



Western Virginia
Continuum Of Care

Coordinated Assessment & Entry Process

Policies, Standards and Procedures

<http://www.continuumofcare513.com>

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TABLE OF CONTENTS

- WESTERN VA COC PLANNING PROCESS1
- COORDINATED ENTRY SYSTEM OVERVIEW3
- ELIGIBILITY4
- CHI PROCESS5
- ASSESSMENT TOOL6
- PROVIER PARTICIPATION REQUIREMENTS.....6
- DOCUMENTATION.....7
- HOUSING NAVIGATION7
- MATCHING &PRIORITIZATION FOR HOUSING PLACEMENT8
- CES OPERATING GUIDELINES9
- GLOSSERY10
- CONCLUSION.....11

THE WESTERN VIRGINIA COC PLANNING PROCESS

The Western Virginia Continuum of Care (CoC) covers the counties of Clarke, Frederick, Page, Rockingham, Shenandoah, and Warren, the towns within those counties, as well as the cities of Winchester and Harrisonburg. The official HUD-designated name of this CoC is VA-513.

The VA-513 Continuum seeks to successfully implement strategies consistent with the tenets of Housing First and the best practice principles set forth in HUD's Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness. This plan mandates that every community will have "a systematic response in place that ensures homelessness is prevented whenever possible or is otherwise a rare, brief, and non-recurring experience." Within the Continuum's service area, the collective efforts of our membership serve as a linchpin within that response.

The federal strategic plan specifies that homeless service providers should:

- 1. Quickly identify and engage people at risk of and experiencing homelessness.***
- 2. Intervene to prevent the loss of housing and divert people from entering the homeless services system.***
- 3. Provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured.***
- 4. When homelessness does occur, quickly connect people to housing assistance and services—tailored to their unique needs and strengths—to help them achieve and maintain stable housing.***

The CoC's planning efforts also aid our community to improve program outcomes, strengthen housing first strategies, measure system performance and strengthen our community's coordinated entry system.

In accordance with Title 24 of the Code of Federal Regulations (24 CFR) governing the Continuum of Care Program (24 CFR 578) and the Emergency Solutions Grants Program (24 CFR 576) as well as HUD's final rule on defining chronically homeless and homeless (24 CFR 91) and HUD Notice CPD-14- 012 on prioritizing persons experiencing chronic homelessness and other vulnerable homeless persons in permanent supportive housing our Continuum has developed the following written standards for the regions Coordinated Entry System (CES).

All projects that receive HUD Continuum of Care (CoC), Department of Housing and Community Development Virginia Homeless Solutions Program (DHCD-VHSP) funding, Emergency Solutions Grants (ESG) funding as well as other local government funding are required to participate in the CES system, and are therefore subject to complying with these basic minimum standards. In addition, other homeless service providers not receiving CoC or ESG funding located within the VA-513 geographic area are strongly encouraged to participate in the CES.

The Western Virginia Continuum is committed to ending homelessness and seeks to coordinate and support community agencies within its geographic boundaries that offer services to homeless families and individuals through dissemination of best practices; training; planning; monitoring; and technical assistance. The committee structure of the continuum, including CoC's Executive

Committee works to ensure that all projects providing services to the homeless including shelter, Rapid Rehousing, and homeless prevention services throughout the entire VA-513 geographic area are utilizing a single coordinated entry process that allows for coordinate screening, assessment and referrals to those seeking services.

The goal of these standards is to synthesize key elements of the HUD regulations with the processes and priorities of our local communities and ensure that the CES system is administered fairly and methodically. It is the commitment of the Western Virginia Continuum and its membership to continue to build upon and refine this document.

The purpose of this document is to set forth policies, standards and procedures to govern the centralized or coordinated assessment system. This coordinated assessment system shall be known as the **Centralized Housing Intake (CHI)** and will be referred to as such throughout this document.

COORDINATED ENTRY SYSTEM OVERVIEW

The **Centralized Housing Intake (CHI)** is a CoC-wide coordinated entry process for facilitating access to all resources designated for homeless individuals and families within the regions' 6 county service area. The goal of CHI is to identify and assess client needs in a transparent and consistent way, and to refer clients to the most appropriate service strategy or housing intervention. In doing so, CHI ensures that the VA 513 CoC's limited resources are allocated in a manner achieve the most effective results. The Western Virginia CoC's program combines a phone based centralized intake with community based access points. All access points utilize a common assessment tool, methodology and electronic information management system thus creating a responsive community-wide coordinated entry system for everyone who is experiencing or at risk of becoming homeless. The system ensures that people experiencing homelessness have equitable, coordinated and timely access to housing resources delivered with a trauma informed approach that honors the needs of our community.

GUIDING PRINCIPLES FOR THE WESTERN VIRGINIA COC MODEL

The Centralized Intake process throughout the CoC's geographic area is governed by the following guiding principles:

- **Prioritization of the Most Vulnerable People.** The CoC's limited resources are directed first to individuals and families who are the most vulnerable and in need of assistance.
- **Low-barrier and Easily Accessible.** The Centralized Intake process does not screen out people for assistance because of perceived barriers to housing or services. The

focus is solely on determining and verifying eligibility for available service options.

- **Housing First Orientation.** Centralized Intake is Housing First oriented, such that people are housed quickly without preconditions or arbitrary requirements.
- **Person-Centered.** Every person experiencing homelessness is treated with dignity and offered at least minimal assistance, including referrals to other mainstream services.
- **Standardized Access and Assessment.** All people within the Western Virginia CoC can easily access Centralized Intake and they are assessed equally and fairly using a universal assessment tool. Referrals for service are made for all eligible clients.
- **Inclusive.** The Centralized Housing Intake process includes all subpopulations, including people experiencing chronic homelessness, veterans, families, youth, survivors of domestic violence, persons with mental illness, LGBTQ persons, and disabled persons.
- **Facilitated access to mainstream services.** In addition to the core services to address housing crises, Centralized Intake makes an effort to help clients access a range of "mainstream" services that are important in addressing housing stability such as: childcare, employment services, legal services, public benefits, education, health care, etc.
- **Shared outcomes:** Outcome expectations for service providers within the system are uniform and results are reported in a consistent way, either through the use of the HMIS system, or manual reporting of data from alternative systems including the VADData System used by domestic violence services providers.
- **Informed by Local Planning.** The Western Virginia CoC engages in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes reporting call data and service referrals, evaluating and updating the coordinated entry process regularly, and ultimately using data to drive decision making and resource allocation

ELIGIBILITY

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

Literally Homeless Definition (HUD Category 1)

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

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

CENTRALIZED HOUSING INTAKE PROCESS

At this time, Mercy House, Inc., of Harrisonburg administers the local coordinated entry system in partnership with the Shenandoah Alliance for Shelter, of Woodstock. It is a stated goal to expand the system to incorporate a Winchester based site into the system to allow for in person intakes with the major population centers of our service area. Our system is a hybrid of centralized and coordinated assessment with the client interface representing a “No Wrong Door” approach to assisting families or individuals who are at imminent risk of becoming homeless. Our entry system’s design facilitates timely access to housing focused solutions and is strengthened by shared data in our Homeless Management Information System (HMIS).

The model uses a prioritization tool and evaluates each client’s current circumstance in relation to the eligibility standards set forth by the Virginia Homeless Solutions Program (VHSP) guidelines and the Tenant Based Rental Assistance Program (TBRA) within all counties except Rockingham and the City of Harrisonburg. Referrals for shelter services are also made upon verification of homelessness or a circumstance where a client is fleeing domestic violence.

The Centralized Intake staff is trained to become expert in the array of services available to clients within our Continuum’s service area. Each intake counselor has the appropriate agency contact information and hours of operation for all service providers in order to ensure that referrals are not only made within the HMIS network to homeless service providers but to other services as well. Individuals and families in urgent need of emergency shelter or other crisis service are screened and referred as quickly as possible.

The backbone of the Coordinated Entry System is the Centralized Housing Intake’s phone based intake line which accepts calls 24 hours a day. The system has proven to be effective in meeting the diverse needs of a service area that is far flung, primarily rural, and in significant need. In the past calendar year, the system has received and processed over 8,000 calls. The program utilizes Google Voice as a virtual voicemail box that time stamps, records, and

archives an audio file of each call. This system, along with records within the Callpoint data entry process has created a significant longitudinal database of client specific activity derived from nearly 3 years of data collection from call activity. Further, real time data entry is the agreed upon community wide standard, which allows participating service providers to assess current service needs and respond in a timely manner to clients in crisis.

In the coming year, the program will begin to interface with a concerted street outreach effort provided by local homeless assistance and outreach teams within the various communities located in our Continuum's service area. This enhanced focus of outreach will play a critical role in the development of a regional By Name List (BNL) for chronically homeless individuals. These ongoing refinements in the system will allow for improved data collection and reporting which will be critical to the efficient use of resources in order to achieve our collective goal of ending homelessness within the VA-513 service area.

ASSESSMENT TOOL

The Centralized Housing Intake utilizes a customized Prioritization Scoring Tool that reflects the priorities of the Federal Department of Housing and Urban Development (HUD), the Virginia Department of Housing and Community Development (DHCD) and the values of our local communities in addressing the needs of our most vulnerable citizens facing homelessness. The tool considers the following factors: a history of housing and homelessness, risk factors impacting housing sustainability, socialization and daily functioning, wellness – including chronic health conditions, substance abuse, mental illness, trauma and family composition. The assessment takes approximately 2 minutes to administer and should be re-administered by service providers after referral to ensure consistency.

The assessment process will be administered and applied consistently across the system to achieve fair, equitable, and equal access to services within our service area.

The program currently chooses not to utilize the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) as it is our collective belief that this tool does not effectively meet the needs of our community in a trauma informed or practical way.

The Centralized Housing Intake staff will be provided specialized training opportunities at least once annually to maintain their effectiveness as assessors and to evaluate the efficacy of the existing VA-513 Prioritization Policy.

PARTICIPATION REQUIREMENTS

The Department of Housing and Urban Development (HUD) has recently established guidance that instructs all Continuum of Care (CoC) projects to participate in their CoC's coordinated assessment system. Any project that receives HUD funding (CoC Program or

Emergency Solutions Grant) or funding from the Virginia Department of Housing & Community Development (DHCD) must comply with the participation requirements as established by the corresponding CoC jurisdiction. The Western Virginia CoC has developed a coordinated entry system and has set the following expectations for participation:

CoC, ESG and DHCD permanent housing (PH) projects, including Rapid Rehousing (RRH), Permanent Supportive Housing (PSH), and Homelessness Prevention (HP) must follow the CoC-approved written standards for service provision.

CoC, ESG and DHCD PH projects must submit project vacancies, including bed/unit-specific information to the By-name list committees at their regular committee meetings.

CoC, ESG and DHCD PH projects must enroll only those clients referred through CHI except in cases of active domestic violence or imminent danger.

CoC PSH projects must hold turnover beds open for the next individual on the prioritization list or the identified By-name List once Chronically Homeless Individual beds come available assuming the client is program eligible.

The Centralized Housing Intake Lead Agency (Mercy House) will be responsible for Maintaining By-name lists of the priority populations including chronically homeless, veterans and unaccompanied youth as well as an updated list of project vacancies and overseeing the match process.

Single households experiencing a housing crisis must access CoC services and housing through Centralized Housing Intake.

Families experiencing a housing crisis must access CoC services and housing through Centralized Housing Intake.

Unaccompanied youth experiencing a housing crisis must access CoC services and housing through Centralized Housing Intake.

Survivors of Domestic Violence who come to a CHI site, call the CHI phone service, or who are approached through street outreach will be asked if they are attempting to flee domestic violence (DV) or experiencing intimate partner violence. If a participant indicates they are a victim of domestic violence, none of the participant's information will be entered into HMIS, and referrals will immediately be made to domestic violence-specific resources, including hotlines and shelter. Survivors of DV are de-identified and placed on our community's By-name lists for housing resource prioritization.

Veterans who come to a CHI site, call the CHI phone service or who are approached through street outreach will be assessed using the Prioritization Tool. In addition to VHSP, TBRA or other housing assistance options, CHI will identify Veteran-specific resources such as HUD-

VASH or Supportive Services for Veteran Families (SSVF) providers or general homeless assistance. If a veteran chooses not to be referred to those services, he or she will be assigned a housing navigator. In alignment with federal, state and local priorities, CoC, DHCD and ESG program-funded projects, including PSH and RRH prioritize veterans and their families.

DOCUMENTATION

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

- Chronic homelessness verification form and supporting documentation
- Homeless verification by a credible 3rd party and supporting documentation
- Unlawful Detainer or Court Issued Eviction Documents

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

MATCH & PRIORITIZATION FOR HOUSING PLACEMENT

CHI is a uniform process through which the most vulnerable homeless residents within the Western Virginia Continuum are prioritized and then matched with available and appropriate housing resources in a systematic and efficient manner. Referrals of program eligible clients will be made to geographically appropriate service providers based on the client's current location or the area in which they ultimately choose to be housed. Other considerations including availability of program funding and the volume of current agency caseloads will be taken into consideration accordingly.

Clients who are fleeing domestic violence, sexual assault, or stalking will be referred for safety planning and evaluation by a domestic violence service provider prior to being referred for housing related services.

CENTRALIZED INTAKE OPERATING GUIDELINES

HMIS

CES is a system that operates within the Homeless Management Information System (HMIS). As such, all assessments, case note information, and referrals for homeless services must be recorded into the VA-513 CoC HMIS.

RELEASE OF INFORMATION

Any household who agrees to participate in the CHI process is asked to give verbal consent

before proceeding with the assessment. The intake counselor informs individuals that assessment information may be shared with housing and service providers through a secure database. Clients are also informed that they may revoke their permission to share their information at any time after a referral for services. Clients that do not give their consent are entered into HMIS with only limited information being made available to partner agencies for the purpose of ensuring records are not duplicated.

LOW BARRIER POLICY

All participating programs with Centralized Housing Intake will make service enrollment determinations on the basis of limiting barriers to enrollment in services and housing. No client may be turned away from services due to lack of income, lack of employment, disability status, or substance use, or other factors.

CONFLICTS OF INTEREST

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

AGENCY DENIALS

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

GRIEVANCE POLICY

Client concerns and grievances should be resolved promptly and fairly. Grievances about experience(s) with homeless housing programs should be directed to the program and follow the grievance policies and procedures of that organization. If the client concern cannot be resolved, the Western Virginia Continuum of Care grievance policy will be followed. The written appeal request should be sent to the VA-513 Lead Agency within 5 business days to attention of:

Mr. Michael Wong
Harrisonburg and Redevelopment Housing Authority
P.O. Box 1091
Harrisonburg, VA 22803

Agencies should maintain internal documentation of all complaints received. Grievances about CHI policies and procedures or a participating program’s screening or program participation practices which appear to have a discriminatory impact should be directed to the CHI Lead Agency.

HOUSING MOBILITY REQUESTS

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

HARASSEMENT

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

FAIR HOUSING, EQUAL ACCESS & ACCESSIBILITY

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

Further CHI and all HUD and DHCD funded service providers will abide by the Equal Access to Housing Final Rule entitled "Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs". This ensures equal access to shelter and services to individuals in accordance with their gender identity, and in a manner that affords equal access to the individual's family. No person shall be denied services based on their gender identification or non-binary gender status.

LANGUAGE ACCESS PLAN

The Centralized Housing Intake will make every reasonable effort to provide access to individuals with limited English proficiency (LEP) through an interpreter, language line or assistive technology tools including Google translator.

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

EVALUATING AND UPDATING CHI POLICIES AND PROCEDURES

To help ensure that the CHI will be effective and manageable for homeless and at-risk

households and for the housing and service providers tasked with meeting their needs, the Western Virginia Continuum of Care will annually review Centralized Intake policies and procedures. To inform this process there will be ongoing opportunities for stakeholder feedback, including but not limited to soliciting provider feedback through CoC meetings. Specifically, the CHI lead in consultation with the CoC Executive Committee will be responsible for:

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

GLOSSARY

Centralized Housing Intake (CHI): The process whereby any single individual or family experiencing homelessness receives coordinated entry into the homeless services system through a standardized assessment, uniform prioritization standard, and referrals for assistance to area homeless service providers.

CHI Lead Agency: Mercy House, Inc. of Harrisonburg is the current CHI Lead Agency.

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

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

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

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

Rapid Rehousing (RRH): A type of intervention, informed by a Housing First approach, which connects families and individuals experiencing homelessness to permanent housing

through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

Street Outreach Teams: Teams that can provide assessment of individuals who are unable to access or are unaware of the Centralized Housing Intake or the available homelessness prevention services in their area.

Supportive Services for Veteran Families (SSVF): For very low-income Veterans, SSVF provides case management and supportive services to prevent the imminent loss of a Veteran's home or identify a new, more suitable housing situation for the individual and his or her family; or to rapidly re-house Veterans and their families who are homeless and might remain homeless without this assistance.

Through referrals and direct outreach, nonprofit agencies and community cooperatives use SSVF funding to quickly house Veterans and their families who are homeless and keep others from slipping into homelessness by providing time-limited supportive services that promote housing stability.

Veterans Administration Housing Support (VASH): This collaborative program between HUD and VA combines HUD housing vouchers with VA supportive services to help Veterans who are homeless and their families find and sustain permanent housing. Through public housing authorities, HUD provides rental assistance vouchers to Veterans who are eligible for VA health care services and are experiencing homelessness.

CONCLUSION

The policies and procedures set forth in this document will be reviewed and approved by the CoC Executive Committee and CoC membership after a period of review and comment. After adoption, ongoing plans for detailed implementation including CHI policies and procedures for all aspects of coordinated entry will be finalized, including elements of homeless street outreach services within localities in the VA-513 service area. The CoC Executive Committee, the CHI Lead Agency, Mercy House, Inc. of Harrisonburg and its partner provider Shenandoah Alliance for Shelter of Woodstock, as well as other community partners will continue to seek funds to ensure that our region's coordinated entry system is centrally managed, well-coordinated, and continually improving.

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

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