ALASKA COALITION ON HOUSING AND HOMELESSNESS

ALASKA BALANCE OF STATE COORDINATED ENTRY POLICIES AND PROCEDURES

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OVERVIEW OF COORDINATED ENTRY

In the vision laid out by the United States Department of Housing and Urban Development (HUD), the coordinated entry process is an approach to coordination and management of a crisis response system's resources that allows providers to make consistent decisions from available information to efficiently and effectively connect people to interventions that will rapidly end their homelessness. An effective Coordinated Entry System (CES) is one that affects all aspects of a client's interaction with Local, State, and Federal homeless assistance programs. This includes a systemic approach to diversion and prevention to avoid a housing crisis, where clients access services, how communities prioritize resource allocation and available units/vouchers/beds, and a standardized way to measure overall effectiveness of the crisis response system.

Successful communities incorporate multiple stakeholder groups in their system, not just service provider agencies. Client choice and client-centered approaches resonate among all relative policies and how we evaluate program and system effectiveness.

GOALS OF COORDINATED ENTRY

HUD's stated primary goals for coordinated entry processes are:

1. Assistance will be allocated as effectively as possible
2. Assistance is easily accessible no matter where or how people present

The Alaska Coalition on Housing and Homelessness has identified the following goals for the Alaska Balance of State Coordinated Entry System:

1. The intake, assessment, and referral process will be easy on the client, and provide quick and seamless entry into homelessness services
2. Individuals and families will be referred to the most appropriate resource(s) for their individual situation
3. The Coordinated Entry System will prevent duplication of services by streamlining decision making processes and increasing the ability to effectively monitor the overall homeless resource system
4. The Coordinated Entry System will reduce the average length of homelessness for clients
5. The process will improve communication and coordination among service provider agencies by utilizing a shared systemic and client-centered approach to crisis response and resource allocation
6. The Coordinated Entry System will be data driven and data responsive

GUIDING PRINCIPLES

- **Prioritize the most Vulnerable Clients-** as the primary factor among many considerations: Limited resources should be directed first to persons and families who are most vulnerable. Less vulnerable persons and families will be assisted as resources allow.

- **Prioritizing the Hardest to House**: Coordinated assessment referrals will prioritize those households that appear to be the hardest to house or serve for program beds and services. This approach will ensure an appropriate match between the most intensive services and the people least likely to succeed with a less intensive intervention, while giving people with fewer housing barriers more time to work out a housing solution on their own or through a less-intensive intervention. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all.

- **Client-Centered Approach:** Coordinated Entry is designed to help us focus on the client or family in need of services. The ultimate goal is to provide an accessible system that is easy to navigate which results in clients receiving the appropriate level of service available in their community. Agencies and Coalition leadership will make decisions based upon the best interests of those in need which may be a change in focus for some organizations and communities.

- **Housing First**: The most successful model for housing people who experience chronic homelessness is permanent supportive housing using a "Housing First" approach, which is a client-driven strategy that provides immediate access to housing without requiring participation in psychiatric treatment, treatment for sobriety, or other service participation requirements. After settling into housing, consumers are offered a wide range of supportive services that focus primarily on helping them maintain their housing. So, our coordinated assessment will support a housing first approach, and will thus work to connect households with the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.

- **Collaboration**: Because coordinated assessment is being implemented system wide, it requires a great deal of collaboration between the CoCs, providers, mainstream assistance agencies, funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong planning committee/Continuum of Care leadership/local coalitions, consistently scheduled meetings between partners, and consistent reporting on the performance of the coordinated assessment/entry process.

- **Performance-Driven Decision-Making:** Decisions about and modifications to the CES process will be driven primarily by the need to improve the performance of the

homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Agencies and Coalition leadership will do everything they can to ensure completeness, accuracy, and integrity of our client-level data which will be routinely utilized to inform our decision-making process.

ROLES

Alaska Coalition on Housing and Homelessness (AKCH2)

AKCH2 is the governing body of the Alaska Balance of State (AK BoS) Continuum of Care (CoC) and the AK BoS Coordinated Entry System. The AKCH2 Board consists of 15 peer elected board members representing a diverse and expansive history of housing and homelessness experience at the provider, community, regional and state level. Ultimately, the AKCH2 Board is responsible for the overall management of the AK BoS CES with relation to maintenance of the policies and procedures, review of annual program evaluation, marketing of the CES, and appellate reviews of grievance decisions.

Coordinated Entry Committee

AKCH2 will establish a Coordinated Entry Committee consisting of key stakeholders responsible for the continued success of the CES. The committee should strive to have representation from the AKCH2 Board, AKCH2 staff, the HMIS Lead, Designated Lead Agency or Organization staff from localized referral zones, rural community representatives, and participating providers. The Coordinated Entry Committee shall have a minimum of seven members.

The Coordinated Entry Committee will be responsible for continued system monitoring as described in the "Evaluation" section of these policies and procedures. In addition, the Coordinated Entry Committee will review written grievances from clients or agencies (see "Grievances" below). In addition, the Coordinated Entry Committee will be responsible for planning the implementation of the AK BoS CES including outreach, education, requests for technical assistance, and creation of an evaluation plan.

Designated Lead Agency or Organization (DLA/O)

Each local CES referral zone will choose a Designated Lead Agency/Organization (DLA/O) to manage the Prioritization List, ensure fidelity of local access points, coordinate marketing efforts and monitor system performance. The DLA/O is also responsible for relaying information from the CoC relevant to CES policies & procedures and ensure that the CoC has all up-to-date access point and contact information for their community.

The Institute for Community Alliances

The Institute for Community Alliances (ICA) is the HMIS Lead organization for both continuum of care organizations in Alaska (AKCH2 & Anchorage Coalition to End Homelessness). ICA's responsibilities will be consistent with those outlined in the AKCH2 Policies & Procedures and AKHMIS Policies & Procedures documents.

Specific to Coordinated Entry, the ICA will:

- Assist in the creation of intake forms
- Provide training to capture all data elements needed for prioritization
- Provide training to participating agency staff and volunteers in AKHMIS data entry
- Provide training to participating agencies on the referral process with regard to AKHMIS
- Build a Prioritization List for the entire Balance of State CES implementation
- Work with the DLA/O for localized referral zones to sort local clients based on priority
- Run accuracy and completeness reports for CES data consistent with the policies in this document
- Be an active member of the Coordinated Entry Committee
- Run HUD System Performance Measure reports and supplemental reports created by the Coordinated Entry Committee for the purpose of system evaluation

Participating Agencies

The Department of Housing and Urban Development (HUD) requires provider agencies (both community-based organizations and government entities) receiving Continuum of Care Program or Emergency Solutions Grant funding to participate in their jurisdiction's CES. There are also many non-mandated provider agencies who participate in the CES as referral sources, entry points, and providers of housing and services. Provider agencies participating in the AK BoS CES will:

- **Adopt and follow the AK BoS Coordinated Entry Policies & Procedures**, as identified in this document and approved by the AKCH2 Board, regarding access points, assessment procedures, client prioritization, and referral and placement in available services and housing. Other entry points into services and housing not identified in these Policies & Procedures will not be used.
- **Maintain low barrier to enrollment in services and housing.** No client 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.
- **Maintain Fair and Equal Access** to CES programs and services for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy status, citizenship status, familial status, household composition, disability, Veteran status, or sexual orientation.

- Population-specific projects and those projects maintaining attribute focus (e.g. women only, tribal nation members only, clients struggling with substance abuse, etc.) are permitted to maintain eligibility restrictions as currently defined and will continue to operate and receive prioritized referrals.
- **Create and share written eligibility standards.** Participating provider agencies will provide detailed written guidance for client 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 explored by the Coordinated Entry Committee or the DLA/O, whichever is most appropriate. This may include funder-specific requirements for eligibility and program-defined requirements such as client characteristics, attributes, behaviors or histories used to determine who is eligible to be enrolled in the program. These standards will be shared with the DLA/O and Coordinated Entry Committee.
- **Communicate vacancies.** Homeless providers will communicate project vacancies, either bed, unit, or voucher, to the DLA/O or other regional referral agencies in a manner outlined in this document.
- **Limit enrollment to participants referred through the defined access point(s).** Each bed, unit, or voucher that is required to serve someone experiencing homelessness must receive their referrals through the CES. Any agency filling homeless -mandated units from alternative sources will be reviewed for compliance by the DLA/O or Coordinated Entry Committee, whichever is more appropriate.
- **Participate in Evaluation Process.** CoC/ESG funded provider agencies shall participate in the annual Evaluation process conducted by the Coordinated Entry Committee as defined in this document.
- **Ensure staff who interact with the CES receive regular training and supervision.**

GOVERNING DOCUMENTS

HUD Coordinated Entry Policy Brief
https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf

HUD Notice CPD-17-01
https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf

HUD Notice CPD-16-11
https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf

Alaska Balance of State Continuum of Care Policies
https://www.alaskahousing-homeless.org/s/BoS-CoC-Policies-and-Procedures.pdf

Alaska Homeless Management Information System Policies and Procedures
https://www.icalliances.org/s/AKHMIS-Policies-and-Procedures-2016-dez6.pdf

GEOGRAPHIC AREA

The Alaska Balance of State Continuum of Care (CoC) is the largest geographic continuum in the country, covering all of Alaska, outside of the City of Anchorage. This area is over 660,000 square miles and is home to 404 communities, most of which are not located on the Alaska road system. The area contains few urban hubs and is mostly made up of extremely rural communities, many above the arctic circle. 2010 Census numbers report that the State of Alaska has a population of 710,231 with 418,405 (58.9%) residing in the Balance of State. The Alaska CES will encompass the entire Balance of State geographic area. Localized Coordinated Entry System referral zones may be established so long as they comply with the Alaska Balance of State CES Policies and Procedures. All localized CES must clearly define geographic area, assign a Designated Lead Agency/Organization and be approved by the Alaska Coalition on Housing and Homelessness Continuum of Care Board.

TARGET POPULATION

The Coordinated Entry System is intended to serve individuals and households experiencing homelessness and those who are at imminent risk of homelessness. Homelessness and imminent risk of homelessness will be defined in accordance with the HUD definition of homelessness. [1]

ACCESS

Participating Agencies

All programs that receive Continuum of Care, Emergency Solutions Grant, Supportive Services for Veteran Families (SSVF), and Basic Homeless Assistance Program funding are required by their funders to participate in the CES. Other programs are encouraged and welcome to join the CES. Those programs that are not required by their funder to participate in the CES will sign a Memorandum of Understanding agreeing to participate in the system for a minimum of six months.

Accessing the Coordinated Entry System

Due to the vast geographic size and diversity of community needs across the Balance of State CoC area, the CoC will take a multi-site approach to the Coordinated Entry System. Depending on the level of need, existing services/agencies, and size of the community, the local coalition may choose to utilize a single location or multiple sites for intake into the CES. These access points will have the staffing capacity and training to administer a standardized assessment. Access points will also be responsible for entering client information into the AKHMIS database in a timely manner as defined in the AKHMIS Policies and Procedures (or have a Coordinated Services Agreement with another entity for data entry). Following intake and assessment, clients are referred to the service provider from whom they will receive assistance.

The advantages to a multi-site approach (as opposed to a "No Wrong Door" approach) is that it requires fewer access points which makes it easier to manage the CES and ensure all proper training has taken place. In addition to oversight advantages, having specific access points makes marketing of the CES easier on the local DLA/O and Coordinated Entry Committee.

Given the vast geographic area of the Alaska BoS and lack of a widespread transportation system, the DLA/O and Coordinated Entry Committee will be responsible for ensuring that clients will have the ability to be assessed telephonically for the purposes of prioritization. Not

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[1] The HUD definition of homelessness can be found here:
https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

all access points are required to provide telephonic assessments but it is the responsibility of the DLA/O and the Coordinated Entry Committee to ensure that telephonic assessment hours are reasonably available for clients on a regular schedule and the schedule is incorporated in the CES marketing plan.

Telephonic Referrals to Access Points

AKCH2 will partner with the Alaska 2-1-1 program to provide information and referral services for the entire AK BoS CES geographic area. Alaska 2-1-1 is an established call center resource for connecting Alaskans with a wide variety of vital resources in communities across the state. Their hours of operation are posted on the alaska211.org website. Their website also provides a 24/7 database of available services.

While 2-1-1 operators will not be administering common assessments for the purposes of prioritization, they will provide referrals to CES participating agencies and relay information regarding telephonic assessment hours for the agencies of the client's choice. Alaska 2-1-1 also will continue to act as a prevention & diversion pre-screen for clients and make referrals to services for which they may qualify.

Access Point Requirements

All defined access point providers must administer the Alaska CES Assessment Process as defined in this document. The assessment process must be standardized across each community, with uniform decision-making across all assessment locations and staff. If access points or assessment processes are conducted or managed by providers who do not receive HUD, ESG, SSVF, or BHAP funds, those providers must still abide by assessment standards and protocols defined by the CoC. The CES will operate using a client-centered approach, allowing clients to freely refuse to answer assessment questions and/or refuse referrals.

The DLA/O for localized Coordinated Entry System referral zones is responsible for identifying all access points in their region. For communities and regions outside of designated referral zones, the Coordinated Entry Committee will work with agencies to identify natural CES access points.

Access Points for Targeted Subpopulations

All access points in the Alaska Balance of State CES must offer the same assessment approach and standardized decision-making process. The local DLA/O may decide to establish separate access points and variations in assessment processes to the extent necessary to meet the needs of the following five target populations:

1. Adults without children
2. Adults accompanied by children
3. Unaccompanied youth

4. Households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking)
5. Persons at-risk of homelessness

Households who are included in more than one of the above populations must be able to be served at all of the access points for which they qualify as a target population.

If an access point is not an emergency services (ES) provider, they must have the ability to refer clients to ES providers. Additionally, if an individual presents at an access point not targeted for their subpopulation, they must have the ability to refer them to an appropriate access point.

Veterans

In compliance with HUD Notice CPD 17-01, separate access points and assessment processes may not be established for veterans. However, "a coordinated entry process may allow Veterans Administration (VA) partners to conduct assessment and make direct placements into homeless assistance programs, including those funded by the CoC and ESG programs, provided that the method for doing so is in collaboration between those VA partners and the CoC."

Emergency Shelter

Individuals and families may enter emergency shelter settings without the requirement to be referred through an access site; however, whenever possible and appropriate, shelter providers should attempt diversion strategies for all consumers seeking shelter services. Should diversion not be successful or possible, homelessness prevention resources should be pursued by connecting the consumer with a CES access site if the shelter is not an access site itself. Through an access site, the household should be screened for homelessness prevention and assessed accordingly should this appear to be an appropriate intervention. Should homelessness prevention not be an appropriate intervention, or should the households desire to seek other housing options, the common assessment tool should be administered to allow the household to be placed on the centralized Priority Listing.

Access Point Hours of Operation

All access points will have clearly defined hours of operation for providing in-person assessments. If the access point has designated hours for telephonic assessments, they should also be clearly defined and regular. Hours of operation must be included in the DLA/O and Coordinated Entry Committee marketing materials. In addition, assessment hours and any changes to hours of operation must be relayed to the Coordinated Entry Committee (via the DLA/O if appropriate) within 24 hours of the change. It is the responsibility of the Coordinated Entry Committee to ensure that Alaska 2-1-1 has the most up-to-date hours of operation for all access points.

Outreach

Street outreach is an essential component of a CES and increases the ability to connect individuals with, oftentimes, the highest needs in the community with available housing interventions. CoC Program- and ESG Program-funded street outreach efforts must be linked to the CES. Outreach staff must be trained in the assessment process and have the ability to conduct on-site assessments if appropriate. If on-site assessments are not appropriate for a client, outreach staff must be able to refer any individual to an appropriate access point in the community. Individuals who are encountered during outreach efforts will be prioritized for assistance in the same manner as any other person who accesses and is assessed through coordinated entry.

Access Point Database

The CoC will keep an updated register of access points for each region and assist in communicating this information to clients, stakeholders/statewide referral agencies, and neighboring CoC organizations. The DLA/O of referral zones is responsible for communicating to the CoC any changes to access points or targeted subpopulations of access points within their region within a week of the change. The CoC will audit the Access Point Database on an annual basis to ensure accuracy.

Nondiscrimination

All access points in the CES must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws, including the following:

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

Marketing

The Coordinated Entry Committee, in collaboration with DLA/Os, will affirmatively market housing and supportive services to eligible persons regardless of race, color, national origin,

religion, sex, age, familial status, disability or who are least likely to apply in the absence of special outreach. The CES marketing strategy, as developed by the Coordinated Entry Committee must ensure all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process.

Communities should make every effort to market access points to the CES in as many ways possible including, but not limited to:

- Service Provider Websites
- Local Coalition Websites
- Newsletters
- Social Media
- Flyers at Known Locations Where Potential Clients Might Congregate, Including at Social Service Agencies
- Street Outreach
- Discussion at Public Events or Town Hall Meetings
- Television
- Media Releases

AKCH2 will also assist in marketing efforts utilizing the AKCH2 website, newsletters, participation in local meetings and media releases. AKCH2 and AHFC will also work with the United Way on ways for cross marketing the CES and the 2-1-1 system.

ASSESSMENT

Phased Assessment
All participating agencies in the Alaska Balance of State CES will follow the same phased assessment approach for their clients, regardless of the target population. The HUD Coordinated Entry Core Elements document defines the assessment phases as follows:

1. **Initial triage.** Likely focused on defining the nature of the current crisis and ensuring the person's immediate safety.

2. **Prevention/Diversion.** Can occur as part of initial triage or separately; is likely focused on assisting the person to examine his or her resources and options other than entering the homeless system.

3. **Intake.** Likely occurs when the person accepts crisis assistance, such as emergency shelter. Assessment is likely limited to collecting information necessary to enroll the person in a homeless assistance project (i.e., the homeless assistance project could be

coordinated entry itself or an emergency shelter, depending on how the localized CES is structured or how crisis response interventions are defined locally).

4. **Initial assessment.** The initial assessment will incorporate the common assessment tool (see below) which measures an individual's level of risk, vulnerability, and the person's barriers, and need. The person's responses to initial assessment can be used to help define risk and prioritize the person for further CoC Program or ESG Program assistance such as street outreach, emergency shelter, rapid rehousing, and permanent supportive housing.

   Note that some of the initial assessment questions might be asked multiple times throughout project enrollment, as the person's barriers, goals, and preferences evolve as a result of their immediate crisis needs being addressed.

5. **Potential eligibility assessment.** Eligibility screening (predetermination) considers the potential participant's likelihood of being eligible for admission to a project based on its specific eligibility requirements and the CoC's written standards for prioritizing assistance.

   Collecting required information and documentation regarding eligibility can occur at any assessment stage, but *determining* eligibility occurs separately from the prioritization process. Responsibility for collecting and maintaining eligibility documentation rests with the specific homeless assistance project.

6. **Comprehensive assessment.** Typically a follow-up to initial assessment. Refines, clarifies, and verifies the person's history, barriers, goals, and preferences. Together, staff and the person develop a housing and services plan, including a strategy for exiting homelessness. Comprehensive assessments often involve some level of case conferencing, which includes conversations with staff from multiple projects and agencies and the participant themselves to ensure the outcomes of the assessment align with the CoC's prioritization process. Case conferencing allows for consideration of unique, person-specific vulnerabilities and risk factors to be included in the participant's housing plan.

7. **Next-step / moving on assessment.** Re-evaluates program participants who have been stably housed for some time and who are ready for less intensive housing or services, perhaps even an exit to self-sufficiency. Can also be used when new information about a person is revealed during enrollment in a project and the new information suggests a different service strategy might be warranted.

While each of these assessment phases are required, communities may combine or integrate the assessment phases into a single assessment stage or a single client interaction within the coordinated entry process. Collapsing or integrating stages in assessment can be appropriate depending on the design of the localized CES and available access points in the community.

Common Assessment Tool

All CES-participating agencies and access points will utilize a common assessment tool in order to measure an individual's vulnerability, mental/physical health complications, substance use, risks, and other factors pertinent to informing the CES for purposes of triaging clients to the most appropriate housing intervention.

The Alaska Balance of State will utilize the Vulnerability Index – Service Prioritization Decision Assistance Tool 2.0 (VI-SPDAT 2.0) developed by OrgCode. There are several versions of the VI-SPDAT 2.0 specific to different subpopulations and assessment phases. The Alaska Balance of State CES will most commonly utilize the VI-SPDAT (targeted for individuals), Family VI-SPDAT (VI-F-SPDAT; targeted for households with minor children), and the Youth VI-SPDAT (TAY-VI-SPDAT; targeted for transition age youth – 18 – 24 years old).

VI-SPDAT scores will help inform the CES in triaging client referrals. While the scores alone do not automatically lead to a referral decision (see "prioritization" below), they do suggest what type of housing intervention is most likely appropriate for the client's current vulnerability level. Please see the following chart containing housing intervention by VI-SPDAT score

	VI-SPDAT	VI-F-SPDAT	TAY-VI-SPDAT	
Prevention/Diversion	0-3	0-3	Prevention/Diversion	0-3
Rapid Re-housing or Transitional Housing	4-7	4-8	Time-limited supports with moderate intensity	4-7
Permanent Supportive Housing	8+	9+	Long-term housing with high service intensity	8+

Data Quality and Privacy

Except as otherwise specified, data associated with the Coordinated Entry System should be stored in the Alaska Homeless Management Information System (AKHMIS). All data entered into, accessed, or retrieved from the AKHMIS must be protected and kept private in accordance with the HMIS Data and Technical Standards as announced by the CoC Interim Rule at 24 CFR 578.7(a)(8) or any superseding document.

Before collecting any information as part of the CES, all staff and volunteers must first either (1) obtain the participant's informed consent to share and store participant information for the purposes of assessing and referring participants through the coordinated entry process by using the AK BoS Release of Information form, or (2) confirm that such consent has already been obtained and is still active. Whenever possible, the participant's consent should be in written form.

The CoC will not deny services to any participant based on that participant's refusal to allow their data to be stored or shared unless a Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information as a condition of program participation. Where appropriate, non-personally-identifiable information about participants who refuse consent to share personally identifiable data should be logged in an electronic case file that uses pseudonyms, e.g., "Jane Doe," to preserve as much non-personally-identifiable information as possible for statistical purposes. As participating agencies build a relationship with the client, it is expected that staff will make an effort to receive consent to update a client's case file with personally-identifiable data for the purposes of ensuring the Prioritization List is de-duplicated.

The completeness and accuracy of data entered into AKHMIS for the CES should be checked, at a minimum, of once per month as part of the community's overall efforts to continuously improve data quality. The HMIS Lead will provide training and technical assistance on request to anyone using the CES who faces obstacles to inputting complete and accurate data, and may recommend and/or require technical assistance for providers who receive a low score on automated data quality reports.

Safeguards for Survivors of Domestic Violence

Safeguards must be taken with any data associated with anyone who is known to be fleeing or suffering from any form of domestic violence, including dating violence, stalking, trafficking, and/or sexual assault, regardless of whether such clients are seeking shelter or services from non-victim-specific providers.

Data collected from clients in this target population are not required to be entered into AKHMIS. Consistent with current requirements of CoC/ESG/BHAP funded DV providers, data must be entered into a comparable database that is compliant with privacy standards in relation to the Violence Against Women Act.

If necessary to ensure the safety of potential victims of domestic violence, victim service providers are allowed to establish an alternative Coordinated Entry process for victims of domestic violence, dating violence, sexual assault, and/or stalking. If such an alternative process is established, it must still meet HUD's minimum Coordinated Entry requirements, i.e., non-discrimination, full coverage, easy accessibility, adequate advertisement, standardized assessment based on written procedures, comprehensive assessment based on client need and vulnerability, and a unified effort to refer clients to housing and services across the entire geographic region according to the priority assigned by the Coordinated Entry system.

PRIORITIZATION

All clients seeking services through the CES are served and prioritized in a non-discriminatory manner consistent with the nondiscrimination provisions of the Federal civil rights laws, including, but not limited to the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Title II or III of the Americans with Disabilities Act, as applicable. For example, while it is acceptable to prioritize based on level of need for the type of assistance being offered, prioritizing based on specific disabilities would not be consistent with fair housing requirements or program regulations.

Orders of Priority

Depending on the type of housing intervention type, research has shown that clients presenting with specific characteristics (length of time homeless, severity of needs, etc.) are more likely to be successful when referred to a program specialized to serve individuals in their current situation. Regardless of the housing intervention type, the order of priority will always be based first on length of time homeless followed by the severity of service need. The Alaska Balance of State CoC has adopted the order of priority recommended in HUD Notice CPD-16-11 or any proceeding notice superseding this guidance. Orders of priority for all other component types are also listed below. Severity of service need will be determined by the VI-SDPAT, F-VI-SPDAT, or TAY-VI-SPDAT, depending on the subpopulation, for Permanent Housing and Transitional Housing, and for homelessness prevention.

Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

- **First Priority:** Chronically homeless individuals and families with the longest history of homelessness and most severe service needs.
- **Second Priority:** Chronically homeless individuals and families with the longest history of homelessness.
- **Third Priority:** Chronically homeless individuals and families with the most severe service needs.
- **Fourth Priority:** All other chronically homeless individuals and families.

Should multiple individuals and families present under the fourth priority, a localized referral zone may set in place additional priorities to determine which individual or household will be offered assistance first. Prioritization factors may not prioritize based on a specific type of disability, but may consider veteran status, individuals fleeing or attempting to flee domestic violence/dating violence/stalking, living situation, length of time on Prioritization List, or other factors relevant to the local needs of the community. These prioritization standards must be approved by the DLA/O and included in the referral zone's respective policies and procedures document.

- **First Priority:** Homeless individuals and families with a disability with long periods of episodic homelessness and severe service needs.
- **Second Priority:** Homeless individuals and families with a disability with severe service needs.
- **Third Priority:** Homeless individuals and families with a disability, coming from place not meant for human habitation, safe haven, or emergency shelter without severe service needs.
- **Fourth Priority:** Homeless individuals and families with a disability coming from transitional housing.

Should multiple individuals and families present under the fourth priority, a localized referral zone may set in place additional priorities to determine which individual or household will be offered assistance first. Prioritization factors may not prioritize based on a specific type of disability, but may consider veteran status, individuals fleeing or attempting to flee domestic violence/dating violence/stalking, living situation, length of time on Prioritization List, or other factors relevant to the local needs of the community. These prioritization standards must be approved by the DLA/O and included in the referral zone's respective policies and procedures document.

Rapid Re-housing

Available rapid re-housing (RRH) units will be prioritized by the vulnerability score produced by VI-SPDAT. All clients receiving referrals for rapid re-housing units, except for those who meet the first and fourth and fifth priorities, must have received a vulnerability score from the VI-SPDAT within the RRH range.

- **First Priority:** Individuals and families who have been offered placement in a permanent supportive housing project, but have declined the referral due to an indicated preference to participate in a rapid re-housing project.
- **Second Priority:** Individuals and families with the greatest length of time homeless.
- **Third Priority:** Individuals and families with the most severe service needs.
- **Fourth Priority:** Those who meet HUD's Category 4 definition of homelessness; fleeing or attempting to flee domestic violence, dating violence, or stalking.
- **Fifth Priority:** Individuals at-risk of trafficking or exploitation.
- **Sixth Priority:** All other individuals who received a vulnerability score from the VI-SPDAT within the RRH range.

Should multiple individuals and families present under the sixth priority, a localized referral zone may set in place additional priorities to determine which individual or household will be offered assistance first. Prioritization factors may not prioritize based on a specific type of

disability, but may consider veteran status, living situation, length of time on Prioritization List, or other factors relevant to the local needs of the community. These prioritization standards must be approved by the DLA/O and included in the referral zone's respective policies and procedures document.

Transitional Housing

Transitional housing units are reserved for priority populations, including youth, those existing with a substance abuse recovery or treatment center, and those fleeing or attempting to flee domestic violence, dating violence, or stalking. The following criteria will be used to prioritize transitional housing units. All priorities for transitional housing referrals, except for the first priority, must have received a vulnerability score from the VI-SPDAT within the transitional housing range.

- **First Priority:** Individuals and families who are a priority population for transitional housing and have been offered placement in a permanent supportive housing project, but has declined the referral due to an indicated preference to participate in a transitional housing project.
- **Second Priority:** Individuals and families who are a priority population for transitional housing and have the greatest length of time homeless.
- **Third Priority:** Individuals and families who are a priority population for transitional housing and have the most severe service needs.
- **Fourth Priority:** Individuals and families who are a priority population for transitional housing and at-risk of trafficking or exploitation.
- **Fifth Priority:** All other individuals or families who are a priority population for transitional housing.

Should multiple individuals and families present under the fifth priority, a localized referral zone may set in place additional priorities to determine which individual or household will be offered assistance first. Prioritization factors may not prioritize based on a specific type of disability, but may consider veteran status, living situation, length of time on Prioritization List, or other factors relevant to the local needs of the community. These prioritization standards must be approved by the DLA/O and included in the referral zone's respective policies and procedures document.

REFERRAL PROCESS

It is prohibited for any HUD-funded homelessness assistance programs to serve individuals and/or families experiencing homelessness or who are at imminent risk of homelessness, without the household first going through the coordinated entry system and receiving a referral to the Prioritization List.

When a program has an opening, the responsible staff person must consult the Prioritization

Lists in AKHMIS. Using the order of priority established for the program (See "Prioritization" section), program-specific requirements (e.g. single, youth, category 4 homeless, etc.), and the VI-SPDAT score, the program will offer services to the highest prioritized individual/family.

Declined Referrals by Program

If a program does not take the highest prioritized individual or family from the Prioritization Lists to fill an available spot, that agency must document the reason for not accepting that referral in the AKHMIS ServicePoint client file. If the highest prioritized client does not have an AKHMIS ServicePoint client file (because the client was referred from a Domestic Violence Service Provider), the agency must provide a written explanation to the DLA/O. It is the responsibility of the agency not taking the highest prioritized individual or family to ensure that the individual or family has a new referral to the priority list, if needed. The individual or family remains on the Prioritization List in order to access the next available program spot, as long as the individual or family is in need of permanent housing, rapid re-housing or transitional housing.

Declined Referrals by Clients

One of the guiding principles of the Alaska Balance of State CES is to establish a system that is client-centered. Individuals and families will be given information about the programs available to them and have some degree of choice in which programs they want to participate-. If an individual or family declines a referral to a housing program, their name remains on the Prioritization List until the next housing opportunity is available.

Case Conferencing

Despite the efforts to prioritize those being offered placement into a housing project using the orders of priority and acuity score produced by the VI-SPDAT, the system should allow for some flexibility and establishment of precedence in nuanced and unique circumstances not addressed in these Standards.

To respond to this need, case conferences will be conducted in each region on a regular basis. Each localized referral zone may determine the regularity in which they meet; however, conferences will occur no less than once every month. The DLA/O will coordinate and facilitate these conferences. Other participants will include, CES participating agencies, community stakeholders, housing and service providers, and other closely associated resource administrators.

The main objective of case conferencing is to create housing placement action plans for individuals that have remained on the Prioritization List without being offered a housing placement within the past 60 days; assess and report on operations and efficiency improvements; investigate reasons behind the referral denials; execute cross-regional offerings of housing; and announce changes to the CES. Those involved in case conferences will provide

the DLA/O with information relating to difficulties in finding suitable housing for those searching, the impact non-existent or limited resources have on successfully housing consumers, and policy-level changes believed to improve the crisis response system developed for our CoC's most vulnerable citizens.

Case conferences may also be an environment in which housing providers can discuss clients who are at risk of being terminated from participating in a program. Such pre-emptive activities will help those at-risk of homelessness from becoming homeless and entering the CES for the first time or even re-entering the system.

GRIEVANCE POLICY

Client Grievances

The agency completing the screening should address any complaints by clients as best as they can in the moment. Complaints that should be addressed through the agencies established grievance process include complaints about how they were treated by agency staff, agency conditions, or violation of confidentiality agreements. Any other complaints should be referred to the AKCH2 CoC Coordinated Entry Committee to be dealt with in a similar process to the one described below for providers. Any complaints filed by a client should note their name and contact information so the Coordinated Entry Committee can contact him/her to discuss the issues.

Provider Grievances

It is the responsibility of all directors, officers, and employees of CoC, ESG, SSVF, and BHAP funded programs to comply with the rules and regulations of the Coordinated Entry System. Anyone filing a complaint concerning a violation or suspected violation of the policies and procedures must be acting in good faith and have reasonable grounds for believing an agency is violating the Coordinated Assessment System policies and procedures.

To file a grievance regarding the actions of an agency, contact the AKCH2 Executive Director with a written statement describing the alleged violation of the Coordinated Entry System policies and procedures and the steps taken to resolve the issue locally. The AKCH2 Executive Director, in coordination with the CES Committee, will contact the agency in question to request a response to the grievance. Once the AKCH2 Executive Director has received the documentation, the CES Committee will decide if the grievance is valid and determine if further action needs to be taken. If the individual or agency filing the grievance, or the agency against whom the grievance is filed, is not satisfied with the determination they may file a grievance with the AKCH2 Board Chair. This must be done by providing a written statement regarding the original grievance and why the complainant disagrees with the decision made by the CES Committee. The Board Chair will bring the matter to the Board of Directors for discussion and a final decision.

EVALUATION

The Coordinated Entry Committee or the respective DLA/O will consult with each participating project and project participants at least once annually to evaluate the intake, assessment, and referral processes associated with coordinated entry as well as each agency's fidelity of the privacy protections outlined in the AKHMIS Policies and Procedures.

The CoC and respective DLA/O will solicit feedback from participating projects and project participants on the quality and effectiveness of the entire coordinated entry experience on an annual basis. This evaluation will use one or more of the following methods:

- Survey designed to reach at least a representative sample of participating providers and households;
- Focus groups of five or more participants that approximate the diversity of the participating providers and households;
- Individual interviews with enough participating providers and households to approximate the diversity of participating households.

As part of the evaluation process, the CoC will examine how the CES is affecting the CoC's HUD System Performance Measures, and vice versa. To that end, the evaluation will also include project- and system-level HMIS data. The Coordinated Entry Committee will develop an Evaluation Plan to support this process.

Observations from the evaluation process and feedback from participating agencies and participants will be taken into consideration during the Coordinated Entry Committee's review of these CES policies and procedures. The AKCH2 Board will consider any recommended changes to these policies and procedures during their annual Spring Board meeting.

TRAINING

The CoC will provide training opportunities at least once annually to organizations and/or staff that serve as access points or administer assessments. The purpose of the training is to provide all staff who administer assessments with access to materials that clearly describe the methods by which assessments are to be conducted, with fidelity to the CoC's Coordinated Entry written policies and procedures.

New staff and new volunteers who begin to participate in the Coordinated Entry process for the first time must complete a training curriculum that will cover each of the following topics:

- Review of the CoC's written Coordinated Entry system policies and procedures, including any adopted variations for specific subpopulations;
- Requirements for use of assessment information to determine prioritization;
- Non-discrimination policy as applied to the Coordinated Entry system, and
- Criteria for uniform decision-making and referrals.

All assessment staff must be trained at least once on how to conduct a trauma-informed assessment of participants, with the goal of offering special consideration to victims of domestic violence and/or sexual assault to help reduce the risk of re-traumatization.

All assessment staff must be trained at least once on safety planning and other next-step procedures to be followed in the event that safety issues are identified in the process of conducting an assessment.

All staff and volunteers who enter data into HMIS or access data from HMIS must be trained in current HMIS policy and procedures.

APPENDIX A: GLOSSARY OF TERMS

Chronically Homeless

- 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 where those occasions also cumulatively total at least 12 months; 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;
- 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;
- 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. *(24 CFR 578.3)*

Client – Individual or family who accesses the Coordinated Entry System

Designated Lead Agency (DLA/O) – Agency chosen by the local coordinated entry system referral zone to manage the Prioritization List and serve as the point of contact for the Continuum of Care Coordinated Entry Committee.

Literally Homeless (HUD Homeless Definition Category 1) - An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution *(24 CFR 578.3)*

Imminently At-Risk of Homelessness (HUD Homeless Definition Category 2) - An individual or family who will imminently lose their primary nighttime residence, provided that: (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing *(24 CFR 578.3)*

Fleeing domestic abuse or violence (HUD Homeless Definition Category 4) - Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing *(24 CFR 578.3)*

Homeless Management Information System (HMIS) - The information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD. The HMIS used in Alaska is Service Point.

HMIS Lead – The entity designated by the Continuum of Care to operate the Continuum's HMIS on its behalf. Institute for Community Alliances (ICA) is the HMIS Lead for the State of Alaska.

Housing Interventions - Housing programs and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g. Housing Choice Vouchers).

Local Coordinated Entry System Referral Zone – While the AKCH2 CoC area encompasses the entire Alaska Balance of State geographic area, the CoC allows for communities to establish local coordinated entry system referral zones to address the specific needs of their clients. Local referral zones must abide by all CoC CES policies but can tailor their CES based on community need in the ways outlined within this document.

Program – A specific set of services or a housing intervention offered by a provider.

Provider – Organization that provides services or housing to people experiencing or at-risk of homelessness.

VI-SPDAT 2.0 – *Vulnerability Index-Service Prioritization Decision Assistance Tool* 2.0 is the standardized assessment tool used in the Coordinated Entry System in Alaska. The VI-SPDAT is a pre-screening, or triage tool, that is designed to be used by all providers within the Coordinated Entry System to quickly assess the health and social needs of people experiencing homelessness and match them with the most appropriate support and housing interventions that are available. There are different versions of the VI-SPDAT used in the Alaska Coordinated Entry System tailored toward three subpopulations: individuals, families, and transition-aged youth.