

2021



**Blue Ridge  
Continuum of Care**  
*A Place to Call Home*

# **Coordinated Assessment & Entry Process**

**Policies, Standards and Procedures**

[www.endhomelessnessblueridge.org](http://www.endhomelessnessblueridge.org)

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## **BLUE RIDGE COC PLANNING PROCESS**

In accordance with Title 24 of the Code of Federal Regulations (24 CFR) governing the Continuum of Care Program (24 CFR 578) and the Emergency Solutions Grants Program (24 CFR 576) as well as HUD's final rule on defining chronically homeless and homeless (24 CFR 91) and HUD Notice CPD-14- 012 on prioritizing persons experiencing chronic homelessness and other vulnerable homeless persons in permanent supportive housing, the City of Roanoke and the Blue Ridge Continuum of Care (BRCoC) have developed the following written standards for the Coordinated Entry System (CES). All projects that receive Continuum of Care (CoC) and Emergency Solutions Grants (ESG) funding are required to participate in the CES system, and are therefore subject to complying with these basic minimum standards. In addition, other homeless service providers not receiving CoC or ESG funding such as the Rescue Mission located within the BRCoC geographic area are encouraged to participate in the CES.

The goal of these standards is to synthesize key elements of the HUD regulations with the processes and priorities of the Blue Ridge Continuum of Care and ensure that the CES system is administered fairly and methodically. The City and the BRCoC will continue to build upon and refine this document.

The BRCoC is committed to ending homelessness and seeks to coordinate and support community agencies within its geographic boundaries that offer services to homeless persons through dissemination of best practices; training; planning; monitoring; and technical assistance. An important role of the BRCoC is to ensure that HUD funded and ESG recipients throughout the entire BRCoC geographic area utilize a single coordinated entry process that allows for coordinated screening, assessment and referrals to agencies providing homelessness services.

The purpose of this document is to set forth policies, standards and procedures to govern the centralized or coordinated assessment system. This coordinated assessment system shall be known as the Coordinated Entry System (CES) and will be referred to as such throughout this document.

## **COORDINATED ENTRY SYSTEM OVERVIEW**

The Coordinated Entry System (CES) is a BRCoC-wide process for facilitating access to all resources designated for homeless individuals and families, identifying and assessing needs in a transparent and consistent way, and referring clients to the most appropriate service strategy or housing intervention. In doing so, CES ensures the BRCoC's limited resources are allocated to achieve the most effective results. The BRCoC's Coordinated Entry System combines centralized intake with multiple community based access points. All access points utilize a common assessment tool, methodology and electronic information management system thus creating a

No Wrong Door approach that functions as a community-wide coordinated entry system for everyone who is experiencing or at risk of becoming homeless. The system ensures that people experiencing homelessness have equitable, coordinated and timely access to housing resources in a person-centered approach that preserves choice and dignity.

## GUIDING PRINCIPLES

The Coordinated Entry System throughout the CoC's geographic area is governed by the following guiding principles:

- **Prioritization of the Most Vulnerable People.** The CoC's limited resources are directed first to individuals and families who are the most vulnerable and in need of assistance.
- **Low-barrier and Easily Accessible.** The CES process does not screen out people for assistance because of perceived barriers to housing or services. Barriers could include, but are not limited to, conditions such as income or drug addiction set as eligibility requirements.
- **Housing First Orientation.** The CES process is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements.
- **Person-Centered.** Every person experiencing homelessness is treated with dignity, offered at least minimal assistance, and participate in their own housing plan. Participants should be made aware of their options and offered choice whenever possible.
- **Standardized Access and Assessment.** All people in the Blue Ridge CoC can easily access the CES and are assessed using a universal assessment tool, either the Vulnerability Index Service Prioritization Decision Assistance Tool for individuals (VI-SPDAT) or the family version of the assessment, the F-VI-SPDAT.
- **Inclusive.** Through its No Wrong Door Approach, the coordinated entry process for the Blue Ridge CoC includes all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, survivors of domestic violence, persons with mental illness, LGBTQ persons, and disabled persons.
- **Informed by Local Planning.** The Blue Ridge CoC and its governing body, the Blue Ridge Interagency Council on Homelessness (BRICH) engage in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually and using data to drive decision making and resource allocation.

## ELIGIBILITY

CES serves all individuals and families who are literally homeless according to the Category 1 HUD definition of homelessness. Households that are not literally homeless are connected with homeless prevention programs and/or encouraged to reach out to family and friends as well as alternative community resources, such as their places of worship, for assistance.

### Literally Homeless Definition (HUD Category 1)

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning they have either:

- 1) Have a primary nighttime residence that is a public or private place not meant for human habitation; or
- 2) Are living in a publicly or privately operated shelter designated to provide temporarily living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); or
- 3) Are exiting an institution where s/he has resided for 90 days or less and who resided in emergency shelter or place not meant for human habitation immediately before entering that institution.

## CES PROCESS

The City of Roanoke administers the local coordinated entry system in partnership with the Blue Ridge CoC. As can be seen in the Blue Ridge Continuum of Care Homeless Services Flow Chart (Attachment I), our system is a hybrid of centralized and coordinated assessment and entry representing a No Wrong Door approach to assist families or individuals who are at imminent risk of becoming homeless. Our entry system allows entry through Street Outreach, Central Intake (CI) and/or through shelters. Its design facilitates immediate access to temporary housing and is strengthened by shared data in our Homeless Management Information System (HMIS) and use of the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) at any and all points of entry. Evident in the Homeless Services Flow Chart is that our coordinated assessment and entry system provides individuals and families at risk of homelessness with access to relevant and appropriate prevention, housing, and other services. The coordinated entry system also works closely with 2-1-1 Virginia to ensure that all parts of the Continuum of Care are listed in the data base and that agency contact information and hours of operation are up to date to ensure that referrals from DHCD, other communities, and providers link to the coordinated entry system. 2-1-1 Virginia operates as the community's

after-hours CES for individuals and families in urgent need of emergency shelter or other crisis services by screening and referring individuals to the most appropriate resource.

Depending on circumstance, clients can enter the system of care through shelters, street outreach, the Rescue Mission or through Central Intake to access temporary housing. Clients are administered the VI-SPDAT to determine level of need and data is entered into the Homeless Management Information System. Those in crisis typically access our emergency crisis response system through one of three ways:

- Street outreach provided by the Homeless Assistance Team (HAT); PATH through the local Community Services Board (CSB); the Salem VA Medical Center
- Central Intake physical offices
- Community Providers (shelters)

Real time data entry is the agreed upon community wide standard, which allows staff at participating community providers to assess current services and needed referrals for clients. The Blue Ridge CoC adopted the No Wrong Door approach, in part, because of the robust nature of its current HMIS system and its ability to provide and share real-time data for all service providers within the CoC. This robust system allows for improved data collection and reporting, critical to establishing the most efficient use of resources to better move the needle on ending homelessness.

As families and individuals experiencing a housing crisis access services through the No Wrong Door approach, staff assesses their vulnerability using the VI-SPDAT. Once the assessment is complete, staff enters the results of the VI-SPDAT into the HMIS system to allow community wide access and facilitate referrals to services. The VI-SPDAT has proven to be an effective tool. It plays a critical role in the Housing Placement Team's (HPT) case conferencing, piloted as part of the Mayors Challenge to End Veteran Homelessness. Due to the pilot's success, community partners, now utilize the best practice of VI-SPDAT assessment combined with HPT case conferencing in other populations including youth; families; and the chronically homeless.

## **ASSESSMENT TOOL**

CES utilizes the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) as the common assessment tool to screen single individuals experiencing homelessness. Families receive the family version of the assessment, the F-VI-SPDAT.

Currently utilized by more than 130 communities nationwide, the VI-SPDAT and F-VI-SPDAT allow for prioritization based on 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) family unit (if applicable). The assessment takes approximately 10 minutes to administer and can be conducted by any provider who has been introduced to the VI-SPDAT tool through a brief

training session provided by the BRCoC's Homeless Management Information System (HMIS) Coordinator. All VI-SPADAT scores are entered into the CoC's HMIS system.

## **PARTICIPATION REQUIREMENTS**

The Department of Housing and Urban Development (HUD) has recently established guidance that instructs all Continuum of Care (CoC) projects to participate in their CoC's coordinated assessment system. Any project that receives HUD funding (CoC Program or Emergency Solutions Grant) or funding from the Virginia Department of Housing & Community Development (DHCD) must comply with the participation requirements as established by the corresponding CoC jurisdiction. The City of Roanoke is the Blue Ridge CoC lead agency and has developed a coordinated entry system with the following expectations for participation:

**CoC, ESG and DHCD permanent housing (PH) projects**, including Rapid Re-Housing (RRH), Permanent Supportive Housing (PSH), and Homelessness Prevention (HP) must follow the CoC-approved written standards for service provision (See Attachment II - Homelessness Prevention & Rapid Re-housing Standards and Best Practices Manual for Permanent Supportive Housing Programs)

**CoC, ESG and DHCD PH projects** must submit project vacancies, including bed/unit-specific information to the Housing Placement Team at their regular committee meetings.

**CoC, ESG and DHCD PH projects** must enroll only those clients referred through CES except in special circumstances (as detailed below).

**CoC, ESG and DHCD PH projects** must hold turnover beds open for the next individual on the prioritization list. Open spots will be filled by majority vote of the appropriate Homeless Placement Team (i.e. the Chronically Homeless (CH) HPT will fill all slots for dedicated CH beds).

**The CES agency lead** (City of Roanoke) is responsible for maintaining Homeless Placement Team lists of the priority populations (families with children, chronically homeless, veterans and youth) as well as an updated list of project vacancies and overseeing the match process.

**Single households experiencing a housing crisis** must access services and housing through Central Intake, a CES shelter access point, by calling 2-1-1 VIRGINIA for referral or through the City of Roanoke Street Outreach Team.

**Families experiencing a housing crisis** must access CoC services and housing through Central Intake, a CES shelter access point or by calling 2-1-1 VIRGINIA.

**Survivors of Domestic Violence** who come to a CES site or who are approached through street outreach will be asked if they are attempting to flee domestic violence (DV) or experiencing intimate partner violence. If a participant indicates they are a victim of domestic violence, none of the participant's information will be entered into HMIS, and referrals will immediately be

made to domestic violence-specific resources, including hotlines and shelter. Survivors of DV are de-identified and placed on our community's Housing Placement list for housing resource prioritization.

**Veterans** who come to a CES site or who are approached through street outreach will be assessed using the VI-SPDAT. The Veteran HPT will identify Veteran-specific resources such as HUD-VASH or Supportive Services for Veteran Families (SSVF) providers or general homeless assistance. If a veteran chooses not to be referred to those services, he or she will be assigned a housing navigator. In alignment with federal, state and local priorities, CoC, DHCD and ESG program-funded projects, including PSH and RRH prioritize veterans and their families.

## **DOCUMENTATION**

Once a household has been assessed, the next step is documenting their homeless status. All clients will need to be document ready or nearly document ready in order to be matched with a permanent housing placement. In order to be document ready, the client must have one of the following types of documentation (See attachments III & IV for forms):

- Chronic homelessness verification form and supporting documentation
- Homeless verification form and supporting documentation

In addition, clients generally also need a Birth Certificate, ID, Social Security Card and income documentation prior to housing placement.

## **HOUSING NAVIGATION**

Individuals or families with the highest priority are assigned a Housing Navigator to assist them in preparing to be referred to an available housing resource and move in after a referral is made. This Housing Navigator provides support throughout the process, which may include accompanying them to all housing related appointments and other necessary social service or benefit acquisition appointments until such time that they are permanently housed. Depending on the capacity of the assessment agency, the housing navigator role may alternatively be filled by an outreach worker or case manager.

## **MATCH & PRIORITIZATION FOR HOUSING PLACEMENT**

CES is a uniform process through which the most vulnerable homeless residents within the Blue Ridge Continuum of Care are prioritized to be matched with available and appropriate housing resources in a systematic and efficient manner. The following represents the uniform process used across the Blue Ridge Continuum of Care for matching and prioritizing placement into housing through the client prioritization lists, used by the Housing Placement Teams (HPT), based on VI-SPDAT score. It is important to note that the order of prioritization established below will be followed with consideration of agency goals and target populations (e.g. mental illness, veterans).



## Housing Placement Teams

Referrals to housing interventions are made only through the Housing Placement Teams (HPT), with the maintainer of the list making the referral to the housing provider by consensus vote of the appropriate Housing Placement Team. HPTs are appointed by the Chair of the Continuum of Care and are composed of CoC homeless service providers, mental health providers and other community agency representatives as appropriate. Housing Placement Teams will meet on an as needed monthly basis. HPT members will review names and assessment scores to make determinations on how best to serve the needs of clients on their lists. Decision on placements will adhere to guidelines set forth in this CES policy and standards handbook. Housing placements will be made by consensus vote of HPT members with a housing navigator being assigned as needed. The Chair of the CoC sits on all Housing Placement Teams. HPTs and their composition will change over time based on needs in the Blue Ridge Continuum of Care geographic area and federal and state priorities. Designated housing navigators lead the housing search process through meetings of the CoC’s HPTs. Currently the following HPTs are in place:

- Veterans
- Chronically Homeless
- Families
- Youth

HPTs will hold periodic case conferencing meetings to review special cases of households that cannot complete the assessment due to their level of vulnerability, or whose responses do not reflect what an assessor observes. The case conferencing process provides a safety net for households whose level of vulnerability may not be accurately reflected through the assessment process.

The following represents a uniform assessment and housing prioritization process to be used across the Blue Ridge CoC for matching individuals and families with housing interventions:

VI-SPDAT or F-VI-SPDAT Score	Single Individuals	Families
<b>≥8</b>	Permanent Supportive Housing (PSH)	PSH or Medium-Term RRH
<b>4-8</b>	Rapid Re-Housing (RRH)	Short & Medium-Term RRH
<b>≤3</b>	Homelessness Prevention (HP) or Self-Resolve	HP or Self-Resolve

### **Permanent Supportive Housing (PSH)**

Individuals and families that score an 8 or above on the VI-SPDAT and who are chronically homeless are recommended for permanent supportive housing and are prioritized based on the following criteria (only go to the next level as needed to break a tie between two or more households):

- 1) Chronically homeless individuals and families with the longest history of homelessness and most severe service needs (those with highest VI-SPDAT score).
- 2) Chronically homeless individuals and families with longest current episode of homelessness (to be used as a tie breaker for those in category 1 with the same VI-SPDAT score).
- 3) All other chronically homeless individuals and families.
- 4) If no chronically homeless individual or family is identified, follow the order of priority for beds not dedicated or prioritized for chronically homeless.

### **PSH Beds Dedicated and Prioritized for Persons Experiencing Chronic Homelessness**

All turnover beds for CoC funded PSH are prioritized for persons experiencing chronic homelessness and should use the following order of priority for filling vacancies:

- 1) Chronically homeless individuals and families with longest history of homelessness and most severe service needs (based on VI-SPDAT score)
- 2) Chronically homeless individuals and families with longest history of homelessness
- 3) Chronically homeless individuals and families with most severe service needs
- 4) Chronically homeless individuals and families with longest current episode of homelessness
- 5) All other chronically homeless individuals and families
- 6) If no chronically homeless individual or family is identified, the order of priority for filling vacancies is:
  - Homeless individuals and families with a disability and most severe service needs
  - Homeless individuals and families with a disability and longest continuous or episodic homelessness
  - Homeless individuals and families with a disability and coming from a place not meant for human habitation, safe haven, or emergency shelter
  - Homeless individuals and families with a disability and coming from transitional housing

### **Chronically Homeless Definition**

The definition of "chronically homeless" currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:

- (a) An individual who:
- i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
  - ii. 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 3 years; and
  - iii. 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;
- (b) An individual 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 of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; or
- (c) 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 [as described in Section I.D.2.(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless.

**Rapid Re-Housing (RRH)**

Individuals and families with a score between 4 and 8 on the VI-SPDAT will be recommended for rapid re-housing (RRH). Households that are recommended for rapid re-housing will be prioritized based on the following criteria (only go to the next level as needed to break a tie between two or more households):

<b>1</b>	<b>Non-Chronic Youth Scoring 4-8</b>	1. Veteran (not eligible for VA-RRH)
		2. VI-SPDAT Score
		3. Length of Homelessness
<b>2</b>	<b>Non-Chronic Families Scoring 4-8</b>	1. Veteran (not eligible for VA-RRH)
		2. VI-SPDAT Score
		3. Length of Homelessness
<b>3</b>	<b>Non-Chronic Singles Scoring 4-8</b>	1. Veteran (not eligible for VA-RRH)
		2. VI-SPDAT Score
		3. Length of Homelessness

In an effort to ensure all populations have access to housing resources, rapid re-housing slots will be assigned monthly through the Housing Placement Team list maintainer to singles and

families using the prioritization process outlined above. Available funding governs the number of families and individuals referred to rapid re-housing. The rapid re-housing coordinator and coordinated entry staff will coordinate placements directly from the community's Housing Placement Team lists.

### **Homelessness Prevention (HP)**

Households meeting the minimum eligibility requirements outlined in the Blue Ridge Continuum of Care's homelessness prevention standards (Attachment II) will be prioritized for services based on the level of risk each household faces in experiencing homelessness.

Households are placed in the following tiered categories:

- Tier 1: households at "imminent" risk of homelessness are defined as those staying with family or friends who must vacate the unit within 14 days or those that have been to court and have an eviction scheduled within ten days or the household is residing in housing that has been condemned by a housing official and the unit must be vacated within ten days or the household is living in a hotel/motel and must vacate within 14 days. Households at imminent risk fall into the tier one category and are served first.
- Tier 2: "high risk" households are defined as those that have a pending court date for an eviction documented through an unlawful detainer. High risk households fall into the tier two category and are served as funding allows after all households in the first tier category have been served.
- Tier 3: the lowest tiered category are "at-risk" households that are defined as those with a five day pay or quit notice issued by the landlord, but with no scheduled court date. These households meet the minimum requirements for service but are only served if funding remains after all households in the first and second tier priorities have been served. Households in this tier are not eligible for ESG or VHSP-funded services; however may be served by other, local funding.

Households that have experienced a homeless episode in the past are prioritized for services within each tier.

### **HOUSING REFERRAL**

The CES makes referrals to all projects receiving ESG, CoC and VHSP Program funds within the Blue Ridge CoC geographic area. Housing Placement Teams and the CoC Lead Agency lead the housing referral process, with the help of the client prioritization lists. When a permanent housing unit becomes available, HPTs identify the next eligible households on the client prioritization list and referrals for that opening based on:

- 1) **Appropriate/best match:** unit eligibility and available services are the right fit to client need.

Referrals will be made by the lead agency and the relevant HPT based on standardized eligibility criteria and contract requirements. For example, programs that serve only male-identified single adults will only receive referrals for male-identified single adults. The CES will follow eligibility and screening criteria based on agreed upon requirements with the agency and funder(s). Agencies participating in CES must submit all of their eligibility criteria to the lead agency. If there is a concern that a program's requirements may be contributing to "screening out" or excluding households from services, it may request to meet with the provider to discuss their criteria. If a provider is unwilling to modify the criteria, the CoC may de-prioritize the provider for CoC, ESG or VHSP funding.

- 2) **Client availability:** not in jail, able to contact, document ready/nearly ready to move in so as to reduce vacancy times.
- 3) **Client choice:** when appropriate and not without including client choice, clients are referred to the most restrictive or most abundant housing resource for which they are eligible. For example, a Veterans Affairs Supportive Housing (VASH) eligible Veteran would be unlikely to be prioritized for Shelter Plus Care.

## BEST PRACTICE SUPPORTS CES

The Blue Ridge CoC has co-located its largest street outreach effort with Central Intake. The CoC also co-locates and centralizes prevention and rapid-rehousing resources to the extent possible. The CoC's centralized prevention provider sub-contracts with a provider in the CoC's rural areas to provide on-site intake and services for individuals at imminent risk of homelessness in these communities.

As part of our continuous quality improvement and to increase efficiencies, the Blue Ridge CoC consolidates prevention services and houses those services within the Council of Community Services' Community Housing Resource Center (CHRC) as part of the best practice of co-location. The CHRC manages a number of prevention resources and the decision to make it the sole prevention provider creates efficient layering of resources to meet varying client needs. The co-location of Central Intake; the Community Housing Resource Center; and the largest street outreach program forms a type of one-stop shop to ensure successful diversion from homelessness; and decreases in the length of time people spend homeless while strengthening the capacity of the Coordinated Entry System.

## COORDINATED ENTRY SYSTEM POLICIES

### HMIS

CES is a system that operates within the Homeless Management Information System (HMIS). As such, all VI-SPDAT and F-VI-SPDAT assessments must be recorded into the Blue Ridge CoC HMIS. If the VI-SPDAT is conducted on paper, the HMIS administrator can offer assistance to agencies that need help inputting the information into the HMIS.

## **RELEASE OF INFORMATION**

Any household who agrees to participate in the CES process is asked to sign a consent form before proceeding with the assessment. The consent form informs individuals that assessment information will be shared with housing and service providers through a secure database (HMIS) so that s/he does not need to complete the assessment multiple times. Clients are also informed that they may revoke their permission to share their information at any time. Households that do not sign the consent are entered into HMIS with only limited information being made available to partner agencies for the purpose of ensuring records are not duplicated.

## **LOW BARRIER POLICY**

CES participating programs will make enrollment determinations on the basis of limiting barriers to enrollment in services and housing. No client may be turned away from homeless designated housing due to lack of income, lack of employment, disability status, or substance use.

## **ELIGIBILITY FOR EDUCATION SERVICES**

CoC, DHCD and ESG-funded projects that provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community.

## **CONFLICTS OF INTEREST**

In the event that a conflict of interest occurs between a household and CES staff or housing provider staff, the staff must inform their supervisor, who will assign another staff to work with the household as appropriate or refer the client to another provider.

## **AGENCY DENIALS**

A housing provider can deny a referral that is ineligible for the program based on program eligibility requirements. Any denial must be documented and reported to the CoC lead. The CoC lead may follow-up with the housing program and the household referred in order to understand the circumstances of the returned referral. Housing providers are responsible for assuring that a household meets the contractually required eligibility requirements for their program.

## **EXTERNAL FILL**

The External Fill Policy allows a housing provider to fill available housing units external of a CES referral when CES is unable to identify an eligible household. Housing providers must hold

turnover beds open for a period of 15 days while the CoC lead and the appropriate by-name committee consult the existing client prioritization list. If an individual or family cannot be found within the 15-day time period, the turnover bed may be filled by the normal agency process. This policy is intended to be the last effort to ensure CES is making the best use of available housing resources. Communication during an external fill request is required to allow CES and housing providers to work together to understand challenges of the CES referral process and support continuous system improvement.

## **GRIEVANCE POLICY**

This grievance process shall apply to all HUD Continuum of Care and Virginia Department of Housing and Community Development (DHCD) permanent housing project recipients. Final decision on grievances arising from terminations from shelter projects rests with the agency Executive Director, through that agency's internal policies and procedures.

The purpose of the Grievance Procedure is to provide a fair, detailed process whereby eligible clients may voice complaints concerning certain issues related to their housing and/or receipt of services. The objective is to improve client-agency relations through a prompt and fair method of resolving problems.

**POLICY:** A grievance shall be a complaint of dispute by a client relating to his or her services or pending program termination. All services will be provided in a respectful and professionally appropriate manner. Further, it is the role of the Blue Ridge Continuum of Care to provide formal recourse to any client regarding concerns about the provision of services. Our CoC supports the rights of persons served to present concerns, needs or complaints without fear of retaliation or compromised access to services.

**PROCESS:** The client must follow all established agency procedures to address their concern(s). If agreement is not reached, the client may then provide a written concern to the Blue Ridge Continuum of Care lead agency via Central Intake. Upon receipt, and within three business days, the CoC Lead shall communicate, either orally or in writing, to the client the response to the client's complaint. If appropriate, the CoC Lead will arrange for a hearing of the client concerns by convening a review panel to consist of the following representatives:

1. Blue Ridge Interagency Council on Homelessness Chair
2. CoC Planning Entity Representative
3. Salem VAMC Representative
4. Roanoke City Schools Homeless Liaison Representative
5. CoC Chair

The hearing panel shall not be composed of persons having any direct involvement with the grievance being heard by the panel, or with the complaint or dispute giving rise to the grievance. The client shall have the right to present relevant witnesses and evidence during the

panel hearing process. The client shall state in their request for a panel hearing whether he or she is represented by legal counsel and the name and address of such counsel.

The agency against which the grievance has been filed will also have an opportunity to be heard by the panel, separate from the client hearing. The agency shall also have the right to present relevant witnesses and evidence during the hearing process. The agency shall state whether it is represented by legal counsel and shall provide the name and address of such counsel.

Following the hearing, the decision of the panel shall be arrived at by a majority vote in open session. The panel shall file, in writing, a statement setting forth its decision, signed by all panel members concurring in the same, with signed copy forwarded to each party in interest, not more than five (5) business days following adjournment of the hearing.

The term “business days” as used herein shall mean Monday through Friday, not including holidays. Any time limit in the Grievance Procedure may be waived by mutual agreement at the step in question.

The client shall remain in housing until determination has been made. The decision of the panel is final and will be presented to the client and agency.

### **HOUSEHOLD REFUSAL**

The Coordinated Entry System (CES) values client choice in the housing process. CES also strives to maintain low vacancy rates for the variety of housing programs available. In an effort to balance these values, the Refusal Policy, while flexible, has specific constraints to maintain the CES system. Eligible households are not limited in the number of resources they can refuse, but will not be considered for a program that is outside of their recommended housing type match based on their VI-SPDAT or F-VI-SPDAT score. The CES lead will document refusals in order to better understand why eligible households refuse resources and identify changes that would support the needs of our community.

### **INACTIVE HOUSEHOLDS**

To ensure the client prioritization list reflects the most current information regarding eligible households who are in need of housing, eligible households may be made inactive after they have been contacted for two (2) unique attempts to make a housing referral with no response from the household or gone 90 days without contact/service provision. If a household is made inactive and later reestablished contact with CES and are still eligible for CES, they will be given the opportunity to make updates to their assessment and be referred to the client prioritization list again.

### **MOBILITY REQUESTS**

Eligible households are prioritized for transfer to another housing program if they experience an imminent safety issue, require a geographic change, have a change in service need, are aging out of their current program with no other housing options, or if their household size changes. Mobility requests should be sent through the housing provider to the CES lead.



## **HARASSEMENT**

In accord with federal, state, and local laws, to prohibit all forms of harassment and discrimination of or by clients, employees, visitors, and volunteers, including harassment and discrimination based on actual or perceived gender identity and expression, or based on an individual's association with a person or group with one or more of these actual or perceived characteristics. Retaliation against an individual who files a complaint of harassment or discrimination against (agency) employees, visitors, volunteers, or other clients, or who participates in an investigation of such a complaint, is strictly prohibited

## **FAIR HOUSING, EQUAL ACCESS & ACCESSIBILITY**

The CES Lead and planning agency take all necessary steps to ensure the CES is administered in accordance with the Fair Housing Act by promoting housing that is accessible to and usable by persons with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. The CES complies with the non-discrimination requirements of the Fair Housing Act, which prohibits discrimination in all housing transactions on the basis of race, national origin, sex, color, religion, disability status and familial status. This also includes protection from housing discrimination based on source of income.

It is recognized that the Fair Housing Act recognizes that a housing provider may seek to fulfill its "business necessity" by narrowing focus on a subpopulation within the homeless population. The CES may allow the targeting of subpopulations while preventing discrimination against protected classes.

The CES and all publically-funded projects provide access to individuals with limited English proficiency through a language line and assistive technology tools including Google translator. Marketing and program materials are available upon request in large type and Braille for individuals with visual impairments.

The CES and all HUD and state-funded projects abide by the Equal Access to Housing Final Rule entitled "Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs". This ensures equal access to shelter and services to individuals in accordance with their gender identity, and in a manner that affords equal access to the individual's family.

Compliance with Fair Housing, Equal Access and accessibility is monitored annually by the CoC Lead and planning agency for all CoC, DHCD and ESG-funded projects.

## **EVALUATING AND UPDATING CES POLICIES AND PROCEDURE**

To help ensure that the CES will be effective and manageable for homeless and at-risk households and for the housing and service providers tasked with meeting their needs, the Blue

Ridge Continuum of Care anticipates adjustments to the processes described in this manual. To inform those adjustments, the CES will be periodically evaluated, and there will be ongoing opportunities for stakeholder feedback, including but not limited to soliciting provider feedback through the annual strategic planning process. Consumer feedback will be solicited through annual surveys as part of the Point-in-Time Count and through focus group meetings as needed. Specifically, the CoC Lead and planning agency are responsible for:

- Leading periodic evaluation efforts to ensure that the CES is functioning as intended; such evaluation efforts shall happen at least annually
- Leading efforts to make periodic adjustments to the CES as determined necessary; such adjustments shall be made at least annually based on findings from evaluation efforts
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders
- Ensuring that the CES is updated as necessary to maintain compliance with all state and federal statutory and regulatory requirements

## GLOSSARY

**Coordinated Entry System (CES):** The process whereby any single individual or family experiencing homelessness received coordinated entry into the homeless serves system through a common assessment (the VI-SPDAT), followed by targeted assistance through By-name committees, Housing Navigators and Case Managers who obtain essential documentation for housing in order to facilitate the coordinated exit to permanent housing through either Permanent Supportive Housing or Rapid Rehousing.

**CES Lead Agency:** The CoC Lead Agency, the City of Roanoke is the CES Lead Agency.

**CES Participating Program:** Any program that is required by its funding source to participate in coordinated entry, or has opted into the system to receive its referrals through coordinated entry.

**Eligible Household:** CES serves all individuals and families who are literally homeless according to Category 1 HUD definition of homelessness. See “eligibility” section for details.

**Emergency Solutions Grant (ESG):** A program grant operated by The City of Roanoke’s HUD Office of Community Planning and Development that is designed to help improve the quality of existing emergency shelters for the homeless, to make additional shelters available, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness. ESG also provides short-term homeless prevention assistance to persons at imminent risk of losing their own housing due to eviction, foreclosure, or utility shutoffs.

**Homeless Management Information System (HMIS):** A Homeless Management Information System is a web-based software application designed to record and store person-level information on the characteristics and service needs of homeless persons through a Continuum of Care (CoC) jurisdiction. Usage of the HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD).

**Housing Opportunities for Persons With AIDS (HOPWA):** A Federal program dedicated to the housing needs of people living with HIV/AIDS.

**Housing Navigator:** A Housing Navigator serves as the primary point of contact for an individual or family after they have been assessed, and provides assistance in obtaining the documents needed for that individual or family to enter housing. The housing navigator role may alternatively be filled by an outreach worker or case manager.

**Family Vulnerability Index and Service Prioritization Decision Assistance Tool (F-VI-SPDAT):** The Family Vulnerability Index and Service Prioritization Decision Assistance Tool (F-VI-SPDAT) is utilized for families (and not single individuals) to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Within those recommended housing interventions, the F-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) family unit.

**Rapid Re-Housing (RRH):** A type of intervention, informed by a Housing First approach that connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

**Street Outreach Teams:** Teams that can provide assessment of individuals who are unable or unwilling to visit a CES assessment site.

**Supportive Services for Veteran Families (SSVF):** Rapid rehousing assistance for veterans, including single individuals and families.

**Veterans Administration Housing Support (VASH):** The HUD-VASH program combines Housing Choice Voucher rental assistance for homeless veterans with case management and clinical services provided by the VA.

**Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT):** The Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) is utilized for single individuals (F-VI-SPADAT for families) to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. 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 and (d) wellness – including chronic health conditions, substance usage, mental illness, and trauma.

## CONCLUSION

The design and framework for our community’s CES has been approved by the Blue Ridge Interagency Council on Homelessness and CoC membership. We recognize that the policies and procedures set forth in this document will need continual review and modification as priorities change within the region and Commonwealth. As we strive to end homelessness in our region, the CoC Board and other community partners will continue to seek funds to ensure the coordinated entry system is centrally managed, well-coordinated, and continually improving.

Please contact the following individuals with questions or requests for further information:

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## ATTACHMENTS

1. CONTINUUM OF CARE FLOW CHART
2. HOMELESS PREVENTION AND RAPID REHOUSING STANDARDS
3. CHRONIC HOMELESS VERIFICATION
4. HOMELESS VERIFICATION
5. HOUSING BARRIERS ASSESSMENT
6. PSH DISABILITY DOCUMENTATION
7. VI SPDAT V2.0 FOR SINGLES
8. VI SPDAT V2.0 FAMILY
9. PREVENTION RRH WRITTEN STANDARDS
10. PSH MANUAL – [www.endhomelessnessblueridge.org](http://www.endhomelessnessblueridge.org)
11. HOMELINK MANUAL – [www.endhomelessnessblueridge.org](http://www.endhomelessnessblueridge.org)
12. CoC CLIENT AUTHORIZATION FORM
13. ROI FOR VETERANS