



Partners Ending Homelessness

Coordinated Entry Operations Manual



Coordinated Entry for Homeless Services
Monroe County, NY

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INTRODUCTION & OVERVIEW

HUD requires each CoC to establish and operate a “centralized or coordinated assessment system,” based on evidence that such systems increase the efficiency of local crisis response systems and improve fairness and ease of access to resources, including mainstream system resources. Participating projects use the Coordinated Entry (CE) process established and operated by the CoC to manage coordinated intake and assessment, standardize the prioritization process, and facilitate referrals to available housing and resources. CE processes are intended to help communities prioritize assistance to ensure that persons who are most in need of assistance receive it in a timely manner. When appropriate data are collected, CE processes can also provide information to CoCs and other stakeholders about service needs and gaps, which helps communities to strategically allocate their current resources and identify the need for additional resources.

ROLES OF COORDINATED ENTRY STAKEHOLDERS & COMMITTEES

All CoC- and ESG-funded projects are required to participate in the local CE system. The CoC encourages all homeless assistance programs to participate in CE and will work with local providers and funders to facilitate their participation in the system.

As part of the annual CoC and ESG application processes, each project must identify the ways in which they participate in CE. As part of the annual CoC monitoring, each project must show proof that all referrals came from the CE Prioritization List.

CoC AND ESG COORDINATION

Required: Each CoC and ESG recipient operating within the CoC’s geographic area must work together to ensure the CoC’s coordinated entry process allows for coordinated screening, assessment, and referrals for ESG-funded and CoC-funded projects.

*Sources: CoC Program interim rule: 24 CFR 578.7(a)(9);
ESG interim rule: 24 CFR 576.400(d) and (e)*

Required: The CoC, in consultation with recipients of ESG Program funds within the geographic area, must establish and consistently follow written standards for providing Continuum of Care assistance that can guide the development of formalized policies and procedures for the coordinated entry process:

- Written standards provide guidance for evaluating individuals’ and families’ eligibility for assistance under 24 CFR Part 578.
- Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive transitional housing assistance.
- Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance.
- Written standards provide guidance for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance.
- Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.

Source: CoC Program interim rule: 24 CFR 578.7(a)(9)

The CoC is committed to aligning and coordinating CE policies and procedures governing assessment, eligibility determinations, and prioritization with its written standards for administering CoC and ESG Programs funds. A copy of the CoC and ESG written standards are included in Appendix A.

The CoC will include at least one representative from the local ESG recipient in its membership of the CE Steering Committee. Additionally, at least annually, representatives from the CoC and the ESG recipient agencies will identify any changes to their written standards and share those with the CoC's CE Steering Committee so that the changes may be reflected in the CE Operations Manual.

GUIDING PRINCIPLES

The Coordinated Entry guiding principles capture the vision and mission of the system, such as promoting a more effective crisis response system, and they ensure that CoC stakeholders share a common understanding of system goals and priorities.

The CoC establishes the following guiding principles for CE:

1. Operate with a person-centered approach and with person-centered outcomes
2. Ensure that participants quickly receive access to the most appropriate services and housing resources available
3. Reduce the stress of the homeless experience by limiting assessments and interviews to only the most pertinent information necessary to resolve the participant's immediate housing crisis
4. Incorporate cultural and linguistic competencies in all engagement, assessment, and referral coordination activities
5. Implement standard assessment tools and practices and capture only the limited information necessary to determine the severity of the participant's needs and the best referral strategy
6. Integrate mainstream service providers into the system including local Public Housing Authorities and VA medical centers
7. Utilize HMIS for the purposes of managing participant information and facilitating quick access to available CoC resources
8. Ensure that participants do not wait on the Prioritization List for more than 60 days
 - a. Re-define this one to articulate working towards this as a goal
9. Engage non-HUD programs with CE system (i.e., ESSHI, STEHP, etc.)

Following are the expectations and responsibilities of projects and program types that are required to participate in Coordinated Entry (CE) due to receiving HUD CoC and/or ESG funds. There are also some providers, predominantly emergency shelters, that are not required to participate in Coordinated Entry but choose to do so.

Coordinated Entry Steering Committee

The primary responsibilities of the CE Steering Committee are to:

1. Develop the policies and procedures that ensure the CE process operates in accordance with the standards as designed by the community around the system's core elements: Access, Assessment, Prioritization, and Referral¹; and
2. Review system data and metrics to identify gaps and barriers and recommend adjustments accordingly.

¹ Coordinated Entry Management and Data Guide. US Department of Housing and Urban Development, 2018.

3. Monitor operations and review and recommend policy additions and changes
4. Establish and evaluate policies that allow CE process to operate in accordance with the CE Steering Committee's decisions related to CE's core elements

Coordinated Entry Sub-Committees

CE sub-committees are responsible for addressing the specific focus of the group and reporting decisions to the CE Steering Committee for approval and implementation, if necessary and appropriate.

Training Committee

This committee consists of providers across program types and is responsible for developing any required trainings for CE. In addition to mandatory trainings, the Committee also creates trainings that would be beneficial for programs based on their roles within CE. The trainings are available online through the Partners Ending Homelessness Learning Management System.

Landlord Engagement Committee

This committee consists of service providers and landlords and serves as a platform upon which shared challenges and barriers can be discussed. The goal of the Committee is to promote open dialogue and to enhance relationships with landlords to expand the number of rental units that might be available to households exiting homelessness.

Following are the expectations and responsibilities of projects and program types that are required to participate in Coordinated Entry (CE) due to receiving HUD CoC and/or ESG funds. There are also some providers, predominantly emergency shelters, that are not required to participate in Coordinated Entry but choose to do so.

Emergency Shelters and Street Outreach

Emergency shelters and street outreach providers are required to conduct the Homelessness Assessment Tool (HAT) with persons who enter their programs. Program participants are then entered onto the CE Prioritization List for available permanent housing programs through the homeless system of care. Providers are expected to maintain communication with a permanent housing provider should a household be referred to help facilitate a more efficient transition into housing.

Permanent Housing | Permanent Supportive Housing and Rapid Re-Housing

Permanent housing providers are only permitted to accept referrals from the CE Prioritization List. Providers are expected to conduct housing search with those who are referred to help them more quickly identify and transition into permanent housing.

Partners Ending Homelessness | Continuum of Care for Rochester & Monroe County

Partners Ending Homelessness is responsible for day-to-day management of the Prioritization List, which includes reaching out to providers regarding the number of openings on a weekly basis, sorting the List to ensure those with the highest needs have timely access to housing, and sending appropriate referrals to Permanent Supportive, Rapid Re-Housing, and Transitional Housing programs.

Coordinated Entry Lead Agency | Coordinated Care Services, Inc. (CCSI)

CCSI is responsible for facilitating the development and implementation of Coordinated Entry in Monroe County, NY and provides the necessary infrastructure to ensure the system can effectively meet the needs

of those seeking assistance. Additionally, CCSI manages Front Door NY through CE, which is a rental listing website exclusively for homeless service providers.

TERMS & DEFINITIONS

<p>Chronically Homeless</p>	<p>(1) A “homeless individual with a disability,” as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who: Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND Has been homeless continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (i) above</p>
<p>Case Conference</p>	<p>Local process to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication.</p>
<p>Continuum of Care (CoC)</p>	<p>Group responsible for the implementation of the requirements of HUD’s CoC Program interim rule. The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.</p>
<p>Continuum of Care (CoC) Program</p>	<p>HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by</p>

	homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.
Emergency Shelter	Short-term emergency housing available to persons experiencing homelessness.
Emergency Solutions Grant (ESG) Program	HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.
Homelessness Management Information System (HMIS)	Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD’s data collection, management, and reporting standards.
Public Housing Authority (PHA)	Local entity (Rochester Housing Authority) that administers public housing and Housing Choice Vouchers (HCV) (aka Section 8 vouchers).
Permanent Supportive Housing (PSH)	Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.
Rapid Re-Housing (RRH)	Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.

Release of Information (ROI)	Written documentation signed by a participant to release his/her personal information to authorized partners.
Transitional Housing (TH)	Program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.

ROLES & RESPONSIBILITIES

CE Prioritization List Coordinator	CoC staff position responsible for managing the Prioritization List, assisting with matching participants to available housing resources, communicating referrals, and preparing CE monitoring and evaluation as it relates to the List
CE Management Entity	Responsible for the day-to-day operations of the CE system.
CE Steering Committee	Primary governing body for CE. Meets monthly to oversee the implementation and evaluation of the CE system.
HMIS Lead Agency	Operates the Homeless Management Information System (HMIS) on the CoC's behalf. Ensures the CE system has access to HMIS software and functionality for the collection, management, and analysis of data on persons served by coordinated entry. Partners Ending Homelessness operates the HMIS for the CoC.
Monroe County Department of Human Services (DHS)	
Non-DHS Shelters	Shelters that DHS does not make referrals to for emergency housing.
Participating Project	Agency or organization that has agreed to provide homelessness supports/services on behalf of the CoC. A participating project must execute a CE Participation Agreement with the

	CoC. The Participation Agreement outlines the standards and expectations for the project’s participation in and compliance with the policies and procedures governing CE operations. For a project to receive CoC or ESG Program funding from HUD, it is required to participate in coordinated entry.
Receiving Agency	Permanent housing provider that receives program referrals from the Prioritization List; generally, consists of Permanent Supportive Housing and Rapid Re-Housing programs
Referral Agency	A type of participating project. Referral partner will receive and consider referrals to its project from the CE system. It will sign a Referral Partner Agreement with the CE management entity affirming it is aware of and will adhere to all expectations for coordinated entry.
Mainstream System Provider	Agency or entity that can provide necessary services or assistance to persons served by coordinated entry. Examples of mainstream system providers include hospitals, mental health agencies, employment assistance programs, and schools.
US Department of Housing and Urban Development (HUD)	Federal agency responsible for administering housing and homelessness programs including the CoC and ESG Programs.
US Department of Veteran Affairs (VA)	Federal agency responsible for providing health care and other services, including assistance to end homelessness, to veterans and their families.

DOCUMENT VERSIONS

The CE Steering Committee is responsible for the review, revision, and approval of the CE Policies & Procedures. The revision process will be completed at least once annually, and anyone interested in submitting suggestions for revisions to the document should submit them to kmartin@ccsi.org.

Version	Date Released	Key Changes
1.0	June 2022	N/A

FULL GEOGRAPHIC COVERAGE

The CE system covers all of Monroe County, the entire geographic area of the NY-500 CoC.

AFFIRMATIVE MARKETING AND OUTREACH

Required: “The CoC Program interim rule at 24 CFR 578.93(c) requires recipients of CoC Program funds to affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach and maintain records of those marketing activities. Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, identity, or marital status in accordance with 24 CFR 5.105(a)(2).”

Source: HUD Coordinated Entry Notice: Section I.C.1

Policy

All persons participating in any aspect of CE such as access, assessment, prioritization, or referral shall be afforded equal access to CE services and resources without regard to a person’s actual or perceived membership in a federally protected class such as race, color, national origin, religion, sex, age, familial status, or disability. Additionally, all people in different populations and subpopulations in the CoC’s geographic area, including people experiencing chronic homelessness, physical disabilities, developmental disabilities, those 62 years of age or older, veterans, families with children, youth, and survivors of domestic violence, shall have fair and equal access to the CE process.

Procedure(s)

Each project participating in CE is required to post or otherwise make publicly available a notice (provided by the CoC) that describes CE.

This notice should be posted in the agency waiting areas, as well as any areas where participants may congregate or receive services (e.g., dining hall). All staff at each agency are required to know which personnel within their agency can discuss and explain CE to a participant who seeks more information.

SAFETY PLANNING AND RISK ASSESSMENT

Required: CoC must have a specific written CE policy and procedure to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. At a minimum, people fleeing or attempting to flee domestic violence and victims of trafficking must have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter.

Source: HUD Coordinated Entry Notice: Section II.B.10

Policy

All persons who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking shall have immediate and confidential access to available crisis services within the defined geographic area of the CoC.

Procedure(s)

All persons who are fleeing or attempting to flee domestic violence or sexual assault can call the confidential 24/7 Willow Domestic Violence hotline, 585-222-SAFE (7233) for immediate access to crisis response services. All persons will have access to this hotline regardless of which access point they initially contact for services and assistance.

NONDISCRIMINATION

Required: “CoC must develop and operate a CE process that permits recipients of federal and state funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program- and ESG Program- funded projects must comply with the nondiscrimination and equal opportunity provisions of federal civil rights laws, as specified at 24 CFR. 5.105(a), including the following: (a) Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status; (b) Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance; (c) 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; and (d) 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. 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 based on disability.”

Source: HUD Coordinated Entry Notice: Section I.D

Policy

The CE process will operate in compliance with all federal, state, and locally applicable civil rights and fair housing laws and requirements. In addition, projects participating in CE that receive funding from federal, state, or local sources that have promulgated local civil rights and fair housing laws and requirements must also comply with all additional civil rights and fair housing laws and requirements.

Procedure(s)

Partners Ending Homelessness is responsible for monitoring agencies on compliance with all CE requirements, including adherence to civil rights and fair housing laws and regulations.

Failure to comply with these laws and regulations will result in a monitoring finding on the project, which may affect its position in the local CoC rating and ranking process.

- 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 based on disability under any program or activity receiving federal financial assistance.
- Title VI of the Civil Rights Act – prohibits discrimination based on 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 include 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.

- 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 based on disability.

ACCESS

Required: “Access points are the places—either virtual or physical—where an individual or family in need of assistance accesses the coordinated entry process. These can include the following examples: (a) central location or locations within a geographic area where individuals and families present to receive homeless housing and services; (b) a 211 or other hotline system that screens and directly connects callers to appropriate homeless housing and service providers in the area; (c) a ‘no wrong door’ approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area but is assessed using the same tool and methodology so that referrals are consistently completed across the CoC; (d) a specialized team of case workers that provides assessment services at provider locations within the CoC; or (e) a regional approach in which ‘[referral zones]’ are created within smaller geographic areas.”

Source: HUD Coordinated Entry Notice: Section I.C.3

ACCESS MODEL

The CoC adopted a centralized approach to CE where all persons can reach out to DHS for emergency housing. Persons can also go to shelters that are not contracted with DHS. This information is available from 2-1-1 if the person is not familiar. Once at a shelter, the person will have access to the same referral, assessment, and prioritization processes.

Youth who are between the ages of 12 and 17 can contact the Center for Youth for emergency housing assistance. Young adults who are 18 are generally referred to the adult shelter system due to a lack of youth-serving programs in the community.

DESIGNATED ACCESS POINTS

Identify the CoC’s access points for CE. Include information on location type (in-person, virtual, etc.) and any special considerations for the access point (e.g., hours, staff availability), as well as a list of access point locations in the appendix of the CE Policies & Procedures document.

If a household presents at a shelter for assistance during business hours, they will need to contact DHS to apply for emergency housing. If the household presents after business hours, they will call the DHS after-hours number at 585-442-1742. DHS would then facilitate placement into appropriate shelter if the person is eligible. If they are not eligible, the shelter could choose to allow the person to stay or direct them to a non-DHS shelter.

If a household presents at a non-DHS shelter, the shelter can accept the person if they have capacity or would direct the household to contact DHS, depending on the time of day, for placement into a different shelter if they have no capacity. If a person is not eligible for placement by DHS, they can reach out to

non-DHS shelters to find a bed. If they are not familiar with those shelters or how to contact them, they can reach out to 2-1-1/LIFE LINE for more information.

SPECIALIZED ACCESS POINTS FOR SUBPOPULATIONS

Optional: The coordinated entry process may, but is not required to, define separate access points and variations in assessment processes to the extent necessary to meet the unique needs of the following five 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); and (5) Persons at risk of homelessness.”

Source: HUD Coordinated Entry Notice: Section II.B.2.a

Policy

The Center for Youth serves as an access point for youth and young adults between the ages of 12 and 17. This ensures that there is sufficient coordination and specialized attention given to unaccompanied youth, so they receive the appropriate assistance to resolve their housing crisis.

ACCESS COVERAGE

Required: “Provisions at 24 CFR 578.3 require that a CoC’s coordinated entry process cover the CoC’s entire geographic area; however, 24 CFR 578.3 does not prohibit multiple CoCs from joining together and using the same coordinated entry process. Individual CoCs may only have one coordinated entry process covering their geographic area; however, for CoCs, such as Balance of State CoCs, whose geographic areas are very large, the process may establish referral zones within the geographic area designed to avoid forcing persons to travel or move long distances to be assessed or served. This Notice further establishes that CoCs that have joined together to use the same regional coordinated entry process must implement written policies and procedures that at a minimum describe the following: (a) the relationship of the CoC(s) geographic area(s) to the geographic area(s) covered by the coordinated entry process(es); and (b) how the requirements of ensuring access, standardizing assessments, and implementing uniform referral processes occur in situations where the CoC’s geographic boundaries and the geographic boundaries of the coordinated entry process are different.”

Source: HUD Coordinated Entry Notice: Section II.B.1

The CE processes are accessible throughout Monroe County, the CoC's entire geographic area, either by contacting MCDHS or going to emergency shelters.

MCDHS After Hours is available outside of normal business hours for assistance with emergency housing placements.

ACCESSIBILITY OF ACCESS SITES

Required: CoC’s written CE policies and procedures must.... “(c) Document steps taken to ensure effective communication with individuals with disabilities. Recipients of federal funds and CoCs must provide appropriate auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters. Access points must be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. (d) Take reasonable steps to ensure the coordinated entry process can be accessed by persons with Limited English Proficiency (LEP). HUD’s published Final Guidance to Federal Financial Assistance Recipients: Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (LEP Guidance) (72 FR 2732, published January 22, 2007) provides assistance and information regarding LEP obligations.”

HUD Coordinated Entry Notice: Section II.B.5.c and d

Policy

The CoC will ensure that CE services are physically accessible to persons with mobility barriers and any physical disabilities. All CE communications and documentation will be accessible to persons with a limited ability to read and understand English.

Procedure(s)

The CoC designates the CE coordinating entity to serve as the primary point of contact for ensuring that all CE materials are available in English, Spanish, and [other locally common language]. In addition, CE participating agencies will, to the greatest extent practicable, provide communication accommodation. The CE coordinating entity will provide visually and audibly accessible CE materials when requested by agencies or participants in CE.

EMERGENCY SERVICES

Required: CoC’s written CE policies and procedures must document a process by which persons are ensured access to emergency services during hours when the coordinated entry’s intake and assessment processes are not operating. CE written policies and procedures must document how CE participants are connected, as necessary, to coordinated entry as soon as the intake and assessment processes resume operating.

Source: HUD Coordinated Entry Notice: Section II.B.7.b

Policy

DHS emergency housing screenings and assessment services are available during business hours (8:00 am to 5:00 pm, Monday—Friday, excluding holidays). When individuals or families request assistance outside of business hours (5:00 pm to 8:00 am), they are still able to access emergency housing by calling the After-Hours line at 585-442-1742. Some shelters also accept overnight walk-ins.

PREVENTION SERVICES

Required: CoC’s written CE policies and procedures must document a process for persons seeking access to homelessness prevention services funded with ESG Program funds through the coordinated entry process. If the CoC defines separate access points for homelessness prevention services, its “written policies and procedures must describe the process by which persons are prioritized for referrals to homelessness prevention services. To the extent to which other [i.e., not ESG-funded] homelessness prevention services participate in coordinated entry processes, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs.”

Source: HUD Coordinated Entry Notice: Section II.B.8

Policy

The CE system will ensure that all potentially eligible Homelessness Prevention (HP) participants will be screened for HP, regardless of the access point at which they initially seek assistance.

Procedure(s)

HP access points and general homeless assistance access points will coordinate information and referrals to ensure persons at imminent risk of literal homelessness are provided coordinated referrals to ESG HP services, which are offered locally through Catholic Charities Family & Community Services.

STREET OUTREACH

Required: Street outreach efforts funded under ESG or the CoC program must link to the coordinated entry process. Written policies and procedures must describe the process by which all participating street outreach projects, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized process as persons who access coordinated entry through site-based access points.

Source: HUD Coordinated Entry Notice: Section II.B.6

Policy

Street outreach teams are trained on CE and the Homelessness Assessment Tool (HAT) and can place participants on the Prioritization List who they contact through their street outreach efforts, specifically for those who are not seeking assistance or are unable to seek assistance through projects that offer crisis housing or emergency shelter. Street outreach teams are considered an access point for CE.

ASSESSMENT

STANDARDIZED ASSESSMENT APPROACH

Description/Rationale for Policy and Procedure: Describe the CoC’s standardized assessment process for CE:

- Ensure that assessment criteria reflect the prioritization process adopted to meet the requirements outlined in Section II.B.2 of HUD’s [CE Notice](#).
- If the CoC has different access points and different assessment tools for any of the populations allowed to have such items, then the CoC must document the criteria for uniform decision-making

within those unique access points and assessment processes. (Populations that are allowed by HUD to have distinct access points within the CE system are identified in the “Specialized Access Points for Subpopulations” section of this Outline.)

- If the CoC has a separate access point and assessment process for any of the allowed subpopulations described in HUD’s [CE Notice](#), then it must identify how it will ensure that all adults without children are assessed in the same way, and how decisions made regarding where to refer those participants are made in a uniform way.

Required: CoC’s written policies and procedures must describe the standardized assessment process, including assessment information, factors, and documentation of the criteria used for uniform decision-making across access points and staff.

Source: HUD Coordinated Entry Notice: Sections II.B.2.g (1) and II.B.3

Policy

The CoC’s CE process provides a standardized assessment process to all CE participants, ensuring uniform decision-making and coordination of care for persons experiencing a housing crisis.

Procedure(s)

All persons served by CE will be screened using the Homelessness Assessment Tool (HAT). All access points must use this tool to ensure that persons served are screened in a consistent manner, using the same process. The HAT documents a set of participant conditions, attributes, need level, and vulnerability, which helps to identify an appropriate intervention to end the person’s homelessness. The HAT can be found at www.letsendhomelessness.org/coordinated-entry.

PHASES OF ASSESSMENT

The CoC’s assessment process collects only the information necessary to assist participants in resolving their housing crisis and, potentially, identifying a service strategy available within the CoC.

Recommended: “The assessment component of the coordinated entry process may be implemented in phases in order to capture information on an as-needed basis as participants navigate the process, recognizing that trauma-informed approaches are necessary throughout these phases. For example, assessment phases may include the following: (a) screening for diversion or prevention; (b) assessing shelter and other emergency needs; (c) identifying housing resources and barriers; and (d) evaluating vulnerability to prioritize for assistance.”

Source: HUD Coordinated Entry Notice: Section III.C.2

Below are the phases of assessment that will be followed to engage and appropriately serve persons seeking assistance through the homeless system of care. The timeline for when each phase is completed is in parentheses following the name of the phase.

1. **DHS Emergency Housing Screening (Immediately):** The first phase is focused on identifying the immediate housing crisis to determine if the homeless services system is appropriate to address the needs of the person. It will examine existing community resources and those that may be available to the participant that could be used to prevent them from entering the homeless

system of care. This phase is also intended to collect all information necessary to enroll the participant in a crisis response project such as emergency shelter.

2. Shelter Intake (Within 3 business days): During this phase, assessors (i.e., case managers, intake coordinators, etc.) will collect information to identify a participant’s housing and service needs with a focus on resolving the participant’s immediate housing crisis.
3. Homelessness Assessment Tool (HAT) (Within four (4) business days after Intake): In this phase, the HAT is conducted with a participant to obtain information necessary to refine, clarify, and verify a participant’s housing and homeless history, barriers, goals, and preferences. Assessment information supports the evaluation of the participant’s vulnerability and prioritization for assistance.
4. Case Plan (Ongoing): The final phase will collect new information revealed after an Intake and Homelessness Assessment Tool (HAT) are conducted. The new information may suggest a revised referral strategy, or it may be used to re-evaluate participants who have been stably housed and who might be ready for less- intensive housing and service strategies. For example, the annual assessment for Permanent Supportive Housing would be an example of this phase.

ASSESSMENT SCREENING

Required: CoC must maintain written policies and procedures that “prohibit the coordinated entry process from screening people out of the coordinated entry process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.”

Source: HUD Coordinated Entry Notice: Section II.B.4

Procedure(s)

The CE process may collect and document participants’ membership in Civil Rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to specific types of housing or programs.

ASSESSOR TRAINING

Required: CoC must provide training opportunities at least once annually to organizations and or staff persons at organizations that serve as access points or administer assessments. CoC must update and distribute training protocols at least annually. “The purpose of the training is to provide all staff administering 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 process, including its written policies and procedures.”

Source: HUD Coordinated Entry Notice: Section II.B.14

Policy

The CoC is committed to ensuring that all staff who assist with CE operations receive sufficient training to implement the CE system in a manner consistent with the vision and framework of CE, as well as in accordance with the policies and procedures of its CE system.

Procedure(s)

CCSI in collaboration with the CoC will provide at least annual training for persons who will manage access point processes and conduct assessments for CE. Training will be offered at no cost to the agency or staff and will be delivered by CE and CoC staff. Topics for training will include the following:

- Review of CoC's written CE policies and procedures
- Requirements for use of assessment information to determine prioritization
- Intensive training on the use of the CE screening tool, and
- Criteria for uniform decision-making and referrals

PARTICIPANT AUTONOMY

Describe the actions that will be taken to ensure that participants can refuse to answer questions during the CE assessment process, as well as the ability to refuse referrals made to them, without losing their place on the CE prioritization list.

Required: CoC coordinated assessment participants must be freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. CoC must describe the conditions for participants to maintain their place in coordinated entry prioritization lists when they reject options. (Note: Programs may require participants to provide certain pieces of information to determine program eligibility only when the applicable program regulation requires the information in order to establish or document eligibility.)

Source: HUD Coordinated Entry Notice: Section II.B.11

Policy

Persons served through Coordinated Entry may indicate whether they are uncomfortable or unable to answer any questions during the assessment process, or they may refuse a referral that has been made to them. The refusal of the participant to respond to assessment questions or to accept a referral shall not adversely affect their position on the Prioritization List. However, if a person rejects more than three (3) good faith referrals, they may be removed from the List.

Note that some funders require collection and documentation of a participant's disability or other characteristics or attributes as a condition for determining eligibility. Participants who choose not to provide information in these instances could be limiting potential referral options.

NONDISCRIMINATION COMPLAINT AND APPEAL PROCESSES

Participants have the right to file a complaint when they believe HUD's nondiscrimination requirements (as described in [CE Notice](#) Section I.D) have been violated. They will also have the ability to participate in an appeal process regarding any decisions made using the results of their assessment.

The purpose of these procedures is to outline the process by which a program participant can file a grievance regarding CE.

Please note that if a participant wishes to file a grievance against a specific program/agency, the person should follow that agency's grievance policy.

Required: “Participants must be informed of the ability to file a nondiscrimination complaint.”

Source: HUD Coordinated Entry Notice: Section II.B.12.g

Policy

The CoC is committed to ensuring that no information is used to discriminate or prioritize households for housing and services on a protected basis such as race, color, religion, national origin, sex, age, familial status, disability, sexual orientation, or marital status.

Procedure(s)

The CE participant information packet must include a form that details who the point of contact is for filing and addressing any nondiscrimination complaints, which can be filed by participants if they believe the nondiscrimination policy has been violated in their case during the CE process.

Additionally, this form will describe and provide contact information on how to access the appeal process if they are not satisfied with or have any questions regarding how their complaints are handled. This form must be reviewed at the access point by CE staff and must be signed by each participant.

PRIVACY PROTECTIONS

Required: “CoCs must include written policies and procedures for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process.”

Source: HUD Coordinated Entry Notice: Section II.B.12.a

Policy

CE participating agencies are required to notify and obtain participant consent for the collection, use, and disclosure of participants’ personally identifiable information (PII).

Procedure(s)

A participant’s request for housing crisis response assistance initiated through phone or email communication will be considered notification of intent and inferred to be client consent to collect, use, and disclose that PII collected via phone or email. CE participating agencies shall obtain written client consent from the participant when they come in and additional data are collected during an in-person assessment.

All participant information collected, stored, or shared in the operation of CE functions, regardless of whether those data are stored in HMIS, shall be considered personal and sensitive information worthy of the full force of protection and security associated with data collected, stored, or shared in HMIS.

The CoC must protect all participants’ *personally identifiable information* (PII), as required by HUD’s [HMIS Data and Technical Standards](#), regardless of whether or not PII is stored in HMIS. All CE participating projects will ensure participants’ PII will only be collected, managed, reported, and potentially shared if those data are able to be secured in compliance with the HUD- established HMIS privacy and security requirements.

DISCLOSURE OF DISABILITY OR DIAGNOSTIC INFORMATION

State that participants are not required to disclose specific disabilities or diagnosis information during the assessment process.

Required: CoC must have established written policies and procedures establishing that “the assessment process cannot require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.”

Source: HUD Coordinated Entry Notice: Section II.B.12.f

Sample CE Policy Text:

Throughout the assessment process, participants must not be pressured or forced to provide CE staff with information that they do not wish to disclose, including specific disability or medical diagnosis information.

UPDATING THE ASSESSMENT

Describe any expectations for updating the participant assessment.

Sample CE Policy Text:

Participant assessment information should be updated at least once a year, if the participant is served by CE for more than 12 months. Additionally, staff may update participant records with new information as new or updated information becomes known by staff.

Sample CE Procedure Text:

Individuals who choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered into HMIS. Participant data in HMIS can be updated after an initial CE data collection period and throughout project enrollment to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. CoCs should continuously work to improve participant engagement strategies to achieve completion rates of required HMIS data elements that are as high as possible.

PRIORITIZATION

The CE process is used to prioritize people experiencing homelessness within Monroe County for access to housing and services based on a specific and definable set of criteria that are made publicly available and which must be applied consistently throughout the CoC for all populations.

STANDARDIZED PRIORITIZATION

Identify and describe all factors and assessment information that are used to prioritize persons for homeless assistance.

Required: “CoC’s written CE policies and procedures must include the factors and assessment information with which prioritization decisions will be made for all homeless assistance.”

Source: HUD Coordinated Entry Notice: Section II.B.3

Policy

The Prioritization Coordinator will use data collected through the CE Application in HMIS to prioritize people experiencing homelessness in Monroe County.

Procedure(s)

Permanent Supportive Housing (PSH):

The prioritization for PSH is consistent with [HUD’s Prioritization/PSH Notice](#). Persons with physical disabilities, developmental disabilities, and people who are 65 years of age and older will be prioritized. Persons eligible for PSH will be prioritized for available units based on the following criteria (applying the definition of *chronically homeless* set by HUD in its December 2015 [Final Rule](#)):

- **1st Priority**—Chronically homeless individuals and families with the longest history of homelessness **and** with the most severe service needs.
- **2nd Priority**—Chronically homeless individuals and families with the longest history of homelessness but **without** severe service needs.
- **3rd Priority**—Chronically homeless individuals and families **with** the most severe service needs.
- **4th Priority**—All other chronically homeless individuals and families not already included in priorities 1 through 3.
- **5th Priority**—Homeless individuals and families who are not chronically homeless but do have a disability and severe service needs.
- **6th Priority**—Homeless individuals and families who are not chronically homeless but do have a disability **and** a long period of continuous or episodic homelessness.
- **7th Priority**—Homeless individuals and families who are not chronically homeless but do have a disability **and** are coming from places not meant for human habitation, Safe Havens, or emergency shelters.
- **8th Priority**—Homeless individuals and families who are not chronically homeless but have a disability and are coming from transitional housing.
- **Tie Breaker**—When two households in the same priority are scored equally on the Prioritized List, the household that was placed on the List first will be prioritized

Transitional Housing (TH):

The prioritization for persons who are determined to be eligible for TH will be consistent with the CoC’s scoring range for need and vulnerability associated with TH projects. The CoC will prioritize the following persons for TH:

1. Households fleeing or experiencing domestic violence as the primary cause of their current housing crisis.
2. Households consisting of unaccompanied youth.
3. Participants seeking treatment services for behavioral health conditions such as mental illness and/or substance use disorders.
4. Re-entry

Rapid Re-Housing (RRH):

The prioritization for persons who are determined to be eligible for RRH will be consistent with the CoC's scoring range for need and vulnerability associated with RRH projects.

EMERGENCY SERVICES

Required: “[CoC’s] written CE policies and procedures must clearly distinguish between the interventions that **will not** be prioritized based on severity of service need or vulnerability, such as entry to emergency shelter, allowing for an immediate crisis response, and those that **will** be prioritized, such as [permanent supportive housing].”

Source: HUD Coordinated Entry Notice: Section II.B.7.a

Policy

Emergency shelters are a critical crisis response resource, and access to shelters will not be prioritized through CE.

PRIORITIZATION LIST

The Prioritization List is a single, centralized list for the entire CoC that includes all relevant participant-level information to identify which persons who are seeking or may need CoC services to resolve their housing crisis. The use of a *Prioritization List* ensures that the CoC does not serve participants on a “first come, first served basis,” but rather according to each participant’s level of need, vulnerability, and risk of greater harm should the household not receive accelerated access to CoC assistance.

Procedure

The Prioritization List for Monroe County is managed by the CoC. Participants are added to the List in HMIS by their referring case manager. As new participants are added, those already on the List may see their rank order change based on the needs of the new participant. The factors that determine a person's place on the List include chronic homelessness, length of time homeless, disability, unsheltered, and ages that are 62 years of age and above, physical disability, and developmental disability. Participating agencies are required to provide the following information about participants: HAT score, length of time homeless, previous residence, demographic information to include all HMIS Universal Data Elements, household size, etc.

REFERRAL

All CoC- and ESG-funded projects must accept referrals exclusively through the CoC’s defined CE process as described below. All other CoC projects and services voluntarily participating in CE will consider the CE process the sole source for referrals.

NOTIFICATION OF VACANCIES

The CoC Prioritization Coordinator sends a weekly email to PSH, RRH, and Transitional Housing programs requesting their number of vacancies. Providers are expected to respond by the close of business on Monday.

Policy

All CE participating providers will enroll new participants only from the CoC’s CE referral process. To

facilitate prompt referrals and to reduce vacancy rates, participating providers must notify the CE coordinating entity of any known and anticipated vacancies.

Procedure

When a PSH or RRH vacancy occurs or is expected in the immediate future, the provider agency with the vacancy must alert the Prioritization Coordinator via the Online Portal provided no later than Tuesday at 9am of the following week. The notification must include specific details of the vacancy, including the project name, unit size, location, and any funder-defined eligibility requirements. The Prioritization Coordinator will then make an appropriate referral.

PARTICIPANT-DECLINED REFERRALS

Policy

One of the guiding principles of CE is participant choice, and participants in CE are allowed to reject housing options offered to them, without repercussion.

Procedure(s)

PSH and RRH programs will provide information about their program to individuals and families when the referral is made from the Prioritization List. If the participant declines a referral to a housing program, they remain on the Prioritization List until the next housing opportunity is available. After three (3) denials, the person may be removed from the List, and the referring provider will work with the participant to identify immediate needs and address potential gaps or barriers.

PROVIDER-DECLINED REFERRALS

Policy

There may be instances when a Receiving Agency rejects a referral from the CE Prioritization List. When this occurs, the agency must notify the CoC Prioritization Coordinator of the denial and the reason(s) for which the decision was made. Rapid Re-Housing programs are permitted to reject no more than three (3) referrals per quarter from the Prioritization List, and Permanent Supportive Housing programs are permitted to reject no more than one (1) referral per quarter. Quarters will follow the calendar year and would be defined as January-March (Q1), April-June (Q2), July-September (Q3), and October-December (Q4). If a Receiving Agency rejects a referral that would cause them to exceed the limit, a case conference would be required to make a final decision regarding whether the program would be required to accept the referral.

Procedures

Rejections by Receiving Agencies are only permitted in the following situations:

- The participant does not meet the eligibility criteria of the project
- The participant would be a danger to self or others if allowed to enter the project
- The services available through the project are insufficient to address the intensity and scope of participant need
- The project is at capacity and is not available to accept referrals
- Other justifications as specified by the Receiving Agency, which must be approved by the CoC

The Receiving Agency must communicate the refusal to the Prioritization Coordinator within two (2) business days of making the refusal. The Receiving Agency must answer the following questions:

- Why was the referral rejected?
- How was the participant informed?

- What alternative resources were made available to the participant?
- Does the agency foresee additional refusals in the future that may be similar in nature?

The Prioritization Coordinator will share the information with the CE Oversight and Management Entities (CCSI and CoC) to review and decide on the most appropriate next steps for the project and the participant.

PERMANENT HOUSING PROGRAM INTAKES

All PSH and RRH programs must complete an intake within 14 days of receiving the referral from the Prioritization List Coordinator. When the intake has been completed and the person is accepted into the program, and the provider enters them into the program in HMIS effective the date of intake.

DATA SYSTEM(S)

DATA SYSTEM(S)

Policy

All agencies and programs contributing data to CE must ensure participants' data are secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically. Additionally, participants must be informed how their data are being collected, stored, managed, and potentially shared, with whom, and for what purpose.

Procedure(s)

Participants must receive and acknowledge a *Rochester/Monroe County Homeless Continuum of Care Release of Information Policy for HMIS Data Collection and Coordinated Entry* form prior to the collection of data for CE. The form identifies what data will be collected, where those data will be stored/managed, how those data will be used for the purposes of helping the participant obtain housing and assistance and for other administrative purposes, and what data will be shared with others (if the participant consents to such data sharing).

DATA COLLECTION STAGES AND STANDARDS

Policy

Participating agencies must collect all data required for CE as defined by the CoC, including the "universal data elements" listed in HUD's [HMIS Data Standards Data Manual](#).

Access

DHS, emergency shelters, and street outreach will collect basic demographic information when a household accesses the homeless services system, which includes but is not limited to name, SSN, DOB, gender, race, prior living situation, etc. The information collected is required to determine eligibility for DHS assistance, and it must be entered into HMIS when collected by shelters or outreach.

Assessment

Emergency shelter and street outreach providers will collect the information necessary to complete the Homelessness Assessment Tool (HAT). This will include providers asking questions of a more personal nature to better understand the person's situation to ensure a more appropriate referral for housing.

Prioritization

The CoC is the only entity that has access to the Prioritization List in HMIS. No additional data is collected at this stage of the process.

Referral

When participants are referred to PSH or RRH, their HMIS number is shared with the Receiving Agency. All of their demographic data, household information, and Homelessness Assessment Tool (HAT) responses are accessible by the Receiving Agency. No additional data is collected at the point of referral; however, the Receiving Agency will collect program-specific data during an intake.

PARTICIPANT CONSENT PROCESS

Required: CoC's written CE policies and procedures must include "protocols for obtaining participant consent to [collect,] share and store participant information for purposes of assessing and referring participants through the coordinated entry process."

Source: HUD Coordinated Entry Notice: Section II.B.12.a

Policy

Data must not be collected without the consent of participants, according to the defined privacy policies outlined in the "Rochester/Monroe County Homeless Continuum of Care Release of Information Policy for HMIS Data Collection and Coordinated Entry."

Procedure(s)

As part of the assessment process, participants will be provided with a written copy of the *Rochester/Monroe County Homeless Continuum of Care Release of Information Policy for HMIS Data Collection and Coordinated Entry*, which identifies what data will be collected, what data will be shared, which agencies' data will be shared with, and the purpose of the data sharing. Participants will have the option to decline sharing data; doing so does not make them ineligible for CE. Please see Appendix C for a copy of the *Rochester/Monroe County Homeless Continuum of Care Release of Information Policy for HMIS Data Collection and Coordinated Entry*.

EVALUATION

EVALUATION OF COORDINATED ENTRY SYSTEM

Required: CoC must ensure through written CE policies and procedures the "frequency and method by which the [CE system] evaluation will be conducted, including how project participants will be selected to provide feedback, and must describe a process by which the evaluation is used to implement updates to existing policies and procedures."

Source: HUD Coordinated Entry Notice: Section II.B.15.c

Policy

Regular and ongoing evaluation of the CE system will be conducted to ensure that improvement opportunities are identified, results are shared and understood, and that the CE system is held accountable.

Procedure(s)

The CE system will be evaluated using HMIS data on a quarterly basis. Results will be published on the [CE website](#) after they have been reviewed by the CE Steering Committee. The CE Steering Committee has selected the following as key outcomes for CE:

1. Reduction in the length of time homeless (system- and project-level).
2. Reduction in the number of persons experiencing first-time homelessness (system- and project-level).
3. Increase in the number of placements into permanent housing (system- and project-level).

ROLE OF PARTICIPATING AGENCIES IN COORDINATED ENTRY EVALUATION

Policy

Participating agencies play a crucial role in the evaluation of CE. Participating agencies will collect accurate and meaningful data on persons served by CE. In addition, participating agencies will review evaluation results and offer insights about potential improvements to CE processes and operations.

Procedure

At least one representative from each participating agency will be sent the draft results of the CE System evaluation, prior to its distribution to the CE Committee. Representatives will have 15 business days to review and provide feedback on the results. While reviewing the data, agency representatives are encouraged to communicate directly with CCSI about any concerns or questions that they have, and to be detailed in their suggestions about how best to interpret and use the evaluation results.

APPENDIX A

Permanent Supportive Housing Written Standards

Definition: Permanent Supportive Housing (PSH) – 24 CFR Part 578.37

Permanent Supportive Housing is community-based housing, the purpose of which is to provide housing without a designated length of stay. PSH can only provide assistance to individuals with disabilities and families in which at least one adult or child has a disability. Support services designed to meet the needs of the program participants must be made available to the program participants.

Access to Permanent Supportive Housing (PSH) is only through a referral from the community-wide Prioritization List.

Eligibility Criteria

- Must meet HUD Category 1 or 4 definition of homeless (24 CFR Part 578.3)
- Prior living situation must be Emergency Shelter or Unsheltered; if prior living situation is Transitional Housing (TH) or institution for less than 90 days, must have been homeless prior to entering TH or institution
- Household member must have long-term disability

Operational Standards

- There is no prescribed or suggested length of stay in PSH
- Supportive services must be available to participants throughout their stay in PSH, but participants may not be required to participate in services
- Initial lease must be for at least one year that is renewable and terminable by cause. Subsequent leases must have a minimum term of one month.
- Participants share of rent cannot exceed 30% of household income
- Units must pass Housing Quality Standards Inspection prior to rent being paid to the landlord
- Prioritization of potential participants
 - Chronically homeless persons are prioritized above all others
 - Homelessness Assessment Tool (HAT) score
 - Other criteria that determine a person's cumulative prioritization score include length of time homeless, unsheltered, disability, and age (less than 20 or older than 62)

Standard Outcomes/Performance Measures

- 92% of all participants will remain stable in PSH or exit to other permanent housing destinations
- 85% or more of adult participants will have non-cash benefits
- 85% or more of adult participants will have income from sources other than employment
- 20% or more of adult participants increase income from sources other than employment
- 20% or more of adult participants will have income (includes part-time) from legal employment
- 20% or more of adult participants will increase income from employment
- Participants will be housed within 45 days of referral to PSH from the community-wide Prioritization List
- 95% occupancy rate based on amount of rental assistance that is expended annually

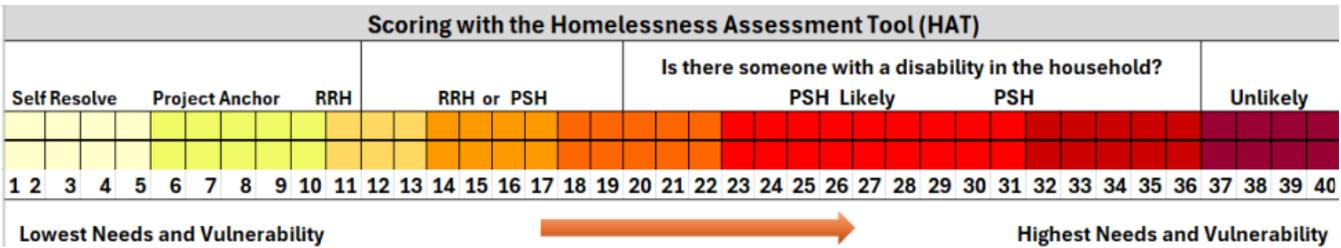
Rapid Re-Housing Written Standards

Definition: Rapid Re-Housing (RRH) – 24 CFR Part 578.37

RRH provides short-term (up to 3 months) and/or medium-term (3 to 24 months) tenant-based rental assistance and supportive services as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible to permanent housing and achieve stability in that housing.

Access to Rapid Re-Housing is only through:

- The Coordinated Entry Community Prioritization List.
- Based on a Variety of eligibility criteria including HAT score shown here:



Eligibility Criteria

- Must meet HUD Category 1 or 4 definition of homeless (24 CFR Part 578.3)
- RRH will be recommended for those who have no other housing resources
- Income is not a barrier
- Disability is not required

Operational Standards-Standards represent minimum local standards for all RRH Programs. RRH providers may have funders who have additional requirements and/or may need to meet standards of the state and local government. In those cases, the more stringent standards applies.

- Housing Search
 - Must include a plan to work with landlords to encourage them to provide available units for the program
 - Rental units must pass inspection prior to rental assistance being paid to the landlord; for ESG funded programs Housing Habitability Inspection can be utilized; for CoC funded programs Housing Quality Standards (HQS) inspection is required [NSPIRE inspection is required (National Standards for the Physical Inspection of Real Estate)]
- Rent and Move-In Assistance: must include at least a minimum short- or medium-term rental assistance.
 - Each program will determine the average amount and length of time rental assistance is provided and the percentage of rent that participants will pay
 - For participants where rent does not include utilities, the amount of rental assistance provided will incorporate the applicable utility allowance, using the metric established by the Rochester Housing Authority to calculate the tenant share of rent. Program Participant must be reimbursed for any amount that the allowance exceeds the participant’s share of rent.
- Case Management Services:
 - Initial focus is on accessing permanent housing
 - Once housing is secured, focus changes to housing stabilization;
 - Case management ends when household is no longer imminently at risk of being homeless;

- A once per month contact at the minimum is required while participant is enrolled in the RRH program;
- Warm hand-off to mainstream and community-based services should be utilized
- Each participant must have a written lease/rental agreement
 - ESG-funded programs: month-to-month is allowable; however, City of Rochester and Monroe County require annual lease if program provides financial or rental assistance;
 - CoC funded programs: initial lease must be for at least one year, that is renewable and terminable by cause
- Program participation is limited to a maximum of 24 months
- All programs will utilize practices that achieve the outcomes listed below beginning with stable housing as the foundation for maximized self-sufficiency.

Standard Outcomes/Performance Measures

- 93% of all participants will remain stable in RRH or exit to other permanent housing destinations
- 85% or more of adult participants will have non-cash benefits
- 40% or more of adult participants will have income from sources other than employment
- 45% or more of adult participants increase income from sources other than employment at annual
- 50% or more of adult participants increase income from sources other than employment at exit
- 20% or more of adult participants will have income from employment
- 20% or more of adult participants will increase income from employment annually and exit
- 92% of participants do not return to homelessness within a one-year period after exit from RRH
- 85% of participants do not return to homelessness within a two-year period after exit from RRH
- 100% of ALL household members will be entered into HMIS 72 hours of project entry
- 90% of participants will have health insurance
- Average time from enrollment to moving to permanent housing is thirty (30) days
- Minimum 95% occupancy rate based on the number of units in use at the quarterly HUD PIT Count divided by the number of units requested in your project application (quarterly PIT occurs last Wednesday of each quarter January, April, June and October).
- 95% Utilization rate based on amount of rental assistance that is expended annually
- The time from referral to program entry will be 14-days or less.

Standards approved by RRH Written Standards Committee on 10/02/2025. In attendance: Kim Martin (CCSI), Joyce Lampman (PCHO), Tanya Coulter (PCHO), Sherilyn DiRoma (PCHO), Jon Olsen (SCPO), Lisa Buscemi (SCPO), Sharon Castronova (SCPO), Mark Cuminale (CFY), Sara Martone (VOA), Cheryl Strong (CFY), Darnell Rhodes (Delphi Rise Home Safe), Tree Clemonds (PEH), Heidi Markham (PEH), Carolyn Keyser (PEH), and Jennifer Keys (PEH).

Transitional Housing (TH) Written Standards

Definition: Transitional Housing (TH) – 24 CFR Part 578.37

Transitional housing facilitates the movement of homeless individuals and families to permanent housing within 24 months of entering a TH program.

TH should be utilized for families and individuals who need more assistance than RRH offers but who do not qualify for Permanent Supportive Housing (PSH). Sub-populations that are likely to benefit the most from TH are youth, survivors of Domestic Violence (DV), persons with histories of substance abuse, and/or persons who have recently exited the criminal justice system.

Primary Access for Sub-Populations:

- Unaccompanied Youth and Young Adults (18-24) coming through Prioritization List will be referred to Center for Youth
- Re-Entry Population coming through Prioritization List will be referred to Spiritus Christi Prison Outreach
- Chronically Homeless Men will be referred to Safe Haven

Eligibility Criteria

- Must meet HUD Definition of Homeless- Category 1,2 and 4 (those entering TH under category 2 will not be qualified for RRH or PSH funded by HUD, except DV)

Operational Standards- Standards represent minimum local standards for all TH programs. TH providers may have funders who have additional requirements and/or may need to meet standard of the state or local government. In those cases, the more stringent standard applies.

- Services and programming create a pathway to permanent housing
- Maximum length of stay is 24 months
- Participant's rent cannot exceed 30% of household income
- Participants must have a lease or occupancy agreement

Standard Outcomes/Performance Measures

- 93% or more of participants will exit to permanent housing destinations
- 85% or more of adult participants will have non-cash benefits
- 40% or more of adult participants will have income from sources other than employment
- 45% or more of adult participants increase income from sources other than employment
- 20% or more of adult participants will have income from employment
- 20% or more of adult participants will increase income from employment
- 80% of participants will not return to homelessness within a two-year period after exit from TH
- Minimum 90% average occupancy rate will be maintained

Street Outreach Written Standards

Definition: Street Outreach (SO) - 24 CFR 576.101

Street Outreach provides essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing or an appropriate health facility.

Eligibility Criteria

- Must meet HUD definition of homeless (24 CFR Part 578.3)

Operational Standards

- Proactively reach out to unsheltered homeless; whenever possible, provide resources to address immediate needs such as placement in emergency shelter, food, personal hygiene items, etc. Priority for Street Outreach will be unsheltered homeless; however, street outreach teams may also go to shelters that are not able to provide services.
- Provide Engagement services – assessing housing and service needs, completion of Homelessness Assessment Tool (HAT) and other assessment tools based on need
- Provide short-term case management - provide linkages to emergency shelter, medical and behavioral health and substance use treatment, mainstream resources, obtaining identification, social security card, and birth certificate documents needed for housing.
- Provide transportation to emergency shelters or other services
- Street Outreach activities will be conducted with a minimum of two (2) trained persons whenever possible; or the outreach worker will always let someone know where they will be
- Whenever possible, Street Outreach workers will be trained to use Narcan, CPR, in domestic violence procedures, as well as de-escalation techniques. They will also call 911 when/if these procedures are utilized.
- Should an unsheltered household with minor children be encountered during outreach activities:
 - A referral to shelter is the preferred option
 - If shelter referral is refused, and a minor child is at risk, a program supervisor should be called to consider a call to CPS Hotline: 1-800-342-3720. If an imminent emergency, “911” should be called
 - Center for Youth (CFY) Safe Place is an option for minor children when the caregiver does not want to go into a shelter, is willing for their children to go to CFY, and is able to engage in planning with CFY (there is a time limit on their stay in this shelter)
 - All providers are trained and follow mandated reporting procedures
- Street Outreach will exit people they have entered into HMIS after no more than 60 days of no contact.
- Please refer to the Coordinated Entry Street Outreach Documentation Procedures to ensure documentation is up to date in HMIS, including current living situation. *If there has been no contact in 30 days, a referral will not be made. If there is no contact in 60 days, the person will be exited from Coordinated Entry. A new application may be submitted in the future if contact is reestablished and the client remains eligible for services.
 - This is Coordinated Entry specific to people who are on the Prioritization List and not Street Outreach Program Enrollment.

Standard Outcomes/Performance Measures

- 80% of all participants engaged have *successful exits from the program
- 35% or more of adult participants engaged will have non cash benefits

- 35% or more of adult participants will have income from sources other than employment
- 50% or more of adult participants will have income from employment
- 85% of participants will not return to homelessness within two years

*Successful exit is defined by successfully getting off the streets to housing, shelter, or treatment. Hospitals or other residential non-psychiatric medical facilities, residential projects or halfway houses with no homeless criteria, and deceased are excluded in calculations by HUD.

APPENDIX B

Emergency Solutions Grants (ESG) Program Interim Rule

(d) Centralized or coordinated assessment. Once the Continuum of Care has developed a centralized assessment system or a coordinated assessment system in accordance with requirements to be established by HUD, each ESG-funded program or project within the Continuum of Care's area must use that assessment system. The recipient and subrecipient must work with the Continuum of Care to ensure the screening, assessment, and referral of program participants are consistent with the written standards required by paragraph (e) of this section. A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system.

(e) Written standards for providing ESG assistance.

- (1) If the recipient is a metropolitan city, urban county, or territory, the recipient must have written standards for providing Emergency Solutions Grant (ESG) assistance and must consistently apply those standards for all program participants. The recipient must describe these standards in its consolidated plan.
- (2) If the recipient is a state:
 - (i) The recipient must establish and consistently apply, or require that its subrecipients establish and consistently apply, written standards for providing ESG assistance. If the written standards are established by the subrecipients, the recipient may require these written standards to be:
 - (A) Established for each area covered by a Continuum of Care or area over which the services are coordinated and followed by each subrecipient providing assistance in that area; or
 - (B) Established by each subrecipient and applied consistently within the subrecipient's program.
 - (ii) Written standards developed by the state must be included in the state's Consolidated Plan. If the written standards are developed by its subrecipients, the recipient must describe its requirements for the establishment and implementation of these standards in the state's Consolidated Plan.
- (3) At a minimum these written standards must include:
 - (i) Standard policies and procedures for evaluating individuals' and families' eligibility for assistance under Emergency Solutions Grant (ESG);
 - (ii) Standards for targeting and providing essential services related to street outreach;
 - (iii) Policies and procedures for admission, diversion, referral, and discharge by emergency shelters assisted under ESG, including standards regarding length of stay, if any, and safeguards to meet the safety and shelter needs of special populations, e.g., victims of domestic violence, dating violence, sexual assault, and stalking; and individuals and families who have the highest barriers to housing and are likely to be homeless the longest;
 - (iv) Policies and procedures for assessing, prioritizing, and reassessing individuals' and families' needs for essential services related to emergency shelter;
 - (v) Policies and procedures for coordination among emergency shelter providers, essential services providers, homelessness prevention, and rapid rehousing assistance providers; other homeless assistance providers; and mainstream service and housing providers (see § 576.400(b) and (c) for a list of programs with which ESG-funded activities must be coordinated and integrated to the maximum extent practicable);
 - (vi) Policies and procedures for determining and prioritizing which eligible families and individuals will receive homelessness prevention assistance and which eligible families and individuals will receive rapid rehousing assistance;
 - (vii) Standards for determining what percentage or amount of rent and utilities costs each program participant must pay while receiving homelessness prevention or rapid re-housing assistance;
 - (viii) Standards for determining how long a particular program participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time; and
 - (ix) Standards for determining the type, amount, and duration of housing stabilization and/or

relocation services to provide to a program participant, including the limits, if any, on the homelessness prevention or rapid rehousing assistance that each program participant may receive, such as the maximum amount of assistance, maximum number of months the program participant receive assistance; or the maximum number of times the program participant may receive assistance.

APPENDIX C

Partners Ending Homelessness
Homeless Management Information System
560 West Main Street
Rochester, NY 14608
(585) 319-5091 Fax: (585) 319-5488
Revised – 4/19/2024

Rochester / Monroe County Homeless Continuum of Care Release of Information Policy for HMIS Data Collection and Coordinated Entry

You requested to receive shelter or services from _____ agency. To provide the most effective services, we need an accurate count of all persons experiencing homelessness or who are at risk for homelessness in the region. In order to ensure that clients are not counted twice we collect personal information about you such as name, birth date, social security number, veteran status, etc. This data is entered into a computer program called HMIS (Homeless Management Information System). You have the right to refuse to provide this information. Refusal to provide this information will not affect your eligibility for housing and/or services provided to you.

HMIS information is encrypted and uploaded to Housing and Urban Development (HUD) and New York State Office of Temporary and Disability Assistance (OTDA) in various yearly reports. Any information that would identify you personally will never be visible to anyone at HUD or OTDA and will NEVER appear on any reports or publications. HMIS is used for Coordinated Entry in this community. Coordinated Entry is a community-wide process by which homeless persons are assessed and referred for housing and/or services that will best meet your needs.

What information will be entered into and shared in HMIS?

During the intake interview, you will be asked the following information about you and all household members:

- Demographics – i.e. gender, race, age ethnicity, veteran status, etc
- Disability status, mental health, substance abuse and HIV/AIDS
- Mainstream resources: i.e. - income resources, health insurance, non-cash benefits, i.e. – SNAP, Medicaid, etc.
- History of homelessness; fleeing domestic violence
- Prioritization list application and related information (i.e. – HAT, prioritization list notes, etc.)

The purpose for gathering this information is to better understand characteristics, trends and movement of persons who are homeless or at risk of being homeless. This information is also used to analyze the use and effectiveness of services created to assist the homeless within our community. This statistical data helps demonstrate the need for HUD, OTDA and other potential funders to allocate monetary support to the homeless programs in Monroe County.

By sharing your information with these agencies, you will help them:

- Identify other services or programs you may be eligible for.
- Assistance with securing and retaining permanent housing; including any case conferences scheduled to ensure
- appropriate decisions are being made to link you to housing/services that will best meet your needs
- Better coordinate those services for you and your household.
- Document the need for renewal funding or funding for new programs.

The list of agencies/organizations that have access to and/or share HMIS data is included in Addendum A of this Release of Information document.

***Please be advised that Case/Client Notes and Case Plans are not shared among providers. They are only visible to the provider entering them into HMIS and Partners Ending Homelessness.**

Partners Ending Homelessness

Homeless Management Information System
560 West Main Street
Rochester, NY 14608
(585) 319-5091 Fax: (585) 319-5488
Revised – 4/19/2024

CLIENT INFORMED ACKNOWLEDGEMENT ON RELEASE OF INFORMATION
(For all clients 18 years and older)

Client Name _____ Date of Birth _____

Household members: (if applicable)

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

By signing this form, I acknowledge that I have been given information on the HMIS database. Only authorized agencies will be allowed to see, enter or access my information.

I understand that this form will expire ____ year(s) from the date of my signature. I may revoke this authorization in writing at any time; however, I understand that information shared prior to the revocation of this authorization will continue to be shared.

***Please be advised that Case/Client Notes and Case Plans are not shared among providers. They are only visible to the provider entering them into HMIS and Partners Ending Homelessness.**

Signature _____ Date _____

ROI-HMIS folder

APPENDIX D

HUD SOURCES

Coordinated Entry (CE) Notice:

Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. Notice CPD-17-01. January 23, 2017.

<https://www.hudexchange.info/resource/5208/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system/>

CoC Program Interim Rule:

Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program Interim Final Rule, 24 CFR Part 578. July 31, 2012.

https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_Fo rmattedVersion.pdf

Emergency Solutions Grants (ESG) Program Interim Rule:

Homeless Emergency Assistance and Rapid Transition to Housing: Emergency Solutions Grants Program and Consolidated Plan Conforming Amendments, 24 CFR Parts 91 and 576. December 5, 2011.

https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule &ConPlanConformingAmendments.pdf

Final Rule defining *Chronically Homeless*:

Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically Homeless,” 24 CFR Parts 91 and 578. December 4, 2015.

<https://www.hudexchange.info/resources/documents/Defining-Chronically- Homeless-Final-Rule.pdf>

HMIS Data and Technical Standards:

HUD Exchange [website], “HMIS Data and Technical Standards,” 2017.

<https://www.hudexchange.info/programs/hmis/hmis-data-and-technical-standards/>

Prioritization Notice (addressing Permanent Supportive Housing):

Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing (CPD-16-11). July 25, 2016.

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

