-housing and permanent supportive housing will fill their case load (for services only programs) and/or beds (for housing programs) from the Coordinated Entry System according to the following prioritization criteria.

Providers will identify the eligibility requirements for each of their programs that they will be dedicating to the Coordinated Entry process and can run a CaseWorthy report of VI-SPDAT results from families experiencing homelessness from within the HMIS. Once a referral is made following the prioritization criteria outlined below, the provider first contacts the VI-SPDAT interviewer to coordinate contact with the family and set up intake appointments before contacting the family directly. The housing provider commits to working with the assessor to locate the family and engage with them to verify if the housing referral provides a good match. The housing provider commits to communicating in writing with the Continuum of Care leadership when 50% or more of matches does not lead to successful program entry in order to facilitate more successful referrals (further outlined below).

The Housing Provider will document any unsuccessful matches and provide both the (A) reason(s) why they were not housed, (B) date of unsuccessful match/"unassignment" and (C) name of the project being unassigned within HMIS so that the family can be reassigned to additional providers (further outlined below). The housing provider will also document when each match does lead to successful program entry and providing the date the family moves into housing within HMIS.

#### **A. Homelessness Prevention Prioritization:**

Pregnant women and families will be referred to **Homelessness Prevention** according to the following prioritization criteria (each of the criteria for each category must be met within the family before proceeding to families who do not meet the priority category 1):

##### **Priority Category 1:**

- Imminent risk of eviction with documentation

#### **B. Street Outreach Prioritization**

Pregnant women and families will be referred to **Street Outreach** per the following prioritization criteria (each of the criteria for each category must be met within the family before proceeding to families who do not meet the priority category 1):

##### **Priority Category 1:**

- Matched to transitional housing, rapid re-housing or permanent supportive housing

#### **C. Emergency Shelter Prioritization**

Pregnant women and families will be referred to **Emergency Shelter** per the following prioritization criteria (each of the criteria for each category must be met within the family before proceeding to families who do not meet the priority category 1):

**Priority Category 1:**

- Matched to transitional housing, rapid re-housing or permanent supportive housing

**D. Transitional Housing Prioritization**

Pregnant women and families will be referred to **Transitional Housing** per the following prioritization criteria (only proceeding to the next category when no families remain in the initial/previous category):

**Priority Category 1:**

- Same Priority as PSH if Unavailable

**Priority Category 2:**

- Same Priority as RRH if Unavailable

**Priority Category 3:**

Any of Following:

- Substance Use (*VI-SPDAT question 24-25*) and/or
- Domestic Violence (*VI-SPDAT question 8D, 9, 10, 18, 31 or 35 and/or case manager/outreach documentation*)
- Incarceration (*VI-SPDAT question 8F, 11, 37 and/or case manager/outreach documentation*)
- Head of Household 24 or Younger

**Priority Category 4:**

- VI-SPDAT Score Range 0-3
- No Income (*VI-SPDAT question 15 and/or case manager/outreach documentation*)

**Priority Category 5:**

- Families without Income (*VI-SPDAT question 15 and/or case manager/outreach documentation*)

**Priority Category 6:**

- Families with Income (*VI-SPDAT question 15 and/or case manager/outreach documentation*)

Each of the prioritization criteria within the category must be met within the family. Providers may choose to further prioritize families with young children within the framework above.

**E. Rapid Re-Housing Prioritization**

Pregnant women and families will be referred to **Rapid Re-Housing** per the following prioritization criteria (only proceeding to the next category when no families remain in the initial/previous category):

**Priority Category 1:**

- Chronic Homelessness (VI-SPDAT question 5, and either 6 or 7; with accompanying disabling condition according to one or more of the following: 19-22 or 24-28)
- 1+ HUD Disabling Condition(s) (VI-SPDAT question 19-22 or 24-28):
  - Mental Health (VI-SPDAT question 26A, 26B or 26C) and/or
  - Physical Health (e.g. HIV/AIDS) (VI-SPDAT question 19-22) and/or
  - Substance Use (VI-SPDAT question 24-25) and/or
  - Developmental Disability and/or Cognitive Impairment (VI-SPDAT question 26C)
- VI-SPDAT Score Range 4-8

**Priority Category 2:**

- Not Chronically Homeless
- 1+ HUD Disabling Condition(s) (VI-SPDAT question 19-22 or 24-28):
  - Mental Health (VI-SPDAT question 26A, 26B or 26C) and/or
  - Physical Health (e.g. HIV/AIDS) (VI-SPDAT question 19-22) and/or
  - Substance Use (VI-SPDAT question 24-25) and/or
  - Developmental Disability and/or Cognitive Impairment (VI-SPDAT question 26C)
- VI-SPDAT Score Range 4-8

**Priority Category 3:**

- Not Chronically Homeless
- VI-SPDAT Score Range 4-8

Each of the prioritization criteria within the category must be met within the family. Providers may choose to further prioritize families with young children within the framework above.

**F. Permanent Supportive Housing Prioritization**

Families will be referred to **Permanent Supportive Housing** per the following prioritization criteria (only proceeding to the next category when no families remain in the initial/previous category):

**Priority Category 1:**

- Chronic Homelessness (VI-SPDAT question 5, and either 6 or 7; with accompanying disabling condition, according to one or more of the following: 19-22 or 24-28)
- Tri-Morbidity (VI-SPDAT question 28)
- VI-SPDAT Score Range 9-22

### **Priority Category 2:**

- Chronic Homelessness (*VI-SPDAT question 5, and either 6 or 7; with accompanying disabling condition, according to one or more of the following: 19-22 or 24-28*)
- 2+ HUD Disabling Conditions (*VI-SPDAT question 19-22 or 24-28*):
  - Mental Health (*VI-SPDAT question 26A, 26B or 26C*) and/or
  - Physical Health (e.g. HIV/AIDS) (*VI-SPDAT question 19-22*) and/or
  - Substance Use (*VI-SPDAT question 24-25*) and/or
  - Developmental Disability and/or Cognitive Impairment (*VI-SPDAT question 26C*)
- VI-SPDAT Score Range 9-22

Each of the prioritization criteria within the category must be met within the family. Providers may choose to further prioritize families with young children within the framework above.

## **VIII. Unsuccessful Matches Process**

### **By Family**

Families may reject a housing referral due to the health, safety or wellbeing of the family being compromised by the potential referral. Respecting family choice and preference, families may also reject a housing referral due to not being willing to work with the housing provider to which they are referred. Rejections of housing referrals by families should be infrequent and must be documented in HMIS. Repeated rejections on behalf of staff, programs, and/or agencies may require case conferencing and additional from Continuum of Care leadership.

### **By Housing Provider**

Hawai'i CoC providers and program participants may deny or reject referrals from the Family Coordinated Entry System, although service denials should be infrequent and must be documented in HMIS. The specific allowable criteria for denying a referral shall be published by each project and be reviewed and updated annually or as they change, whichever happens first. All participating projects shall provide the reason for service denial, and may be subject to a limit on the number of service denials.

Agencies who would like to deny a referral that is incompatible with their programming must include details about the reason for denial. Documentation should include communication attempts with the family, specific criminal or housing history that prevents acceptance of referral, or other similar details. Some examples of denials that will need additional details or documentation include the following:

- Family declined housing through this project
- Family confirmed as moving out of CoC area
- Family does not meet required criteria for program eligibility
- Family unable to be located after multiple communication attempts
- Family confirmed as incarcerated

- Family safety concerns (the family's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues)
- The program cannot address family needs or safety (the family's needs, health, or well-being would be negatively impacted because the program does not offer the services, staffing, location, and/or housing supports necessary to successfully serve the household)
- Property management denial (with specific reason cited by property manager)
- Conflict of interest
- Family confirmed as deceased

If the denial is the result of a third-party property management/landlord (private or partner of service provider) rejecting the family's application, the rejection will trigger a case conferencing meeting. If the household choose to appeal this decision, a new referral will not be provided to the housing program until the appeal process has reached its conclusion.

The Housing Provider will document any unsuccessful matches and provide both the (A) reason(s) why they were not housed and the (B) date of unsuccessful match/ "unassignment" within HMIS so that the family can be reassigned to additional providers. The housing provider will also document when each match does lead to successful program entry and providing the date the family moves into housing within HMIS.

## IX. Re-Screening

While families generally do not need to be surveyed multiple times with the VI-SPDAT, there are circumstance under which families who have been screened using the F-VI-SPDAT would qualify to be re-screened, including the following:

- a. A family has not had contact with the homeless services system for one year or more since the initial VI-F-SPDAT screening.
- b. A family has encountered a significant life change defined as one of the following items: a second adult member added or removed to their family, re-unification with child, significant family composition change, or SPMI identified by a credentialed professional.
- c. In rare occurrences, a family who is screened and referred to a housing program may be eligible for re-screening if the program identifies after extensive efforts the family needs a higher level of support than can be offered in that level of intervention.
- d. A family who has known extensive history within the shelter and other emergency systems but whose acuity is not accurately depicted on their first screening.

Note: Families who qualify under items C and D, listed above may benefit from the more comprehensive full SPDAT (or F-SPDAT) further described in Appendix C – Full SPDAT Process.

## X. Universal Access Across Subpopulations

**Universal access for all families.** Hawai'i Continuum of Care providers shall provide directly or plan through other means to ensure universal access to crisis response services including shelter for families seeking emergency assistance at all hours of the day and all days of the year.

**Crisis response during non-business hours.** Hawai'i Continuum of Care providers shall document planned after-hours emergency services and publish hours of operation in an easily accessible location or posted publicly on the Internet. After hours' crisis response access may include telephone crisis hotline access, coordination with police and/or emergency medical care.

**Families fleeing domestic violence or sexual assault.** Hawai'i Continuum of Care providers shall be trained on the complexity of responding to families fleeing domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations at access points. Hawai'i CoC providers shall make safety referrals to victim service providers as determined to be clinically appropriate or at the request of the family. Since providers dedicated to serving the Coordinated Entry System will work in partnership with advocacy organizations/shelters serving survivors of domestic violence to ensure considerations are made to address the specific safety and privacy needs of victims. This includes families having the ability to decline housing in neighborhoods that would compromise their location, the choice to be entered anonymously into a separate database, and have full access to housing options.

## Transfers

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There are circumstances under which a household enrolled with one housing provider may benefit from transferring to another program or provider.

For example,

- a. A family has lost several scattered-site housing placements due to problems with visitors or
- b. A family in a site-based setting is unable to comply with rules around sobriety or the environment is not conducive to mental or physical well-being.

The Coordinated Entry System seeks to minimize the number of households who are exited back to homelessness, only to have to be re-screened, and re-prioritized, and wait again for supportive housing. If the current housing provider is unable to continue serving a household, staff should contact the appropriate Family Coordinated Entry System Continuum of Care Leadership representative to discuss options besides exiting to homelessness.

If a transfer within the same level of service intervention (i.e., one PSH provider to another PSH provider) is being considered, the referral should come through the Coordinated Entry System process. To do so, the current housing provider must contact

Family Coordinated Entry System Continuum of Care Leadership in order to determine what other housing providers have available capacity. Housing programs shall not initiate transfers between providers without the involvement and permission of Family Coordinated Entry System Continuum of Care Leadership.

**Housing providers are prohibited from transferring a household from one service intervention to another (i.e., TH to PSH, internally or externally) without permission from the Hawai'i Continuum of Care.** If a provider has an opening in a PSH program, they MUST receive the referral through the Family Coordinated Entry System, and may not fill that opening internally via transfer from a lower service intervention program. Additionally, if it is identified that a household may need a higher intervention than what was determined initially, the housing provider should discuss this with Family Coordinated Entry System Continuum of Care Leadership.

## **Family Coordinated Entry System Monitoring and Evaluation**

### **Monitoring and Reporting of the Family Coordinated Entry System**

Hawai'i Continuum of Care providers shall adhere to HUD -defined monitoring and reporting plans for the Family Coordinated Entry System. The State-defined monitoring process will report on performance objectives related to Coordinated Entry System utilization, efficiency, and effectiveness.

HUD has developed the following seven system-level performance measures to help communities gauge their progress in preventing and ending homelessness:

1. Length of time persons remain homeless;
2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness;
3. Number of homeless persons;
4. Jobs and income growth for homeless persons in CoC Program-funded projects;
5. Number of persons who become homeless for the first time;
6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects;
7. Successful housing placement;

The purpose of these measures is to provide a more complete picture of how well a community is preventing and ending homelessness. The number of homeless persons measure (#3) directly assesses a CoC's progress toward eliminating homelessness by counting the number of people experiencing homelessness both at a point in time and over the course of a year. The six other measures help communities understand how well they are reducing the number of people who become homeless and helping people become quickly and stably housed.

Reductions in the number of people becoming homeless are assessed by measuring the number of persons who experience homelessness for the first time (#5), the number who experience subsequent episodes of homelessness (#2), and homelessness prevention and housing placement for people who are unstably housed (Category 3 of HUD's homelessness definition) (#6). Achievement of quick and stable housing is assessed by measuring length of time homeless (#1), employment and income growth (#4), and placement when people exit the homelessness system (#7).

The performance measures are interrelated and, when analyzed relative to each other, provide a more complete picture of system performance. For example, the length of time homeless measure (#1) encourages communities to quickly re-house people, while measures on returns to homelessness (#2) and successful housing placements (#7) encourage communities to ensure that those placements are also stable. Taken together, these measures allow communities to evaluate the factors more comprehensively that contribute to ending homelessness.

## **Termination**

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Any Authorized User Agency may terminate their participation in the Coordinated Entry System by giving written notice. Housing programs that are required to participate due to HUD guidelines will need HUD approval to terminate participation.

# Appendices

## Appendix A

### Coordinated Entry System Program Component Definitions

Component definitions provide detailed descriptions of each CoC program type available through the Family Coordinated Entry System.

#### Street Outreach

Component Type	Essential Elements	Target Population
Emergency services and engagement intended to link unsheltered households who are homeless and in need of shelter, housing, and support services.	<p>Low-demand, street and community-based services that address basic needs (e.g., food, clothing, blankets) and seek to build relationships with the goal of moving people into housing and engaging them in services over time.</p> <p>In addition, outreach staff should provide or link families with: case manager, assistance to develop a person-centered case management plan, housing placement and housing location support, on-site psychiatric and addictions assessment, medication, other immediate and short-term treatment, and assessment to other programs and services.</p>	<p>Homeless families on the streets, frequently targeting those living with mental illness(es), severe addiction(s), or dual-diagnoses</p> <p>As providers funded to end families' experience of homelessness match families to their available housing resources, street outreach will target families connected to a housing resource through these providers in order to demonstrate Coordinated Entry participation</p>

**Prevention**

Component Type	Essential Elements	Target Population
<p>Prevention from homelessness includes financial assistance and services to prevent individuals and families from becoming homeless and help those who are experiencing homelessness to be quickly re-housed and stabilized. The funds under this program are intended to target individuals and families who would be homeless but for this assistance.</p>	<p>Programs can provide a variety of assistance, including: short-term or medium-term rental assistance and housing relocation and stabilization services, including such activities as mediation, credit counseling, security or utility deposits, utility payments, moving cost assistance, and case management.</p>	<p>Families who are "at risk of homelessness."</p>

**Emergency Shelter**

Component Type	Essential Elements	Target Population
<p>Emergency Shelter programs providing stabilization and assessment; focusing on quickly moving all families to housing, regardless of disability or background. Short-term shelter that provides a safe, temporary place to stay (for those who cannot be diverted from shelter) with focus on initial housing assessment, immediate housing placement and linkage to other services.</p>	<p>Entry point shelter with:</p> <ul style="list-style-type: none"> <li>• showers,</li> <li>• laundry,</li> <li>• meals,</li> <li>• other basic services,</li> <li>• and linkage to case manager and housing counselor (co-located on-site),</li> </ul> <p>with the goal of helping households move into stable housing as quickly as possible. Shelters include an array of stabilization options that allow for varying degrees of participation and levels of support based on family needs and engagement at the time</p>	<p>Homeless individuals or families.</p> <p>As providers funded to end families' experience of homelessness match families to their available housing resources, emergency shelters will target families connected to a housing resource through these providers in order to demonstrate Coordinated Entry participation</p>

	<p>they enter the system (i.e., for those with chronic addictions, mental illness, and co-occurring disorders). On-site supportive service staff should conduct the <b>Family VI-SPDAT</b> of repeat families or families requesting such assessment <b>following 7+ shelter nights</b> to determine housing needs (e.g., unit size, rent levels, location), subsidy needs, and identify housing barriers, provide ongoing case management, and manage ongoing housing support and services that the family will need to remain stably housed</p>	
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**Rapid Re-Housing**

<b>Component Type</b>	<b>Essential Elements</b>	<b>Target Population</b>
<p>Rapid re-housing is an intervention designed to help individuals and families exit homelessness quickly and return to permanent housing. Rapid re-housing assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household.</p>	<p><b>Housing Identification</b></p> <ul style="list-style-type: none"> <li>Recruit landlords to provide housing opportunities for individuals and families experiencing homelessness.</li> <li>Address potential barriers to landlord participation such as concern about short term nature of rental assistance and tenant qualifications.</li> </ul> <p><b>Rent and Move-In Assistance (Financial)</b></p>	<p>Homeless households with temporary barriers to self-sufficiency</p>

<p>While a rapid re-housing program must have all three core components available, it is not required that a single entity provide all three services nor that a household utilize them all.</p>	<ul style="list-style-type: none"> <li>• Provide assistance to cover move-in costs, deposits, and the rental and/or utility assistance (typically six months or less) necessary to allow individuals and families to move immediately out of homelessness and to stabilize in permanent housing.</li> </ul> <p><b>Rapid Re-Housing Case Management and Services</b></p> <ul style="list-style-type: none"> <li>• Help individuals and families experiencing homelessness identify and select among various permanent housing options based on their unique needs, preferences, and financial resources.</li> <li>• Help individuals and families experiencing homelessness address issues that may impede access to housing (such as credit history, arrears, and legal issues).</li> <li>• Help individuals and families negotiate manageable and appropriate lease agreements with landlords.</li> <li>• Make appropriate and time-limited services and supports available to families and individuals to</li> </ul>	
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	<p>allow them to stabilize quickly in permanent housing.</p> <ul style="list-style-type: none"><li>• Monitor participants' housing stability and be available to resolve crises, at a minimum during the time rapid re-housing financial assistance is provided.</li><li>• Provide or assist households with connections to resources that help them improve their safety and well-being and achieve their long-term goals. This includes providing or ensuring that the household has access to resources related to benefits, employment and community-based services (if needed/appropriate) so that they can sustain rent payments independently when rental assistance ends.</li><li>• Ensure that services provided are family-directed, respectful of individuals' right to self-determination, and voluntary. Unless basic, program-related case management is required by statute or regulation, participation in services should not be required to</li></ul>	
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	<p>receive rapid re-housing assistance.</p> <ul style="list-style-type: none"> <li>• Assist households to find and secure appropriate rental housing.</li> </ul>	
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**Transitional Housing**

Component Type	Essential Elements	Target Population
<p>Safe, temporary apartments located in project-based or scattered-site housing that focuses on housing planning, addictions treatment, stabilization, and recovery for individuals and families with temporary barriers to self-sufficiency.</p>	<p>Safe units located in site-based or scattered site housing that focuses on housing planning, addictions treatment, stabilization, and recovery for individuals and families with temporary barriers to self-sufficiency. Recognizing that a zero tolerance approach does not work for all families, transitional housing programs employ a harm reduction, or tolerant, approach to engage families and help them maintain housing stability. Housing assistance may be provided for up to two years, including rental assistance, housing stabilization services, landlord mediation, case management, budgeting, life skills, parenting support, and child welfare preventive services.</p> <p>Housing plan within two weeks.</p>	<ul style="list-style-type: none"> <li>• Homeless families contemplating recovery or newly in recovery,</li> <li>• youth,</li> <li>• ex-offenders,</li> <li>• single-parent females younger than 25 with children under six years old,</li> <li>• veterans (utilizing GPD)</li> <li>• Families who are actively fleeing domestic violence</li> </ul>

	<p>Average stay is six months. Could stay up to two years.</p> <p>All programs provide follow up case management post exit.</p> <p>Expectation of six months of post placement tracking to assess success</p>	
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**Permanent Supportive Housing**

Component Type	Essential Elements	Target Population
<p>Project-based, clustered and scattered site permanent housing linked with supportive services that help residents maintain housing.</p>	<p>Permanent housing with supports that help families maintain housing and address barriers to self-sufficiency. PSH programs should provide subsidized housing or rental assistance; tenant support services</p> <p>Recognizing that relapse is part of the recovery process, PSH programs should hold units open for 30 days while families are in treatment or in other institutions. If a family returns to a program after 30 days and their unit was given to someone else, staff should work with that family to keep them engaged and place them in a unit when one is available. Some PSH programs should have a tolerant, or harm reduction, approach to engage families with serious</p>	<p>Families experiencing long-term homelessness, living with disabilities, and significant barriers to self-sufficiency.</p>

	<p>substance abuse issues. While in PSH, families should receive supportive services appropriate to their needs from their case manager and/or the ACT multidisciplinary team.</p>	
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**Permanent Housing – Market Rate**

Component Type	Essential Elements	Target Population
<p>Housing where people may stay indefinitely with temporary or long-term rental assistance and/or supportive services.</p>	<p>Broad range of clustered or scattered-site permanent housing options for individuals with temporary barriers to self-sufficiency, including group living arrangements, shared apartments, or scattered-site apartments. Families can receive rental subsidies (transitional or permanent, deep, or shallow) and supportive services. Both length and intensity of housing subsidy and services are defined on a case-by-case basis depending on family's needs.</p> <p>Once families are placed in housing, a multi-disciplinary case management team (lead by the primary case manager of an assigned PH provider) should conduct a comprehensive assessment and develop a long-term case management plan based on their needs.</p>	<p>Families who were formerly homeless</p>

	Families should maintain the same primary case manager for as long as they are in the homeless system, but members of the multi-disciplinary team may change as the family's needs change.	
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## Appendix B

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### Example Messaging When Conducting VI-SPDATs for Families

"My name is [ ] and I work for a group called [ ]. I have a 10 minute survey I would like to complete with you. The answers will help us determine how we can go about providing supports. Most questions only require a "yes" or "no." Some questions require a one-word answer. All that I need from you is to be honest in responding, so that there isn't a "correct" or preferred answer that you need to provide, or information you need to conceal. We can come back to or skip any question you don't feel comfortable answering, and I can explain what I mean for any question that's unclear.

The information collected goes into the Homeless Management Information System, which will ensure that instead of going to agencies all over town to get on waiting lists, you will only have to fill out this paperwork one time. If you have a case manager who is helping you apply for housing, you should still work with them once you have finished this survey.

After the survey, I can give you some basic information about resources that could be a good fit for you. I want to make sure you know, though, that there are very few housing resources that are connected to the survey, so it's possible but unlikely that you would be housed through this process. The primary benefit to doing the survey is that it will help give you and me a better sense of your needs and what resources I can refer you to.

Would you like to take the survey with me?"

## Appendix C

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### SPDAT Process

While the VI-SPDAT is a pre-screen or triage tool that looks to confirm or deny the presence of more acute issues or vulnerabilities, the F-SPDAT (or "full SPDAT" or "full SPDAT for families") is an assessment tool looking at the depth or nuances of an issue and the degree to which housing may be impacted.

To provide a safety net for families that are presumed to be highly vulnerable but score too low on the VI-SPDAT to qualify for permanent supportive housing (i.e., 7 or below), those families would be recommended for full SPDAT assessment. The primary reason for recommending a SPDAT are when the individual being assessed under or over-reports what the Assessor observes or knows through outside observation.

By allowing for assessors to spend the time to complete this more in-depth analysis, the small set of individuals whose full depth of vulnerability may not be reflected within their VI-SPDAT assessment may still be considered for street outreach or housing assignments. In a subset of these very limited instances, it is possible for a full SPDAT to produce different results than the VI-SPDAT because it is a multi-method assessment that incorporates more comprehensive outside information than the primarily self-reported information collected through the VI-SPDAT. Those who have received a full SPDAT assessment will periodically be reviewed through case conferencing and housing match processes.

In instances where individuals have both a full SPDAT and VI-SPDAT assessment, whenever possible, referral for housing placement will prioritize the full SPDAT and not solely the VI-SPDAT score.