



## GUILFORD COUNTY CONTINUUM OF CARE

Working to End Homelessness in Guilford County

### GUILFORD COUNTY, N.C.

## COORDINATED ENTRY POLICIES AND PROCEDURES

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## OVERVIEW

**Purpose:** Guilford County's Coordinated Entry Policies and Procedures will govern the implementation, governance and evaluation of coordinated entry process in Guilford County including standardized access, assessment and referral. The Coordinated Entry System will cover the geographic boundaries of Guilford County. These policies may only be changed by the Continuum of Care (CoC) Board based on recommendations from the Coordinated Entry Committee.

According to the National Alliance to End Homelessness, Coordinated Entry is a process that ensures that all people experiencing a housing crisis in a defined geographic area have fair and equal access to the Coordinated Entry System and are quickly identified, assessed for, referred, and connected to housing and homeless assistance based on their needs and strengths no matter where or when they present for services. The Guilford County CoC Coordinated Entry System uses standardized tools and practices. It also incorporates a system-wide Housing First approach, participant choice, and coordinates housing and homeless assistance such that people experiencing homelessness are prioritized based on the severity of their needs.

Coordinated Entry, also known as coordinated assessment or coordinated intake, is intended to pave the way for more efficient homeless assistance systems by:

- Helping people move through the system faster (by reducing the amount of time people spend moving from program to program before finding the right match);
- Reducing new entries into homelessness (by consistently offering prevention and diversion resources upfront, reducing the number of people entering the system unnecessarily); and
- Improving data collection and quality and providing accurate information on what kind of assistance consumers need.

### **Definitions:**

*Coordinated Entry Assessors:* The only dedicated staff for the Guilford County Coordinated Entry process. They will be employees of the Lead Agency and will be responsible for facilitating prevention/diversion and assessments, attending the Coordinated Assessment Work Group meetings; entering data into HMIS; and other duties as needed to implement Coordinated Entry. *Note: While the Coordinated Entry Assessors of the lead agency complete the majority of assessments for the CoC, there are staff at multiple agencies that are able to complete these assessments after receiving training from the Coordinated Entry lead agency and being approved by the Coordinated Entry Committee.*

*Coordinated Assessment Work Group:* The group will consist of at least all Rapid Rehousing and Permanent Supportive Housing providers, Coordinated Entry Assessors, the Coordinated Entry Lead Agency, VA, Assessor, Greensboro Housing Coalition, Greensboro Housing Authority and all SO teams including the PATH team. The group will meet weekly to participate in a transparent process whereby clients on the Guilford County Housing By-Name List will be matched with the appropriate housing provider. During this meeting, updates regarding Coordinated Entry participants who have been

matched for program openings will also be provided by the agency/agencies assisting the participant. Where a Coordinated Entry participant has become uncommunicative or unresponsive, this will be monitored to ensure compliance with the CoC's policy for inactivity.

*Coordinated Entry:* According to HUD, Coordinated Entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.

*Coordinated Entry Committee:* A standing committee of the CoC Board of Directors that provides oversight and evaluation of Guilford County’s Coordinated Entry process.

*Fleeing Domestic Violence:* HUD’s definition: “Any individual or family who: (1) Is fleeing, or is attempting to flee, domestic violence, economic abuse, and technological abuse, and (2) has no other residence, and (3) lacks the resources or support networks to obtain other permanent housing.”

*Lead Agency:* The agency selected by the Guilford County Continuum of Care Board of Directors to lead and manage the day-to-day operations of the Coordinated Entry System.

*Literally Homeless:* The U.S. Department of Housing and Urban Development defines literal homelessness as: (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a 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 and government programs); (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering institution.

*VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool):* Assessment tool to help determine the chronicity and medical vulnerability of homeless individuals or families. \* **Currently referred to as “Assessment Tool.”**

**Target Population:** Guilford County’s Coordinated Entry process will target all individuals and families experiencing literal homelessness. *As defined, an individual or family who lacks a fixed, regular, and adequate residence.* Homelessness is defined in accordance with the U.S. Department of Housing and Urban Development’s (HUD’s) definition of literal homelessness (see above), as well as people at imminent risk of homelessness. Who, according to HUD, are people who believe they will become homeless within 72 hours. People who do not meet one of these definitions will be referred to other services in the community.

**Guiding Principles:** Guilford County’s Coordinated Entry system will operate in accordance with the following guiding principles:

- *Consumer Choice:* Consumers will be given program choice based on availability and eligibility criteria.
- *Consumer Engagement:* Consumers will be engaged partners in the implementation and evaluation of Coordinated Entry.
- *Data Driven:* Real time, accurate data will be used to make decisions, set goals and allocate resources.
- *Prioritization:* Housing and services will be prioritized to those with the highest level of need.
- *Housing First:* Coordinated Entry will support the Housing First model. Housing First is a homeless assistance approach that prioritizes providing permanent housing to people

experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life.

## KEY COMPONENTS

### Housing First

For Guilford County to have an effective Coordinated Entry System its continuum of homeless service providers must embrace Housing First, operate with few barriers and a focus on quickly rehousing individuals and families experiencing homelessness. Providers that receive HUD, City and ESG funding are required to abide by Housing First principles including low barrier and harm reduction strategies. See *Guilford County Continuum of Care Housing First Written Standards* for more details.

### Outreach/Community Education:

The Coordinated Entry System will rely upon agencies and groups in Guilford County who do outreach for various populations to provide information on accessing Coordinated Entry. The Coordinated Entry Lead Agency will launch a vigorous marketing program ensuring they share the information needed to best connect community members to Coordinated Entry.

In addition, a specific focus will be providing information to those agencies that service hard-to-reach individuals and families that may be experiencing homelessness such as immigrants, those with disabilities including sight and hearing impairments, youth and families with children.

Educating the community about Guilford County's Coordinated Entry process will be critical to identifying those who are experiencing homelessness and to properly guide those individuals to easily access the system for prevention/diversion, assessment, emergency shelter and/or housing services.

The following community education strategies will be used:

- Forums with stakeholders
- Continuum of Care and other community meetings
- Brochure(s) – service providers/clients
- Website – Continuum of Care, Partners Ending Homelessness, 211
- 211

**Access:** To ensure the greatest access for clients and full coverage of the county, Guilford County has chosen a “No Wrong Door” approach to Coordinated Entry. Having a “No Wrong Door” approach will ensure that all populations/subpopulations will have non-discriminatory access to the Coordinated Entry process including those fleeing domestic violence, dating violence, sexual assault or stalking (referred to hereafter as “domestic violence”); experiencing chronic homelessness; veterans; adults; children; and youth regardless of where and how they present for crisis services.

In an effort to ensure accessibility, the Lead Agency will operate various access points throughout Guilford County at locations that are frequented by people experiencing homelessness. Access points will be facilitated in such a manner that confidentiality and safety can be ensured. Access points will provide an opportunity for eligible community members to complete assessments, for community members to check in to ensure that they remain active on the Housing By-Name List, and for supplies to be provided as available.

To ensure the greatest safety for individuals and families fleeing domestic violence, they will be able to access the Coordinated Entry system directly from the Domestic Violence Shelters or the Victim Services Programs located in both Greensboro and High Point. To further assure the safety of the individual/family, shelter staff will conduct the assessment. The assessments will be brought to the Coordinated Workgroup

meeting each week by a DV shelter representative to ensure victims of DV have equal access to services. To maintain confidentiality, name of the client will be represented by their initials and their score.

When a homeless individual or family shows up at a non-victim service agency and is identified as fleeing or attempting to flee domestic violence, they will be immediately referred to the 24-hour Domestic Violence Crisis Line. If the individual/family does not wish to seek domestic violence-specific services or the Crisis Line determines they are ineligible or cannot be accommodated by a domestic violence shelter, the individual/family will access the Coordinated Entry System in accordance with all protocols described in these Policies and Procedures. All emergency shelter managers and case managers, as well as Coordinated Entry Assessors will be trained by Family Services of the Piedmont staff (DV provider) annually to assess safety issues and how to develop Safety Plans with those fleeing domestic violence.

The Coordinated Entry Lead Agency will ensure that all access points are accessible to people with disabilities. If services are needed for those with hearing or sight impairments, the Coordinated Entry Assessor will contact a partner agency to provide those services. If an individual or family member(s) does not speak English, the Coordinated Entry Assessor will contact a partner agency to provide translation services.

If it is determined that a client can be prevented or diverted with financial assistance, the staff person will contact agencies with prevention funds to determine availability and eligibility.

**Assessment:** Having a coordinated assessment process is critical to ensure that Guilford County to identify the most appropriate programs and services to meet the needs of each homeless individual and family. This will not only improve the outcome for that individual and family but will also help the community to best utilize its resources.

The first stage of assessment will be the facilitation of the assessment tools to screen individuals and families for the opportunity to prevent or divert them from becoming homeless. The staff will utilize the assessment tool for single adults, families, and youth based on the situation to ensure appropriate questions are being asked. Both Coordinated Entry Coordinated Entry Assessors, as well as trained staff from local homeless service providers across Guilford County will be specially trained by Partners Ending Homelessness staff to facilitate the tools to ensure easy access for individuals and families at risk for homelessness.

If an individual or family cannot be diverted or prevented from becoming homeless, then they will be referred to an access point that is staffed by a Coordinated Entry Assessor.

Guilford County will utilize the assessment tool for Single Adults, youth, and families as its tools to assess the acuity of people presenting as literally homeless according to HUD's definition. The assessment tool will be administered by Coordinated Entry Assessors, as well as other individuals and groups that have been approved by the Coordinated Entry Committee and have completed required training.

The assessment tool is a valid, tested and reliable assessment used by Continuum of Care throughout the country to determine need and eligibility for housing and related services and to precipitate prioritization based on acuity. The assessment tool has been vetted as a culturally and linguistically competent tool. The assessment tool does not require disclosure of specific disabilities or diagnosis, only collects information necessary for determining program eligibility to ensure appropriate referrals.

Acuity speaks to the severity of presenting issue(s) across the following dimensions:

- **Wellness:** chronic health issues and substance abuse
- **Socialization and Daily Functioning:** meaningful daily activities, social supports, income
- **History of Housing and Homelessness:** length of time experiencing homelessness and cumulative incidences of homelessness
- **Risks:** crisis, medical, law enforcement interactions. Coercion, trauma and most recent place individual has slept
- **Family Unit:** school enrollment and attendance, familial interaction, family makeup and childcare

Before administering the assessment tools, the person completing the assessment will determine if an assessment had been completed within the last 90 days. If so, the person completing the assessment will use the score from the previous assessment.

Each assessment takes approximately 10 minutes to administer. The assessment is to only be administered by Coordinated Entry Assessors and/or staff from other CoC agencies who have completed the required training.

All Coordinated Entry Assessors will receive standardized messaging so that the process and results are shared clearly and consistently throughout the community. The messaging contains the following components:

- The 10-minute duration of the assessment
- An acknowledgement that there are few housing resources immediately connected to the assessment, that the purpose is to better assess their needs and resources to which they can be referred.
- Assessment information will be shared with providers in Guilford County and that the assessment does not need to be completed additional times. Providers will use this information to identify people for housing resources.

If an individual agrees to participate in the Coordinated Entry process as described in the messaging, they will be asked to sign a Release of Information to share with COC and HMIS Release of Information to collect, share and store information as needed to refer through the Coordinated Entry process. Participants always have the right to abstain from sharing or providing information without it impacting their access to other forms of service. Coordinated Entry Assessors should communicate with participants that incomplete assessments could limit the variety of referral options available to them. If a client does not complete an assessment or provides an incomplete assessment, Coordinated Entry Assessors should continuously engage with the individual/family to encourage them to participate by



giving assurances as to the confidentiality of their information and to share the potential benefit of having greater housing/service options. It must also be communicated that Coordinated Entry participants are required to maintain ongoing contact with the agency that completed their assessment and/or the agency that they are matched with for housing. Where a Coordinated Entry participant does not engage or communicate with the assessing agency and/or the housing agency for more than 45 days, they will be moved to the inactive portion of the By-Name List, as agreed upon by the Coordinated Entry Committee, COC Board, and the COC Membership

**Prioritization:**

Guilford County has limited resources; therefore, prioritization is critical to ensure that available resources go to individuals or families that have the most acute needs. Prioritization of services will consider the assessment tool scores, as well as the length of time the individual and/or family has been homeless and if they are unsheltered at the time.

The CE Lead reviews all assessment tools and will prioritize those individuals and families for housing and services based on the criteria detailed below. The Coordinated Assessment Work Group has the decision-making authority to identify referrals, based on prioritization, to available transitional, rapid rehousing and permanent supportive housing. The CE Lead Agency will be responsible for coordinating the meetings and maintaining the list of assessment tools and tracking prioritization.

The Servant Center maintains the Veteran prioritization list for Guilford County and reports valuable information for the Case conferencing meetings.

The vulnerability score, homelessness timeline, and the total assessment score will determine the type of housing and housing services targeted for each individual or family eligible for housing assistance.

The Coordinated Assessment Workgroup will follow the privacy standards outlined in the HMIS Data Standards and most recent N.C. HMIS Operating Policies and Procedures. In addition, each agency must agree to abide by the Health Insurance Portability and Accountability Act of 1996 and shall follow the HIPAA standards of sharing Protected Health Information (PHI) within and outside of the group.

**INDIVIDUALS**

<b>Assessment Scores</b>	<b>Non-Chronic</b>	<b>Chronic (priority)</b>
0-3	No Housing	No Housing
4-7	Rapid Rehousing	Rapid Rehousing
8+	Rapid Rehousing	Permanent Supportive Housing

**FAMILIES**

<b>Assessment Scores</b>	<b>Non-Chronic</b>	<b>Chronic (priority)</b>
0-3	No Housing	No Housing
4-8	Rapid Rehousing	Rapid Rehousing
9+	Rapid Rehousing	Permanent Supportive Housing

After determining the type of housing needed by each individual and/or family, additional points will be added to the assessment tool scores based on the length of time homeless, as well as if they are unsheltered at the time (see chart below). This new score, called the Total Assessment Score, will determine their place in line for available resources.

Unsheltered	2 Points
Homeless < a Year	1 Point
Homeless 1-3 Years	2 Points
Homeless > 3 Years	3 Points

The Prioritization System detailed above prioritizes those who are chronic and unsheltered and those who have been homeless for longer periods of time through point allocations. However, there may be occasions where there is a tie in the Total Assessment Score. If that occurs, the following criteria should be used in this precise order to prioritize housing resources:

1. Chronic
2. Unsheltered
3. Length of Time Homeless
4. Disabled

The housing resources to be targeted to meet the client’s intermediate and long-term housing needs will operate according to the following criteria:

Permanent Supportive Housing			
Intervention	Essential Program Elements	Time Frame	Target Population
Rental assistance with supportive services for those coming from the street or temporary housing. Most programs will serve households with a disabled head-of-household, but disability requirements will be based on subsidy source requirements.  Programs can operate on a project-based or scattered site model.	Case Management  Rental Subsidy  Health Care Access	No time limits	Those with the highest needs with multiple barriers to housing and are classified as chronic.
Rapid Rehousing Program			
Intervention	Essential Program Elements	Time Frame	Target Population
Short-term rental assistance and supportive services program that rapidly-rehouses and stabilizes persons who are homeless.	Case Management  Temporary Financial Asst.  Housing Location	Up to 24 months	Individuals who are literally homeless or residing in shelters. Households that show the ability to become self-sufficient in a short time as evidenced by: income potential; recently became homeless; and/or no serious disability.

Transitional Housing			
Intervention	Essential Program Elements	Time Frame	Target Population
Short-term housing and intensive or specialized supportive services for those that cannot immediately access permanent housing or who need time to stabilize before transitioning to permanent housing.	Case Management Temporary Financial Asst. Housing Location	Up to 24 months	Youth under 18 that cannot sign a lease; victims of domestic violence; those needing substance abuse treatment or recovery services; and those needing respite care due to medical or mental health issues.  TH can be used as bridge to RR or PSH, if they are eligible for RR/PSH before admission to the TH program.

Given that each individual and family experiencing homelessness have very unique needs and that resources are limited in our community, the Coordinated Assessment Work Group will have the authority to consider mitigating factors when making decisions on prioritizing services. In order to deviate from the established process, the committee must have a unanimous vote of those in attendance at the meeting and the reasons for the deviation must be clearly described in the minutes from that meeting. A copy of the minutes must be provided to the Chair of the Coordinated Entry Committee within 5 business days of meeting.

### Referral

It is the responsibility of the referring agency to make referrals to the appropriate Permanent Supportive Housing or Rapid Rehousing housing program for clients prioritized by the Coordinated Assessment Workgroup. All HUD and ESG funded agencies are required to get referrals through Coordinated Entry. Before the referral, the CE Assessor will verify homelessness and if the client is chronic – they will record/attach this documentation in HMIS. If they cannot verify homelessness or chronic status (this should be the exception, not the rule), the individual/family can be designated as homeless and/or chronic based on self-declaration. Once that individual is referred to a housing program, that program is then responsible for verifying status based on HUD program requirements. Refer to Homeless Verification Requirements in the COC Written Standards for additional information.

The Assessor will provide the client information about the program they are being referred to including program rules and benefits and client expectations. A client always has the right to refuse housing or service options. If the client cannot be contacted within 7 days, the Coordinated Entry Assessor will move on to the next client on the list. If the client accepts the program match, the Coordinated Entry Assessor will connect the client and the Receiving Program for admission.

PSH Stand Alone Units: If the client declines the unit, the next client on the waitlist is contacted by the Coordinated Entry Assessor and the client that refused will maintain his/her place on the priority waitlist based on their Total Assessment Score.

PSH and RRH: If the client declines a unit offered, the housing provider will work with them to find the best fit for the client. However, if the client denies 3 units, the next client on the waitlist will be contacted and the client that refused will maintain his/her place on the priority waitlist based on their Total Assessment Score.

The Receiving Program that receives the referral has 1 business day to acknowledge the referral and

must enroll or deny the referral in HMIS within 7 days. Receiving programs can only deny referrals under the following limited circumstances:

- There is not a vacancy available
- The individual/family does not meet the program's eligibility criteria
- The individual/family missed two intake appointments
- The Receiving program has been unable to contact the individual/family for 7 consecutive business days. If the client shows up after the 7 days have expired, the Receiving Program will assist the client in re-entering the Coordinated Entry System
- The family presents with more people than referred by the Coordinated Entry Assessor and the Receiving Program cannot accommodate the increase
- The individual/family was denied by an independent property owner/landlord due to criminal behavior
- The individual/family would be a danger to others or themselves if allowed to stay at this particular program
- The individual/family has previously caused serious conflicts within the program and was banned (must have been for a serious offense)

All Permanent Supportive Housing/ Rapid Rehousing programs will share their availability at the weekly Coordinated Assessment Workgroup meetings.

## Grievance Process

The Coordinated Entry Assessors must share the following information with their clients regarding process and client responsibilities:

The Receiving Program will contact you within 7 days. Receiving programs can only deny referrals under the following limited circumstances:

- You do not meet the program's eligibility criteria
- You miss two intake appointments
- The Receiving program cannot contact you for 7 consecutive business days.
- You present with more people than referred by me and the Receiving Program cannot accommodate the increase
- You are denied by an independent property owner/landlord due to criminal behavior
- You have previously caused serious conflicts within the program and were banned

With expectations shared with the individual/family, they should also be made aware that they have the right to file a grievance or nondiscrimination complaint based on the following factors:

- **Housing Program:** if an individual/family has a grievance with the housing program in which they are enrolled, they need to ask for and follow the grievance policies and procedures for that agency as well as notify the Collaborative Applicant.
- **Fair Housing:** if an individual/family feels like they have been discriminated against, they can file a fair housing grievance with:
  - U.S. Department of Housing and Urban Development  
([http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/fair\\_housing\\_equal\\_opp](http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp))  
To file online: [http://portal.hud.gov/hudportal/HUD?src=/topics/housing\\_discrimination](http://portal.hud.gov/hudportal/HUD?src=/topics/housing_discrimination)  
Phone: (202) 220-5170 or toll free at 1-800-877-0246 OR TTY (206) 220-5185
  - City of Greensboro – Human Relations  
Phone: 336-373-2038
- **Coordinated Entry:** if an individual/family has a complaint regarding the process and/or procedures for Coordinated Entry they can either submit a complaint in writing or by phone to the Coordinated Entry Committee:
  - Collaborative Applicant: 336-641-7196 or [infoCoC@guilfordcountync.gov](mailto:infoCoC@guilfordcountync.gov).
  - Complaint will be forward to the current CE Committee Chair

## Training

Training related to the Coordinated Entry system will include:

TARGET POPULATION	FREQUENCY	MINIMUM TOPICS TO BE COVERED
Coordinated Entry Assessors, Emergency Shelter Managers and Case Managers	Annually	Low Barrier, Housing First, Role in Coordinated Entry, Safety Planning re: DV (assessment and development of Safety Plans), cultural and linguistic competency, trauma-informed assessment
Coordinated Entry Assessors, Intake staff, Case Managers, others	Quarterly	Prevention and Diversion – tools, methods, strategies
Coordinated Entry Assessors, Emergency Shelter Case Managers	Annually	Progressive Engagement
Coordinated Entry Assessors	Semi-Annually	CE Policies & Procedures (including variations for subpopulations, prioritization procedures and criteria for uniform decision-making and referrals), Diversion & Prevention Tools and Strategies, Assessment Tools and Strategies
Shelter staff, Coordinated Entry Assessors, intake staff	Quarterly	HMIS and Coordinated Entry data entry procedures including data and privacy standards

## GOVERNANCE

The Coordinated Entry (CE) Committee will be responsible for oversight and management of the Coordinated Entry process in Guilford County including:

- Providing general oversight of the Coordinated Entry process.
- Investigating and resolving consumer and provider complaints or concerns about the process
- Providing information and feedback to the CoC Board and the community at-large about Coordinated Entry
- Evaluating the efficiency and effectiveness of Coordinated Entry
- Reviewing and analyzing performance data
- Recommending Policy and Procedure changes to the CoC Board
- Bringing nominations for Coordinated Entry Committee members to the CoC board for approval

The Coordinated Entry Committee is a standing committee of the CoC board. Members of the Committee are approved by the CoC board and will be facilitated by a chair who is a member of the CoC Board of Directors. The committee will include a representative of the Coordinated Assessment Work Group. The chair will schedule meetings, set the agenda and will ensure that minutes are recorded and submitted to the CoC Collaborative Applicant, for record-keeping. In addition, the chair will serve as the Point of Contact for the Coordinated Entry Committee. If the chair is not available, he/she will delegate an acting chair to run the meeting in his/her absence. A Secretary will be appointed by the chair and will be responsible for taking minutes and providing copies of the minutes to the CoC Board Secretary for record keeping.

As a standing committee, the Coordinated Entry Committee should meet at least monthly, but can schedule more frequent meetings as needed. The agenda for each meeting must address the following: (1) outcomes listed in the Evaluation section; (2) grievances or complaints; (3) suggested policy and procedure changes; (4) committee changes or nominations; and (6) review client surveys.

For purposes of conducting business, a quorum of the Coordinated Entry Committee will be 50% of the voting members. Any decision regarding modification of the Coordinated Entry Policies and Procedures or making changes to committee membership require both a majority vote of the Coordinated Entry Committee, as well as the CoC Board. Other decisions require a simple majority of those present at the Coordinated Entry Committee meeting.

## EVALUATION AND DATA MANAGEMENT

### Metrics

The following metrics will be collected and analyzed monthly to determine the effectiveness of Guilford County's Coordinated Entry (CE) system. ***\*\* Times and statistics have changed since 2016 and we need to further review a more comprehensive method that will better reflect our current/future years data\*\****

- Prevent or divert 20% of people presenting for housing services from becoming homeless
- On average, an individual/family in Guilford County will be homeless less than 90 days.  
***Baseline: 88 days (2016)***
- Reduce the number of repeat entries into homelessness in Guilford County by 20%.  
***Baseline: 179/1553 = 12% (2016)***
- Reduce the number of entries into homelessness in Guilford County by 10%. ***Baseline: 277 2016.***
- The number of denials by programs at referral will not exceed 20%.

Guilford County's HMIS Lead Agency will be responsible for collecting, analyzing and reporting on these metrics at each Coordinated Entry Committee meeting.

### Data Management:

The Homeless Management Information System (HMIS) is a database used to record and track client-level information including service needs and demographic information. HMIS links homeless service providers within a community to establish a more coordinated and effective service delivery system.

Federal, state and local government agencies use aggregate data from HMIS to track the extent of and changes in homelessness over time. This data informs policy makers and often impacts funding appropriations.

Guilford County's Continuum of Care utilizes the Michigan Coalition Against Homelessness as its HMIS administrator. The Guilford County Local System Administrator, employed by Partners Ending Homelessness, is the HMIS point of contact for the Guilford County Continuum of Care. Agencies that participate in HMIS are called "participating agencies" and are required to follow the HMIS Data and Privacy Standards

Guilford County will use its HMIS system to manage Coordinated Entry data. Clients are afforded adequate privacy protections as required by the HMIS Data and Technical Standards as outlined in the CoC Program Interim rule – 24 CFR 578.7(a)(8). These protections are outlined in the HUD HMIS Data Standards Manual and the 2016 NC HMIS Operating Policies and Procedures. All HMIS users are informed of and understand privacy rules associated with the collection, management and reporting of client data. The CoC will not deny services to participants who do not allow their data to be shared unless Federal statute requires collection, use, storage and reporting of participant's personally identifiable information (PHI) as a condition of program participation.

Guilford County's Lead System Administrator will be responsible for coordinating HMIS training for emergency shelter staff, as well as Coordinated Entry Assessors as it pertains to data entry for Coordinated Entry activities. This training will occur at least quarterly.

The key data entry points and responsibilities include:

**Evaluation Tool:** The Coordinated Entry Committee will facilitate an annual assessment using HUD's Coordinated Entry Process Self-Assessment tool of Guilford County's Coordinated Entry System. In addition, the committee will review performance metrics and survey results. A report will be made of this assessment to the CoC board and full membership with recommendations to change or continue with the Coordinated Entry Lead Agency.

**Consumer Surveys:**

In addition to collecting and analyzing the metrics above, it is critical to get feedback from clients. Each quarter a member of the Coordinated Entry Committee, who is not an employee of the Lead Agency, will follow-up with 5 randomly selected clients and ask the following questions:

- Where did you first go for help when you became homeless?
- How did you find that program or place?
- How did that program help you?
- Did you follow through with the suggestions given to you?
- If you needed a place to sleep that night, did you get it?
- Where are you living now?
- On a scale of 1-10 – with 1 being the least satisfied and 10 being the most satisfied, how do you feel about the assistance you received in meeting your housing needs?
- Do you have any other comments or suggestions you would like to share?
- Are there any other suggestions or comments you would like to make?



## CoC Questionnaire:

In order to get feedback from CoC providers, an annual survey will be done asking the following questions:

- How do you identify your role as it relates to the Coordinated Entry System?
  - Emergency Shelter Provider
  - Rapid Rehousing Provider
  - Permanent Supportive Housing Provider
  - Other homeless service provider
  - Outreach
  - Policy and Oversight
- Do you participate in any of the following Coordinated Entry System activities?
  - Assessment Tool
  - Outreach
  - Prevention/Diversion
  - Referrals
  - Coordinated Entry Committee
  - Coordinated Entry Workgroup
- How satisfied are you with the overall functionality of the Coordinated Entry system and processes?
- How satisfied are you with the Coordinated Entry access points?
- How satisfied are you with the assessment tool?
- How satisfied are you with the prioritization, matching and referral processes in the Coordinated Entry system?
- How satisfied are you with the county-wide geographic coverage of the Coordinated Entry system?
- How satisfied are you with the manner in which data or information is shared within the Coordinated Entry system?
- How satisfied are you with the marketing and communication received regarding the Coordinated Entry system?
- How satisfied are you with the responsiveness received from the Coordinated Entry Lead Agency technical support team?
- How satisfied are you with the Coordinated Entry Policies and Procedures?
- Are there any other suggestions or comments you would like to make?

## STATUTORY AND REGULATORY REQUIREMENTS

The Guilford County Coordinated Entry System will market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the absence of special outreach. Guilford County's Coordinated Entry Committee will take all necessary steps to ensure that the Coordinated Entry System is administered in accordance with the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II and III of the American with Disabilities Act. The Coordinated Entry System will also comply with the following statutory and regulatory requirements.

## **Fair Housing**

The Fair Housing Act promotes housing that is accessible to and usable by persons with disabilities. Guilford County's Coordinated Entry partners will comply with the non-discrimination requirements of the Fair Housing Act, which prohibits discrimination in all housing transactions based on race, national origin, sex, color, religion, disability status and familial status.

## **Equal Access**

The Guilford County Continuum of Care non-discriminatory policy, regarding the U.S. Department of Housing and Urban Development (HUD) final rule regarding equal access to Community Planning and Development (CPD) funded programs regardless of sexual orientation, gender identity, and marital status, will ensure that individuals are aware of their rights to equal access to CPD funded programs.

Thus, all CPD funded programs, including Continuum of Care and Emergency Solutions Grant funded programs, must comply with the following requirements:

- Determine client eligibility for housing regardless of sexual orientation, gender identity, or marital status, and must not discriminate against clients who do not conform to gender or sex stereotypes (i.e., because of gender identity);
- Grant equal access to CPD funded programs or facilities consistent with client gender identity, and provide client's family with equal access;
- MUST NOT ask clients to provide anatomical information or documentation (i.e. ID), physical, or medical evidence of gender identity; and
- Take non-discriminatory steps when necessary and appropriate to address privacy concerns raised by any residents or occupants.

## **Equal Access/Transgender and Gender Nonconforming Policy**

It is the policy of organization 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 individual's association.

Organization shall affirm commitment to providing equal access to all transgender and gender nonconforming individuals in a manner consistent with the equal access rule and provide services to transgender and gender nonconforming individuals in a manner consistent with the equal access rule.

## **Equal Access/Transgender and Gender Nonconforming Procedures**

To maintain equal access, organization will:

- Ensure all staff, volunteers, and contractors maintain the confidentiality of a client's legal name and gender at birth and understand the potential impact that disclosure can have on a client's progress to self-sufficiency.
- Offer individual stalls in congregate bathrooms, urinals/toilets, and shower heads to supply client safety whenever possible.
- Not consider a client or potential client ineligible because their appearance or behavior does not conform to gender stereotypes and will serve all individuals eligible for the program.

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- Not ask questions or seek information concerning a person’s anatomy or medical history beyond elements necessary for the purpose of providing services.
- Have a preference to move the client with a bias (e.g. move the individual who has concerns towards the person who may identify as another religion that is different from theirs), if a client needs to be moved for harassment and safety concerns.
- Honor the request of an individual for a private space to complete intake and data collection.
- Honor the request of an individual for accommodations based on their personal safety and privacy concerns, whenever feasible. An “accommodation” will not be given as a “requirement”.
- Not require an individual’s gender identity to match the gender listed on an ID or other documents.
- Assist clients without identification documents to understand the resources available to obtain such said documents.

Name they prefer to be called.

- Give clients with prescribed hormones and other medications as part of their gender affirming healthcare regime full access to those medications.
- Use the client’s preferred gender and pronoun and support the client’s gender identity.
- Correct any misinformation or inaccurate conclusions that transgender clients threaten the health or safety of other clients solely based on their non-conforming gender identity/expression during risk-based conversations.
- Keep client’s transgender status confidential unless the client gives permission to share the information.
- Tell only essential staff, identified by the administrators, regarding a client’s transgender status to ensure equal access and safety.
- Ensure that they treat a client’s gender identity and sex assigned at birth as confidential medical information unable to disclose it without specific, time-limited client consent. Similarly, a client’s legal name shall be treated as confidential information.

### **Reasonable Accommodations and Modifications**

**The Fair Housing Act requires housing providers to make reasonable accommodations in rules, policies, practices or services to allow a handicapped person equal opportunity to use and enjoy the dwelling unit, including public and common use spaces. An accommodation must be made unless it would impose undue financial or administrative burden on a housing program or requires a fundamental alteration in the nature of the program. The owner/manager can request verification that the applicant is disabled and needs the accommodation, but cannot request information about the nature, extent or severity of a person’s disability.**

### **Violence Against Women’s Act (VAWA)**

VAWA 2022 makes changes to the McKinney-Vento Homeless Assistance Act Definition of Homelessness for purposes of programs such as the Emergency Solutions Grants and Continuum of Care Programs. VAWA 2022 amended Section 103(b) of the McKinney-Vento Homeless Assistance Act to require HUD to consider homeless any individual or family who—

(1) is experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions

related to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized.  
(2) has no other safe residence; and  
(3) lacks the resources to obtain other safe permanent housing.

Rulemaking will be necessary to require Emergency Solutions Grants (ESG) recipients and subrecipients, Continuums of Care (CoC) and CoC Program recipients and subrecipients to make corresponding changes to the applicable written standards, coordinated entry policies, and documentation policies used to qualify individual and families as homeless under the CoC Program. That said, because HUD must recognize as "homeless" families and individuals who meet the new statutory criteria as of October 1, 2022, ESG and CoC recipients may implement the new definition prior to HUD rulemaking, provided that ESG recipients and CoCs update their relevant written standards and policies as needed to reflect the new statutory criteria.

**Citation:**

[https://www.hud.gov/sites/dfiles/Main/documents/VAWA Letter CoC ESG Grantees.pdf?](https://www.hud.gov/sites/dfiles/Main/documents/VAWA_Letter_CoC_ESG_Grantees.pdf?)