Miami-Dade County Continuum of Care
Coordinated Entry Process
Policies and Procedures

October 23, 2017

Contents

I. Background and Purpose

A. Background

The Continuum of Care (CoC) Program Interim Rule at 24 CFR 578.7(a)(8) requires that a Continuum of Care (CoC) establish a *Centralized or Coordinated Assessment System*.

The Miami-Dade County Homeless Trust (Homeless Trust), lead agency for the Miami-Dade Continuum of Care (Miami-Dade CoC), has developed the following policies and protocols for a Coordinated Entry System (CE) in accordance with 24 CFR 578.7(a)(8) and HUD Notice CPD-17-01 outlining coordinated entry requirements. In addition to the CoC Program requirements under 24 CFR 578, these policies and protocol are also in accordance with the Emergency Solutions Grants Program (24 CFR 576), 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.

These policies and protocols address CE planning activities, access and referral processes, assessment, prioritization, data management and evaluation.

B. Purpose of Coordinated Entry

The CE improves service delivery for individuals and families experiencing homelessness and increases the efficiency of the homeless response system by simplifying access to housing and services for people experiencing homelessness; prioritizing housing assistance based on assessed need; and quickly connecting households to the appropriate housing intervention.

The CE policies and protocols ensure a uniform, fair and consistent process by which to access assistance across the continuum.

C. Planning

The Homeless Trust is responsible for oversight of the CE. Miami-Dade CoC CE has been designed and implemented over time through the work of the Homeless Trust Board, its Services Development Committee and workgroups comprised of CoC stakeholders. These CES Standards have been subject to the review and approval of both the Trust's Services Development Committee and Board.

An annual review by stakeholders and the Trust Services Development Committee will be conducted to ensure the CES' functionality and effectiveness (see below under Evaluation). The CoC will continue to build upon and refine this document.

The Miami-Dade Homeless Trust engages in ongoing CoC planning with all stakeholders participating in the CoC and its CES through publically noticed meetings. These meetings include the CoC Planning Committee, Provider-Led Forums and the Homeless Trust Board and its standing committees, Services Development, Housing, Finance and Executive Committees.

D. Components of CE

CE is comprised of CoC access points and four key elements:

1. Assessment of Need;
2. Identification of Housing Intervention;
3. Prioritization for Assistance; and
4. Referral.

Possible CE outcomes for persons seeking assistance are:

- Homeless prevention assistance
- Diversion from the CoC
- Emergency Shelter
- Transitional Housing or Safe Haven
- Rapid Re-Housing through short-term housing assistance (which may include bridge housing to PSH)
- Placement into Permanent Supportive Housing (PSH).

A homeless household may seek referral to residential treatment, however, placement in care is considered institutional and not counted as a permanent housing placement outcome. Treatment providers are expected to assist their client in securing permanent housing prior to discharge to prevent homelessness and entry into the CoC.

Comment [SM(1]: What if the tx LOS is >90 days & client was homeless before tx episode?

E. Disclaimer

The Coordinated Entry System is designed to ensure households experiencing homelessness have fair and equal access to housing programs and services within the Continuum of Care. It is not a guarantee that the household will receive a referral to or meet the final eligibility requirements for a housing program.

F. Additional CoC Policies and Procedures

The following policies and procedures have been adopted by the Homeless Trust and are incorporated by reference:

- HMIS Policies and Procedures Manual
- HMIS Data Quality Standards
- Orders of Priority Policy
- CoC Standards of Care
- Rental Assistance Policy & Procedures
- Equal Access Policy
- Grievance Standards
- Customer Satisfaction Survey Policy
- CoC Review, Score and Ranking Procedures and Reallocation Process

II. Guiding Principles

The following principles guide the CE process:

A. Inclusive:

The Coordinated Entry process includes all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, and survivors of domestic violence, although the MD CoC may adopt different processes for accessing Coordinated Entry, including different access points and assessment tools for the following different populations: (1) adults without children, (2) adults accompanied by children, (3) unaccompanied youth, or (4) households fleeing domestic violence. The MD CoC will continuously evaluate and improve the process ensuring that all subpopulations are well served.

B. Prioritization

The Coordinated Entry process ensures that people with the greatest needs receive priority for any type of housing and homeless assistance available in the MD CoC geographic area, including permanent supportive housing (PSH), Rapid Re-housing (RRH), and other interventions.

C. Standardized Access and Assessment

All Coordinated Entry locations and methods (phone, in-person, online, etc.) offer the same assessment approach and referrals using uniform decision making processes. A person presenting at a particular Coordinated Entry location is not steered towards any particular program or provider simply because they presented at that location.

D. Low Barrier

The Coordinated Entry process does not screen people out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record. In addition, housing and homelessness programs lower their screening barriers in partnership with the Coordinated Entry process.

E. Housing First Orientation

The Coordinated Entry process is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements.

F. Person-Centered

The Coordinated Entry process incorporates person-centered delivery and participant choice that is facilitated by questions in the assessment tool and through other methods.

Person-centered delivery is focused on resolving the person's needs and reflects the following:

- Assessment is based in part on people's strengths, goals, risks and protective factors;
- CE demonstrates sensitivity to people's lived experiences, including assessment tools and administrative protocols that minimize risk and harm and address potential psychological impacts, such as incorporation of trauma-informed practices into CE.
- Ensure that CE tools and processes can be easily understood by and is transparent to persons being assessed and referred.

Housing choice can include location and type of housing, level and/or type of services, and other options about which households can participate in decisions.

G. Confidentiality and Release of Information

- The Homeless Trust's CoC HMIS Policies and Procedures and HMIS Data Quality Standards defining data usage for all CoC HMIS users and user agencies serve to better protect the confidentiality of all personal information entered into the HMIS while identifying the reasonable, responsible, and limited uses and disclosures of data, which comply with federal regulations set by the U.S. Department of Housing and Urban Development (HUD). The CoC HMIS Policies and Procedures and HMIS Data Quality Standards are incorporated herein by reference.

- Any individual or family who agrees to participate in the CE process is asked to sign a consent form before proceeding with the assessment. The consent form informs individuals that assessment information will be shared with housing and service providers through a HIPAA compliant secure database (HMIS) so that s/he does not need to complete the assessment multiple times. Individuals and family members are also informed that they may be removed from the database at any time in writing or by completing a Client Revocation of Consent to Provide and Disclose Information form.

- CoC prohibits denying services to participants if the participant refuses to allow their data to be share unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation. Households that do not sign the consent are entered into HMIS using only an identifier number.

- Persons cannot be required to disclose specific disabilities or diagnoses during the assessment.

- A victim services provider (defined by VAWA) is prohibited from entering client-level data into an HMIS.

H. Fair and Equal Access:

All people in the MD CoC's geographic area have fair, non-discriminatory and equal access to the Coordinated Entry process, regardless of where or how they present for services.

- Fair and equal access means that people can easily access the Coordinated Entry process, whether in person, by phone, or some other method, and that the process for accessing help is well known and advertised throughout the county.

- Non-discriminatory means that the CoC, including its CE, may not discriminate on the basis of The CoC and its CE shall not discriminate on the basis of race, color, religion, ancestry, national origin, sex, pregnancy, age, disability, familial status, actual or perceived marital status, gender identity or gender expression, real or perceived sexual orientation, veteran status, source of income or actual or perceived status as a victim of domestic violence, dating violence, sexual assault or stalking.

- No religious practice or affiliation requirement shall be imposed upon participants.

- The CE is accessible to people with disabilities and there are methods by which people can access entry points that overcome physical and communication accessibility barriers within the CE.

- The CE assessment and referral process must meet the requirements of the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity Rule. HUD's Equal Access Rule (EAR) requires equal access to HUD programs without regard to a person's actual or perceived sexual orientation, gender identity, or marital status.

  CE and CoC Programs cannot discriminate against a group of people presenting as a family based on the composition of the family (e.g., adults and children or just adults), the age of any member's family, the disability status of any members of the family, marital status, actual or perceived sexual orientation, or gender identity." If a shelter serves *any* families, it must serve *all* families. In particular:
  - A shelter or housing program may limit assistance to households with children, however, it may *not* limit assistance to only women with children.
  - Programs serving families may *not* limit assistance based on the ages/genders of the children.
  - Programs may *not* limit assistance based on the marital status of the adults or the gender of the adults.
  - The design of housing or shelter facility is *not* a legitimate reason to fail to comply.

  The Gender Identity EAR requires that:
  - Equal access to CPD programs, shelters, other buildings and facilities, benefits, services, and accommodations is provided to an individual in accordance with the individual's gender identity;
  - The individual is placed, served, and accommodated in accordance with the gender identity of the individual; and
  - The individual is not subjected to intrusive questioning or asked to provide anatomical information or documentary, physical, or medical evidence of the individual's gender identity.
  - For emergency shelters or crisis housing with shared sleeping and bathroom facilities, placement and accommodation must be made in accordance with the individual's gender identity regardless of communal sleeping quarters or bathroom facilities.

- Providers shall demonstrate sensitivity to participants' primary language and cultural background. Outreach teams are able to serve people who speak English, Spanish and Creole.

I. VAWA and Safety Planning

To ensure compliance with the Violence Against Women's Act (VAWA), the Miami-Dade CoC has adopted VAWA policies and procedures for the entire CoC, which are incorporated herein by reference. These policies and procedures prohibit denying access to the coordinated entry process on the basis that the applicant or participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking.

J. Marketing

Marketing strategies include direct outreach to people on the street and other service sites, informational flyers left at service sites and public locations, announcements during CoC or other community meetings, educating mainstream providers, television, social media, website, informational helpline cards disseminated broadly through businesses and schools as part of an annual Homeless Awareness Day.

K. Appeal and Grievance Policies:

Applicants and participants shall be informed of their right to a grievance process in the event they have been denied access to CE or assistance or entry to a program. They will also be informed of their right to file a complaint if they believe that they have been discriminated against. Notice of such rights shall be included in any notice of denial or termination of assistance and prominently displayed at CE access sites and CoC program facilities.

- Grievances about CES 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 Homeless Trust. Grievances about experience(s) with homeless housing programs should be directed to the program and follow the grievance policies and procedures of that organization.

- Programs must have an appeal process for those applicants who have been denied assistance or entry into a program in accordance with the CoC's Grievance Standards.

- The Miami-Dade Commission on Human Rights is authorized to investigate allegations of discrimination under federal, state and local laws. The Commission promotes fairness and equal opportunity in employment, housing, public accommodations, credit and financing practices, family leave and domestic violence leave. Discrimination based on race, color, religion, ancestry, national origin, sex, pregnancy, age, disability, marital status, familial status, sexual orientation, veteran status or source of income is prohibited.

  If a person believes that they have been discriminated against under federal, state or local law, they may file a complaint with the Commission in person or by mail or telephone.

L. Training

The CoC will ensure that all staff engaged in CE functions are properly and regularly trained. Training will be conducted upon assignment to CE functions and annually thereafter. Curricula shall include:

- CoC's written CE policies and procedures, including any adopted variations for specific sub-populations;

- Application and use of the VI-SPDAT and FVI-SPDAT tools and HMIS by the Homeless Trust.

- Requirements for the use of assessment information to determine prioritization utilizing the CoC Orders of Priority and VI-SPDAT scores;

- Criteria for uniform decision-making and referral;

- Safety planning and next step procedures if safety issues are identified in the process of assessment; and

- CE best practice and customer service training to Helpline, Street Outreach Program and provider agency staff at least once annually.

In addition, the Homeless Trust staff conducts ride-alongs with Street Outreach teams, providing technical assistance and training on the CoC's HMIS workflow as necessary. The Homeless Trust will make changes to the CES and HMIS workflow whenever appropriate.

III. Coverage & Prioritization Policies

A. CE Coverage

1. The CE covers the entire geographic area of the Miami-Dade CoC.

2. CoC programs are available to persons meeting the definitions of homeless under Categories 1, 2 and 4. Eligibility for specific CoC programs may be limited by funding requirements or limitations.

3. The CE process makes referrals to all projects receiving ESG and CoC Program funds, including emergency shelter, RRH, PSH, and transitional housing (TH), as well as other housing and homelessness projects. Projects in the community which are dedicated to serving persons experiencing homelessness fill all vacancies through CE referrals.

B. Prioritization for Permanent Supportive Housing

The CE process ensures that people with the greatest needs receive priority for housing and homeless assistance available in the CoC, including PSH and Rapid Rehousing (RRH). However, the CE process does not require preferences or establish priorities for emergency services such as shelter except families will be housed in motels if shelter is not available.

CE will follow the CoC's Orders of Priority for referral to PSH as adopted and amended from time to time by the Homeless Board (incorporated herein by reference). All turnover beds for CoC-funded PSH are dedicated to, and are prioritized for, persons experiencing chronic homelessness and vacancies must be filled in accordance with the Orders of Priority.

As of April 17, 2017, the orders are as follows [to be amended to include DedicatedPLUS]:

1st Priority: Chronically homeless (CH) individuals/families with longest periods of homelessness living in a place not meant for human habitation and with severe service needs.

2nd Priority: CH individuals/families with longest periods of homelessness living in a safe haven or an emergency shelter and with severe service needs.

Where there are no CH individuals/families within the CoC's geographic area, or persons identified as CH and are regularly offered but refuse PSH, or have chosen Transitional Housing (TH) instead of permanent housing, the following priorities will be applied for referral to PSH:

1st Priority: Homeless individuals/families with a disability with longest history of homelessness and severe service needs.

2nd Priority: Homeless individuals/families with a disability and severe service needs.

3rd Priority: Homeless individuals/families with a disability coming from places not meant for human habitation, Safe Haven, Emergency Shelter without severe service needs.

4th Priority: Homeless individuals/families with a disability coming from transitional housing.

C. PSH By Name List

Based on the household assessment and the CoC's Orders of Priority, a household will be placed on a By Name List (BNL) for referral and placement into PSH. The Trust's Housing Coordinator may refer households with disabilities and a moderate to high VI-SPDAT score to RRH. The RRH program can be used as bridge housing for highly vulnerable, disabled persons waiting for PSH.

The Homeless Trust Housing Coordinator utilizes an HMIS report to maintain the By Name List (BNL) of homeless households ranked by the longest time homeless and vulnerability. An HMIS report on length of homelessness has been modified to include VI-SPDAT or VI-F-SPDAT scores, and incorporate unsheltered persons who refuse shelter.

The BNL is automated, generated by HMIS. For referral to PSH, the BNL is compiled from HMIS data on disability, length of homelessness and vulnerability score.

The Housing Coordinator utilizes the BNL to refer households to PSH and RRH following the Orders of Priority policy for referrals. The HMIS provides a PSH vacancy report, and a referral/placement report to ensure the fidelity of referral procedures.

Whenever duplicate or updates to the VI-SPDAT or F-VI-SPDAT exist, the most recent assessment will be used to determine placement eligibility.

D. [RRH CE, Priorities and List]

IV. Access

A. CE Access

The CE provides households experiencing homelessness access to services from multiple locations to ensure a fair and consistent process is applied across the continuum. Entry into the system may be initiated in person at a program access point, through the CoC helpline, or street outreach teams.

The CE process prevents persons engaged by outreach, or presenting or calling one CE location from being steered towards any particular program or provider simply because they presented or called that location. Placement in shelter is based on availability of resources, while other overnight transitional and permanent placements depend on the client's choice, need and eligibility.

[Persons are able to access emergency services, including shelter beds, independent of the operating hours of the CoC's intake and assessment process.]

Access points are accessible to people with disabilities as well as those people in the CoC who are least likely to access homeless system assistance.

B. Access Points

1. Helpline

The CoC offers a [24-hour] toll-free hotline. The CoC Helpline is staffed by the Street Outreach (SO) Program. Helpline staff initiate collection of data for the individual or family's the HMIS Uniform Data Elements record (UDE) over the phone and dispatch SO teams to verify homelessness and complete UDEs, housing and vulnerability assessments for unsheltered persons.

Comment [SM(2)]: confirm

Helpline staff use CallPoint, an HMIS software designed to collect UDE data from callers seeking assistance. Helpline staff receive a daily vacancy report from shelters, make referrals to HMIS participating programs, and dispatch SO teams to assess unsheltered persons. The data entered into CallPoint populates the CoC HMIS, which is operating on the ServicePoint platform. Data entered by Helpline staff is available to SO teams using mobile tablets accessing the HMIS.

Helpline staff also use CallPoint to document encounters, including those that did not require a SO team to be dispatched. Helpline staff will generally document when:

a. Households call the Helpline looking for assistance;

b. Households are diverted from entering the CoC because they had other support systems in place to prevent them from becoming homelessness;

c. The Helpline provided a referral to Homeless Prevention if the household seeking assistance was at risk of becoming homeless (i.e. someone facing an eviction or foreclosure);

d. Helpline dispatched a SO team to verify homelessness, place an individual or family in shelter or treatment, or provide homeless verification and referral to PH when a household refuses shelter, and

e. Helpline made a referral to the Victim Services Center for persons fleeing violence.

2. Street Outreach

The Coordinated Entry process is linked to street outreach efforts so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the Coordinated Entry process. An unsheltered client who is refusing shelter may still obtain written homeless verification and referral for services, including rental assistance focused on shorting their homeless episode.

The SO Program serves as the CE' primary access point. The SO Program operates throughout the full geographic boundaries. SO teams provide in-the-field assessment of unsheltered persons and provide transportation following placement. All unsheltered persons may seek or receive assistance from SO teams, who may encounter four household types: (1) adults without children, (2) adults accompanied by children, (3) unaccompanied youth, or (4) households fleeing violence. The SO works cooperatively with the other CE access points (providers who also conduct CE assessment) to place youth and survivors of violence.

The HMIS workflow is designed to collect data on:

a. Basic Universal Data Elements on the individual or family;

b. Vulnerability assessment utilizing the VI-SPDAT or FVI-SPDAT (incorporated into the household's Program Specific Data Elements);

c. Encounters performed as part of SO engagement efforts which includes using HMIS to exit participants with no contact with SO or other HMIS providers for more than 90 days; and

d. Shelter, Treatment, or Permanent Housing referral and placement.

SO workers follow the SO HMIS workflow, which includes completing the individual or family's Universal and Program Specific Data Elements and collection of the HMIS Notices and Disclosure and HMIS Consent to Release and Exchange of Information. For homeless persons who do not consent to be entered into HMIS, SO teams must follow guidelines specified in the *HT003 PROCESS FOR ENTERING ANONYMOUS CLIENTS INTO HMIS.*

SO workers conduct a VI- SPDAT, or F-VI-SPDAT for households with children, on all homeless household(s) encountered unless one was already completed within the past 3 months. The vulnerability assessment results are entered into the HMIS as part of the Program Specific Data Elements.

Additional program specific data elements are gathered to understand client housing choice in order to facilitate referrals and program matching. [Discuss housing assessment/planning].

Comment [SM(3]: We could begin to ask a question about client housing choice

The specialized outreach team will connect with disabled clients who refuse shelter and need additional support services to access rental assistance.

3. CoC Shelters

CoC emergency shelters also serve as CE Access Points. Such providers collect household's data, conduct vulnerability assessments and making referral following the same HMIS workflow described above for SO teams.

Comment [AA4]: How does CES prevent steering into the access point's shelter program if not appropriate placement? Also, are there other access points (that do do assessments, HMIS and referral?

4. Other Access Points

The CoC provides dedicated CE access points for homeless youth and victims of domestic violence. However, youth and victims of domestic violence may seek CoC assistance through any CoC access point such as the CoC Helpline, Street Outreach or general population shelters.

[Note: HUD requirement that if there are separate access points for permissible sub-populations, written policies and procedures must separately document the criteria for uniform decision-making for each subpopulation.]

a. Homeless Youth Access Points

[Pending:
- Establishment of dedicated access points more appropriate for engagement, assessment and referral. for unsheltered, unaccompanied youth, including those with children.
- CE procedures and assessment tool specifically developed for homeless youth.
- Youth CE and HMIS Memorandum of Understanding to be finalized with the Homeless Trust.]

At this time, youth access CE through the Helpline, Street Outreach, Shelters or referral from a community agency to CoC CE. Households who have not turned 18 years old are referred to the Miami Bridge outreach, shelter, Runaway Homeless Youth and other support services. Minors who lack safe housing or victims of sex trafficking are connected with DCF to access state housing and financial resources. Households between 18-24 may be referred to CoC shelter, Transitional Housing, and Permanent Housing programs.

Youth access points have access to:
- CoC funded shelter beds that are youth focused
- Trauma Informed Care
- LGBTQ services
- Transitional Housing for youth exiting foster care and victims of trafficking
- Youth focused short-term rental assistance, and
- Permanent Supportive Housing following the CoC's Orders of Priority.

b. Victims of Domestic Violence Access Points & Safety Planning

[This section will be further refined following discussion of CE CoC and DV Service

coordination].

[Note HUD Requirement: Written policies and procedures must establish protocols that ensure at a minimum that people fleeing, or attempting to flee, domestic violence have safe and confidential access to coordinated entry and that data collection conforms to the applicable requirements of the Violence Against Women Act, CoC Program, and/or HMIS Data Standards. Written policies and procedures must also describe the CoC's protocol for extending coordinated entry safety planning and protections to victims of domestic violence who are staying at non victim service provider projects. In addition, written policies and procedures for coordinated entry must include protocols that ensure at a minimum that people fleeing, or attempting to flee, domestic violence and victims of tracking 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 shelters.]

The Miami-Dade CoC has a dedicated Food and Beverage tax that funds the development and operations of DV access points, shelter and services. The County also operates DV access points and two Transitional Housing programs.

- The CE process has protocols in place to ensure the safety of the individuals fleeing domestic violence (DV). Victims have safe and confidential access to DV services, shelter and rental assistance through the helpline, at Victim Services Centers or through street outreach. DV households are referred directly to the DV Program. Hotel is temporarily made available to families with minor children when DV shelter is not available.
- Victim services provider (defined by VAWA) are prohibited from entering client-level data into an HMIS.
- Survivors of Domestic Violence complete safety plans in addition to their Housing and Income assessments.
- Data collection for victims of violence adheres to the Violence Against Women Act (VAWA) and the CoC's HMIS Data Standards.

DV access points have access to:

- CoC funded shelter beds that are DV focused
- Trauma Informed Care
- Transitional Housing for survivors of DV who chose treatment
- Short-term rental assistance, and
- Permanent Supportive Housing following the CoC's Orders of Priority and mobility rule.

C. Referral Entities

In addition, the SO Program works with referral entities who encounter homeless persons, but who do not conduct CE assessment.

SO teams are stationed at a number of these referral entities to prevent institutional discharge directly to the streets, particularly of those with the most frequent use of crisis services. Such referral entities, many of whom are parties to a Discharge Memorandum of

Agreement, include:

- Victim Service Centers
- Veteran's Administration
- Miami Rescue Mission's feeding program
- City of Miami and Miami Beach, and Miami-Dade County Police and Fire Departments
- Department of Children and Families (DCF)
- Participating Hospitals
- Participating Crisis Units
- Miami-Dade Corrections
- State Department of Corrections
- State Attorney's Office
- Miami-Dade Public Schools
- Pridelines, a Drop-in centers serving unaccompanied, GLBTQ youth

[Add language regarding VA coordination]

V. Screening & Assessment

A. Homeless & CoC Diversion Screening

Upon accessing the CE, the individual or family household will be screened to determine if homeless prevention assistance or diversion from the CoC (see above) is most appropriate.

1. Homeless Prevention

Households [below 30% of Area Median Income] who face imminent risk of homelessness due to court-ordered eviction, foreclosure or living in a property that has been deemed inhabitable may be provided with rent in arrears or start-up rent and security deposit to prevent them from becoming homeless. Persons seeking homeless prevention assistance may access the CoC Helpline for Homeless Prevention (HP) referral as well as through prevention assistance providers:

- Homeless Prevention line – Camillus House, offering the assistance of Prevention Specialists.
- Housing Assistance Network of Dade, our centralized managing entity administering Housing Prevention (HP) funds for cash assistance and any of its participating members, including Community Action Agencies.
- Faith-based programs participating in the Emergency Food and Shelter Program.
- Legal Services of Greater Miami, whose legal assistance may be applied for on-line.

[Discuss Prevention CE coordination]

2. CoC Diversion

Persons seeking assistance though the CoC Helpline are screened for diversion.
Diversion is a strategy that quickly ends homelessness for people seeking shelter by immediately identifying alternative housing arrangements. Diversion focuses on whether the individual or family can be diverted to safe and appropriate housing. The CoC's diversion efforts may be enhanced with immediate housing stabilization assistance by a diversion specialist and/or providing limited cash assistance towards housing needs.

The main difference between diversion and other permanent housing-focused interventions centers on the point at which intervention occurs. Prevention targets people at imminent risk of homelessness, while diversion targets people as they are applying for entry into shelter. Shelters also may employ a variation on diversion strategies to assist households who enter shelter to quickly exit the CoC without the assistance of additional CoC resources.

Basic screening questions include:

- *Where did you sleep last night?* If they slept somewhere where they could potentially safely stay again, this might mean they are good candidates for diversion.

- *What other housing options do you have for the next few days or weeks?* Even if there is an option outside of shelter that is only available for a very short time, it's worth exploring if this housing resource can be used while housing stabilization assistance is provided.

- *(If staying in someone else's housing) What issues exist with you remaining in your current housing situation?* Can those issues be resolved with financial assistance, case management, etc.? If the issues can be solved with case management, mediation, or financial assistance (or all of the above), diversion is a good option.

- *(If coming from their own unit) Is it possible/safe to stay in your current housing unit?* What resources would you need to do that (financial assistance, case management, mediation, transportation, etc.)? If the family could stay in their current housing with some assistance, systems should focus on a quick prevention-oriented solution that will keep the family in their unit.

B. CE Assessment

If it is determined that the individual or family person cannot be assisted with homeless prevention or diversion, the household will be assessed using a standardized tool to quickly identify an appropriate housing intervention and establish prioritization. Furthermore, assessment is a continuing process through CE and referral to build an accurate and concise picture of the person's needs and preferences to connect them with an appropriate intervention.

In the event a person being assessed refuses to answer one or more assessment questions, the CoC will obtain necessary information to serve the person through strategies which include, but are not limited to: (a) reviewing existing HMIS data on record for the person; (a) case conferencing; and/or (c) HMIS data updates in the event the person discloses necessary information as a result of further engagement.

1. Uniform Assessment

The CE uses a uniform assessment tools, the VI-SPDAT for individual and F-VI-SPDAT for families to identify an appropriate housing intervention and establish prioritization based on vulnerability across five components: (a) history of housing and homelessness (b) risks (c) socialization and daily functioning (d) wellness – including chronic health conditions, substance usage, mental illness, and trauma and (e) family unit (if applicable). However, persons cannot be required to disclose specific disabilities or diagnoses during the assessment.

The assessment includes the collection of HMIS universal data elements as well as administering the appropriate VI-SDAT version. Accuracy of HMIS data is monitored by the Homeless Trust.

The assessment is conducted by persons who have been trained on the application and use of the VI-SPDAT and FVI-SPDAT tools and HMIS by the Homeless Trust. Refresher training on the VI-SPDAT is provided at least annually.

2. Housing Intervention Options

Information gathered through the uniform assessment is used to determine which

housing intervention is best suited to end the household's homelessness and shall incorporate the person's goals and preferences. Interventions may be emergency shelter, RRH, transitional, Bridge Housing or PSH Additional information may be gathered after initial assessment, which better informs a referral to the most appropriate intervention. Furthermore, the first intervention may not prove effective in addressing the person's housing instability.

For example, disabled households with moderate to severe vulnerability can be placed on the BNL for PSH as well as provided RRH and housing stability care management. They will not lose their homeless status and will remain on the BNL for PSH in case RRH is not sufficient to meet their needs. Such households will be referred to PSH based on Miami-Dade's Order of Priorities and pursuant to the PSH referral protocol described below.

The initial assessment score serves as a triage tool, informing the intervention referral.

Individuals VI-SPDAT Score	Housing Intervention
0-3	Diversion or No Intervention
4-7	Rapid Re-Housing
8+	Permanent Supportive Housing

Families VI-SPDAT Score	Housing Intervention
0-3	Diversion or No Intervention
4-8	Rapid Re-Housing
9+	Permanent Supportive Housing

3. PSH Prioritization

The uniform assessment process also informs the household's positioning on the BNL. Once the appropriate housing intervention is determined, households in need of PSH are placed on the BNL with the most vulnerable at the top in accordance with the CoC's priority ranking. The Homeless Trust's Housing Coordinator manages the BNL.

VI. Referral & Housing Navigation

A. Referral Protocols

The following protocols govern referral to housing interventions offered by the CoC. The referral process includes use of the HMIS to capture referrals. Accuracy of HMIS data is monitored by the Homeless Trust.

1. Sixty Day Limit for Housing Referral for Prioritized Households

If the CoC cannot offer a housing resource to every prioritized household experiencing homelessness within 60 days or less, the CoC will adjust its prioritization standards to more precisely differentiate and identify resources for those households with the most needs and highest vulnerabilities.

Persons placed on the BNL will be offered rapid re-housing if referral to a PSH Program is not forthcoming within a 60 period from the date of placement on the BNL.

2. Emergency Shelter

Emergency shelter can be accessed through the Helpline or direct contact with a SO team. Emergency shelters also serve as access points and work with SO teams to make formal referral and placement into an available emergency shelter bed within the CoC. ESG funded emergency shelters follows the same CE procedures provided for CoC funded shelter beds.

The CoC Helpline and Street Outreach teams will offer people services at all hours independent of the operating hours of the emergency shelter system. Coordinated entry intake and assessment processes will be performed by Street Outreach 24 hours a day, seven days a week. People who need emergency shelter at night will be able to access Street Outreach, obtain HMIS assessment and referral to shelter, to the extent that shelter is available.

The CoC also offers alternative emergency shelter options for specific household types. Unsheltered families with minor children are offered hotel when shelter is not immediately available to them. Individuals experiencing homelessness with health care needs beyond the care capacity of emergency shelters may access CoC respite beds through referral made by Jackson Health Systems, the public hospital.

3. Transitional Housing & Safe Haven

The CoC maintains safe havens for persons with serious mental illness and limited transitional housing for youth and for alcohol or substance abusers who chose treatment ahead of Permanent Housing (PH). The CE process does not delay access to PH for persons choosing treatment and frequently offers PH to persons in TH. Veterans may receive assistance through the Grant Per-diem program, also a transitional housing program.

SO teams and emergency shelters refer to transitional housing.

4. Rapid Re-Housing

Both SO Teams and emergency shelters refer unsheltered and sheltered households to CoC progressive RRH assistance providers. Progressive RRH assistance is Housing First oriented such that people are housed quickly without preconditions or service participation requirements. The SO teams and emergency shelters also refer homeless veterans directly to the VA's SSVF program for short-term assistance.

This RRH model provides three months of short-term rental assistance to all unsheltered and sheltered persons who have a moderate to high VI-SPDAT score and do not have other housing supports. In addition, RRH housing stability care management will connect households to resources in order to increase household income, including supportive employment to households who will need stable, earned income to sustain rent. Persons assisted through the progressive housing assistance model will be encouraged to contact the Housing Assistance Network of Dade and/or Legal Services to address new housing crises. Households are assessed quarterly to determine if continue rental assistance and support services are required to sustain PH.

Disabled households with moderate to severe vulnerability will receive housing stability care management and remain on the BNL for PSH in case RRH is not sufficient to meet their needs. Such households will be referred to PSH based on Miami-Dade's Order of Priorities and pursuant to the PSH referral protocol described below.

Persons who re-enter the CoC after exiting to permanent destinations will once again be provided short to medium-term rental assistance, reassessed for disabilities and other vulnerabilities, and their housing plan realigned to prevent future returns to homelessness. The CoC evaluates HMIS data to determine which lengths of and types of assistance are most effective for households of differing vulnerability to prevent returns to homelessness.

5. Permanent Supportive Housing

The Homeless Trust Housing Coordinator manages the PSH housing referral process and is responsible for maintaining an inventory of PSH. When a permanent supportive housing unit becomes available, the Housing Coordinator identifies the next eligible households on the BNL and makes up to three (3) referrals for that opening based on:

a. Appropriate / best match – unit eligibility and available services are the right fit to client need.

Referrals will be made by the Homeless Trust based on standardized eligibility criteria and contract requirements. For example, programs that serve only male-identified single adults will only receive referrals for male-identified single adults. The CE will follow eligibility and screening criteria based on agreed upon requirements with the agency and funder(s).

Agencies participating in CE must submit all of their eligibility criteria to the Homeless Trust. If the Homeless Trust has a concern that a program's requirements may be contributing to "screening out" or excluding households from services, it may request to meet with the provider to discuss their criteria. If a provider is unwilling to modify

the criteria, the Homeless Trust may de-prioritize the provider for funding or CES referral.

b. **Client availability** - not in jail, able to contact, document ready / nearly ready to move in so as to reduce vacancy times.

c. **Client choice –** Client choice type of housing/program, location and unit.

d. **Date/Time –** in the event that two or more homeless households are identically prioritized for the next available unit, and each household is also eligible for that unit, the CoC will select the household that first presented for assistance in the determination of which household receives a referral to the next available unit equally eligible and appropriate for a PSH placement, the person/household placed on the BNL the earliest will be provided the housing placement.

B. Housing Navigation and Stability Assistance

Individuals and families following assessment and identification of RRH or PSH intervention will be provided housing navigation and stability assistance as may be required to facilitate placement into permanent housing as quickly as possible and in a manner designed for long-term housing stability.

1. Case Conferencing

Weekly case conferencing is used as a tool to staff cases with the longest periods of homelessness. Cases presented at case conferencing are assigned to case management staff for housing navigation.

2. Housing Navigation Services

Individuals or families are provided housing navigation assistance to the degree necessary to facilitate housing placement. In particular, individuals and families must be document-ready for housing placement and may require assistance with housing search and the application process. Housing navigation may be performed by ES, TH, SH or SSO providers, as well as the receiving PH provider.

Housing navigation may include but is not limited to the following activities: providing homeless verification documents; obtaining disability certification, proof of veterans status, birth certificates, identification and security cards and proof of income or non-income; initiation of benefit applications; and housing search as well as accompanying them to all housing related appointments until such time that they are permanently housing.

3. Housing Stability Services

During pre and post-housing placement, applicants and participants receive stability services, which may be short to long-term depending upon the type of housing assistance provided (i.e. RRH or PSH). Such services are based on a Housing First service approach which helps people find permanent housing as quickly as possible and provides the necessary supports to keep housing over time as one's needs change as

well as supports their social and economic integration and connection to community-based services and his or her community. The Critical Time Intervention (CTI) model shall govern provision of such services.

VII. Rejection of Referrals

A. HUD Requirements:

Under CPD-17-01 (January 23, 2017), the coordinated entry process must implement a uniform protocol to ensure that referral rejections are justified and rare and that participants are able to identify and access another suitable project.

Written policies and procedures must document:

a. a uniform referral process, including standardized criteria by which a participating project may justify rejecting a referral; and

b. in the rare instances of rejection, the protocol that participating projects must follow to reject a referral, as well as the protocol the coordinated entry process must follow to connect the rejected household with a new project.

B. Provider Denial

A housing provider can deny a referral that is ineligible for the program based on program eligibility requirements. These requirements must be designed to screen in rather than screen out participants.

Denials should be infrequent and the reason for denial must be documented in HMIS as set forth below. The CE lead may follow-up with the housing program and the household referred in order to understand the circumstances of the returned referral. Housing providers are responsible for assuring that a household meets the contractually required eligibility requirements for their program.

Aggregate counts of service denials, categorized by reason for denial, must be reviewed by the CoC annually.

1. Documenting Denials

Denials shall be documented in the HMIS as follows:

- Client/household refused further participation (or client moved out of CoC area).
- Client/household does not meet required criteria for program eligibility.
- Client/household unresponsive to multiple communication attempts.
- Client resolved crisis without assistance.
- Client/household safety concerns. The client's/household's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues.
- Client/household needs cannot be addressed by the program. The program does not offer the services and/or housing supports necessary to successfully serve the household.
- Program at full bed/unit/service capacity at time of referral.
- Property management denial (include specific reason cited by property manager)
- Conflict of interest.

2. Trust Review of Denial

Referral requests that result in a denial must be reviewed by the Homeless Trust Housing Coordinator. If the basis for denial is justifiable, the Homeless Trust Housing Coordinator will continue to attempt to match the participant with a more appropriate housing opportunity. A provider who denies three (3) sequential referrals will be required to participate in a case conferencing meeting with the Homeless Trust Housing Coordinator.

C. Household Refusal

The Coordinated Entry System (CE) values client choice in the housing process. CE also strives to maintain low vacancy rates for the variety of housing programs available. In an effort to balance these values, the Refusal Policy, while flexible, has specific constraints to maintain the CE system.

A referred person who denies three sequential referrals will be required to participate in a case conferencing meeting with the Trust's Housing Coordinator to identify the next-best referral based on the person's needs and choice. The participant will not lose their place on the BNL after rejecting service options that are offered.

D. Review of Rejections for System Improvement

The Homeless Trust will review refusals in order to better understand why providers are refusing referrals and eligible households refuse resources and identify changes that would support the needs of our community.

VIII. Coordination with Mainstream Resources

A. Mainstream Housing

- The CoC has established a partnership with the County's Public Housing and Community Development Department (Miami-Dade's PHA) and other local PHAs, creating new PSH by incorporating homeless preferences in our Public Housing, HCV and multi-family programs. The Homeless Trust F&B tax has funded the rehabilitation of units earmarked by PHCD for homeless, and matched the HCV program with support services to provide PSH opportunities to vulnerable homeless persons. In addition, the Trust has established referral agreements with local tax credit developments. These PSH units are accessed through the CES and referrals are made by the Trust's Housing Coordinator based on the Orders of Priority and BNL and in accordance with the referral protocol described above under Article VI.

- The CoC works cooperatively with the VA to ensure Veterans referred to the VASH program are incorporated into our CoC's BNL and referred to PSH following the Orders of Priority.

- The CoC works cooperatively with South Florida Behavioral Health Network (SFBHN) the managing entity for state Substance Abuse and Mental Health funding, to ensure disabled persons who need medication monitoring are referred to specialized congregate living facilities.

B. Mainstream Services and Assistance

- The CoC has established a referral relationship with SFBHN for state-funded behavioral health services. SFBHN is an HMIS Participating Agency.
- The CoC has established a referral relationship with VA Medical Centers to access medical and behavioral health services for vets experiencing homelessness.
- The CoC has established a referral relationship with Our Kids the managing entity for state public child welfare agencies to access medical and behavioral health services for the children of households experiencing homelessness.
- The CoC has established a referral relationship with Miami-Dade County Public Schools to access Project Upstart resources such as schools supplies, transportation, school enrollment and medical services for school aged children.
- The CoC has established a referral relationship with the Early Learning Coalition to access day care and educational resources for pre-school aged children.
- The CoC has established a referral relationship with South Florida Workforce to access workforce investment programs such as mobile employment centers, various drop-in centers focusing on employment counseling services (including centers co-located in CoC programs benefiting the homeless), employment preparedness and gainful employment.

IX. Evaluation & Improvement

A. CE Process Evaluation

To ensure that the Process is effective and manageable for homeless and at-risk households and for the housing and service providers tasked with meeting their needs, the CoC anticipates adjustments to the processes described herein. The Coordinated Entry Process will be periodically evaluated, but not less than quarterly. The evaluation will include both provider and client feedback regarding the quality and effectiveness of the entire coordinated entry experience for both participating projects and households. In addition, there will be evaluation of the impact of the CES on system-wide CoC outcomes and the effectiveness of the CES is assisting the CoC to achieve its Performance Measures (PMs).

On behalf of the CoC, the Homeless Trust's Services Development Committee will lead this evaluation. The Committee will develop updates to existing policies and procedures for adoption by the Trust Board to address any identified concerns or issues. The Trust Board and committee appointments include representation from persons with lived homeless experience, the LGBTQ community and youth who have experienced homelessness.

1. Provider and Client Feedback

The Services Development Committee will employ a combination of the following methods to solicit feedback from participating projects and from households that participated in coordinated entry during time period subject to evaluation:

a. Surveys designed to reach either the entire population or a representative sample of participating providers and households;

b. Focus groups of five or more participants that approximate the diversity of the participating providers and households; and

c. Individual interviews with participating providers and enough participants to approximate the diversity of participating households.

The participants selected by the CoC to participate in the evaluation will be individuals and families currently engaged in the coordinated entry process or who have been referred to housing through the coordinated entry process in the last year. If a sampling approach is employed for surveying, project participants will be selected through a random sample process conducted by the Homeless Trust based on HMIS data. Providers and participants for focus group or individual interviews will be selected by the Homeless Trust also utilizing HMIS data to ensure that participants approximate the diversity of all participants.

B. CoC Performance Evaluation

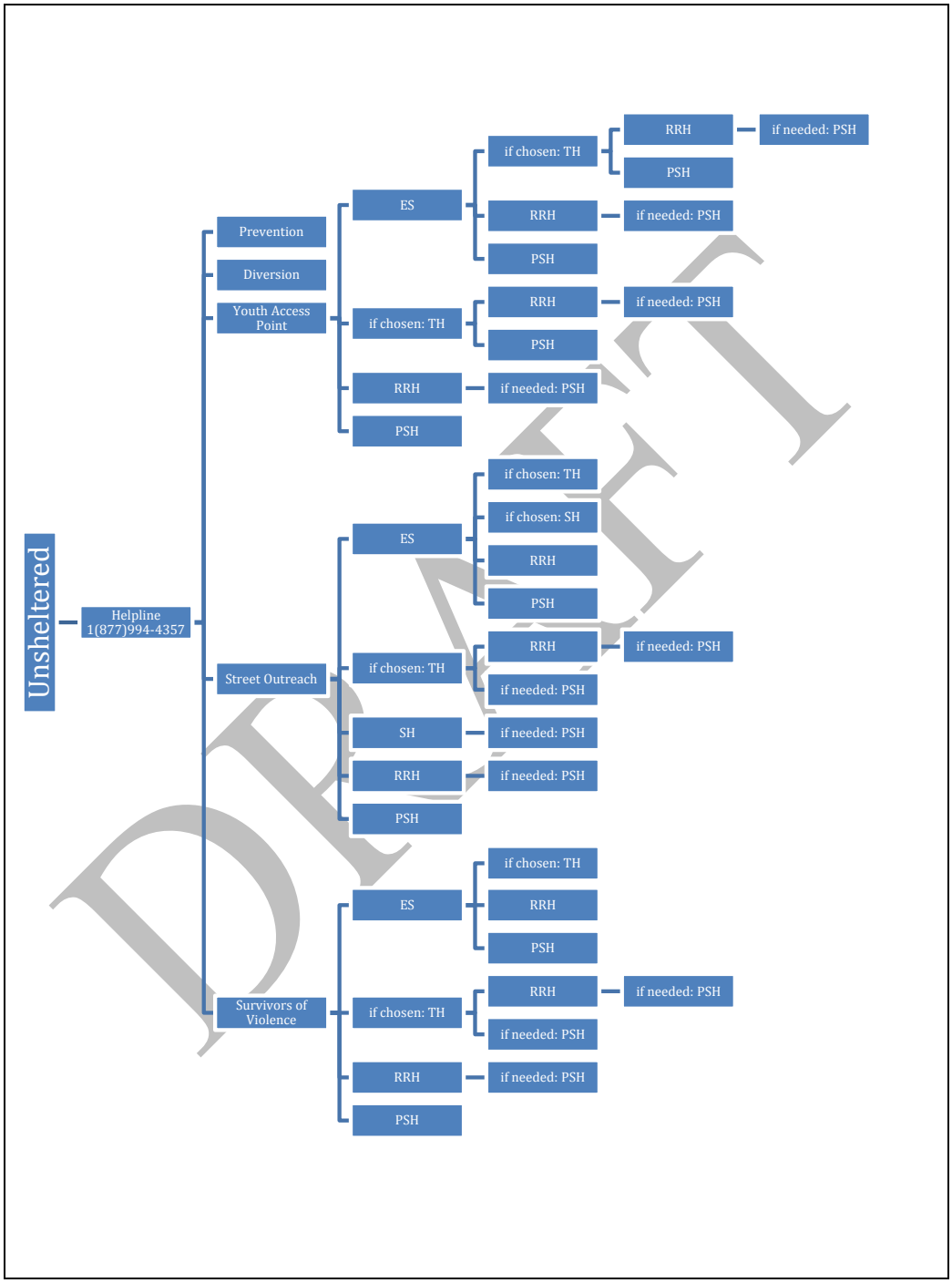
The Trust Board evaluates System Performance HMIS data against the CoC's Performance Measures (PMs) at least quarterly. Individual program performance is also evaluated utilizing HMIS data. Underperforming projects are placed on Performance Improvement Plans and are subject to reallocation during the annual competition of renewal projects as outlined in our CoC Review, Score and Ranking Procedures and Reallocation Process.

Indicators, including those below, will be used to evaluate the impact of the CE on system-wide Continuum of Care outcomes and the effectiveness of the CE itself:

- Households diverted from the CoC.
- Length of time persons remain homeless.
- Exits to permanent housing
- The extent to which persons who exit homelessness to permanent housing return to homelessness
- Reduction in long-term chronic homelessness
- Reduction in family homelessness.
- Reduction in youth homelessness.

C. Gaps and Needs Analysis

In addition to a CE-specific evaluation, the Homeless Trust conducts a CoC planning process. Information gathered through the planning process, including the physical and political geography, the capacity of partnerships in the community and the opportunities unique to the community's context, is used to guide homeless assistance planning and system change efforts in the community, including CE. The Homeless Trust performs an annual gaps and needs analysis, and reviews the CoC's homeless plan annually.


Unsheltered
Helpline 1(877)994-4357
Prevention
Diversion
Youth Access Point
ES
if chosen: TH
RRH
PSH
if needed: PSH
Street Outreach
if chosen: SH
SH
Survivors of Violence
DRAFT

Glossary

By Name Only List (BLN): The BLN is the CoC-wide waitlist for housing programs. Because housing resources in the CoC are scarce and because most programs will not have immediate openings, it is assumed that each assessed household will spend some amount of time on the BNL before being referred to a program. The BNL is maintained by the HMIS lead agency (HMIS administrator) and is organized according to VI-SPDAT score, veteran status, and length of time homeless.

Assessment: A process that reveals the past and current details of a individual's/household's strength, and needs, in order to match the client to appropriate services and housing. For the purpose of this document, assessment will refer to a process (whether at primary screening and intake or at entry to a housing program) that reveals a client's eligibility, needs, barriers and strengths.

Authorized User Agencies: Housing providers who wish to, or are required to, participate in the Coordinated Entry Process are Authorized User Agencies. Authorized User Agencies must sign and agree to the HMIS Privacy and Security Policies for HMIS data base use.

Chronically Homeless: A "chronically homeless individual" is defined to mean a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility (including a jail) if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility.

In addition, the individual must meet one of the following criteria:

- Homeless continuously for at least 12 months or
- At least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

A "chronically homeless family" is defined to mean a family with an adult or minor head of household that meets the definition of a chronically homeless individual. A chronically homeless family includes those whose compositions has fluctuated while the head of household has been homeless.

Coordinated Entry System (CE): The process whereby any single individual or family experiencing homelessness receives coordinated entry into the homeless service system through a common assessment (the VI-SPDAT), followed by targeted assistance through housing navigation to obtain essential documentation for housing in order to facilitate the coordinated exit to permanent housing through either Permanent Supportive Housing or Rapid Rehousing.

Coordinated Assessment: Relates to the utilization of the same assessment tool to connect persons seeking assistance to services as a means for a Coordinated Entry system. For the purpose of this document, that tool is the VI-SPDAT (Vulnerability Index & Service Prioritization Decision Assistance Tool)

Disability:

- A Physical, Mental or Emotional Impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions; includes:

- Developmental Disability Defined in §102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 15002). Means a severe, chronic disability that Is attributable to a mental or physical impairment or combination AND Is manifested before age 22 AND Is likely to

continue indefinitely AND reflects need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual may be considered to have a developmental disability without meeting three or more of the criteria listed previously, if Individual is 9 years old or younger AND has a substantial developmental delay or specific congenital or acquired condition AND without services and supports, has a high probability of meeting those criteria later in life.

- Criteria Includes the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Diversion: Diversion is a strategy that quickly ends homelessness for people seeking shelter by immediately identifying alternative housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

The main difference between diversion and other permanent housing-focused interventions centers on the point at which intervention occurs. Prevention targets people at imminent risk of homelessness, diversion targets people as they are applying for entry into shelter, and rapid re-housing targets people who are already homeless.

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

HEARTH Act: The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) act of 2009 that includes Emergency Solutions Grant (ESG) and Continuum of Care (CoC) grants

High Utilizer: A small subset of very vulnerable homeless individuals who use a disproportionate share of public resources due to their unmanaged chronic conditions and frequent use of crisis health services (emergency room, urgent care, behavioral health crisis unit, etc.) and engagement with the criminal justice system.

Homeless (24 CFR 578.3)

Literally Homeless (Category 1):
Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

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

At imminent risk of homelessness (Category 2)
Individual or family who will imminently lose their primary nighttime residence, provided that:

1) Residence will be lost within 14 days of the date of application for homeless assistance;
2) No subsequent residence has been identified; and
3) The individual or family lacks the resources or support networks needed to obtain other permanent housing; or

Homeless under other Federal statutes (Category 3)
Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

1) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

2) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;

3) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and

4) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

Fleeing domestic abuse or violence (Category 4)
Any individual or family who:

1) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
2) Has no other residence; and
3) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

Homeless Management Information System: A Homeless Management Information System (HMIS) is a web-based database application used to record and track client-level information on the characteristics and service needs of homeless persons, referrals and CoC re-entry within the CoC's jurisdiction. HMIS ties together homeless service providers within a community to help create a more coordinated and effective housing and service delivery system.

The U. S. Department of Housing and Urban Development (HUD) and other planners and policymakers at the federal, state, and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time. Specifically, HMIS can be used to produce an unduplicated count of homeless persons, understand patterns of service use, and measure the effectiveness of homeless programs.

The Miami-Dade CoC software provider is Bowman (ServicePoint). As the CoC lead agency, Homeless Trust HMIS staff is responsible for the administration of the HMIS software and providing technical assistance to participating agencies and end-users. Furthermore, the Homeless Trust is responsible for the day-to-day administration of the Coordinated Entry Process. Agencies that participate in Coordinated Entry System's HMIS are referred to as "participating agencies." To maintain data privacy and accuracy, participating agencies must follow the Homeless Trust's CoC HMIS Policies and Procedures, and HMIS Data Quality Standards defining data usage for all CoC HMIS users and user agencies. These policies and standards serve to better protect the confidentiality of all personal information entered into the HMIS

while identifying the reasonable, responsible, and limited uses and disclosures of data, which comply with federal regulations set by the U.S. Department of Housing and Urban Development (HUD). Its purpose is to guide and clarify federal regulations for CoC agencies in their daily operations. It in no way, should serve as a substitute for any federal regulations outlined and updated by HUD in its Data and Technical Standards. All CoC agencies are responsible for maintaining their own compliance with federal regulations as well as any outside applicable regulations such as the Health Insurance Portability and Accountability Act (HIPAA) standards. The Homeless Trust has an HMIS Administrator who provides technical assistance to community stakeholders participating in HMIS, conducts monthly User Group meetings, performs on-site monitoring, and provides staff support to advisory committees that review HMIS policy, data standards and system performance.

Permanent Supportive Housing: Permanent supportive housing is an intervention coupled with supportive services designed to assist individuals and families needing long term housing assistance and support services to maintain housing stability.

Prevention: Prevention includes programs or services designed to prevent homelessness for individuals or households at risk of eviction or foreclosure by providing short-term assistance.

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

Receiving Program: All Participating Emergency, Transitional, Rapid Re-housing, Permanent Supportive Housing, and Prevention programs are Receiving Programs and are responsible for reporting vacancies to the Homeless Trust in compliance with the protocols described in these policies and procedures. All programs that receive a referral from the Coordinated Entry System are responsible for responding to that referral and participating in case conferences, in compliance with the protocols described herein.

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

Transitional Housing: Transitional housing is an intervention designed to assist individuals and families with time-limited housing while providing supportive services to prepare for permanent housing. Such housing is targeted to specific sub-populations (i.e. youth, victims of domestic violence).

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

VI-SPDAT (Vulnerability Index & Service Prioritization Decision Assistance Tool): The VI-SPDAT is an assessment tool used to quickly determine whether a client has high, moderate, or low acuity and that helps identify and prioritize who should be recommended for each housing and support intervention based upon the greatest need of that intervention. Separate VI-SPDAT tools are employed for individuals and families, respectively.