

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

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## 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. The Miami-Dade Homeless Trust engages in ongoing CoC planning with all stakeholders participating in the CoC and its CE System through publicly 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. 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 will be conducted to ensure the CE System's functionality and effectiveness (see below under Evaluation). The Trust will provide annual training on CE and the use of vulnerability assessments. The CoC will continue to build upon and refine this document through the Services Development Committee.

### 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)
- Placement into Other Permanent Housing (OPH)

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.

#### 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:

- Homeless Management Information System (HMIS) Policies and Procedures Manual
- HMIS Data Quality Standards
- Orders of Priority for Referral to Permanent Housing
- CoC Standards of Care
  - Emergency Shelter
  - Transitional Housing
  - Housing First
  - Rapid Re-Housing
  - Diversion
  - Prevention
  - Grievance
- Rental Assistance Policy & Procedures
- Equal Access Policy
- Customer Satisfaction Survey Policy
- CoC Review, Score and Ranking Procedures and Reallocation Process

## II. Guiding Principles

The following principles guide the CE process:

### A. Inclusiveness

The Coordinated Entry (CE) process includes all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, and individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, although the Miami-Dade CoC may adopt different processes for accessing Coordinated Entry, including different access points and assessment tools for the following different populations: (1) adults with and without children, (2) unaccompanied or parenting youth, or (3) individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking.

The Miami-Dade CoC will continuously evaluate and improve the process to ensure that all subpopulations are well served. Additionally, as a continuum, the Miami-Dade CoC acknowledges racial disparity that exists in numerous public sectors. Through ongoing programming, to include the CE Process, the CoC seeks to advance equitable access to housing resources and services for high need individuals and families and those who experience episodic or chronic homelessness.

### B. Prioritization

The Coordinated Entry (CE) process ensures that people with the longest length of time homeless, greatest needs, and/or those at High Risk<sup>1,2</sup> for serious illness due to COVID-19) receive priority for access and placement to any type of permanent housing (PH) available in the Miami-Dade CoC geographic area, including permanent supportive housing (PSH) and Rapid Re-housing (RRH). The CE process addresses the housing, health, and other needs of highly vulnerable populations by linking housing and/or services to meet each household's unique needs to live stably within the community. Prioritization may be reevaluated periodically to ensure potential shifts in community resident needs are incorporated and to determine appropriate supports and resources are provided to those most at risk.

### 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. The local tools being used and/or under development in HMIS include:

- HUD HMIS Universal Data Elements, and
- Vulnerability tool, and
  - Vulnerability Index, Service Prioritization Decision Assistance Tool (VI-SPDAT), or
  - Vulnerability Index, Family Service Prioritization Decision Assistance Tool (VI-FSPDAT), or

<sup>1</sup> High Risk is defined here as adults 65 years or older and people of any age who have serious underlying medical conditions.

<sup>2</sup> See <https://www.cdc.gov/media/releases/2020/p0625-update-expands-covid-19.html>

- Transition Age Youth, Vulnerability Index, Service Prioritization Decision Assistance Tool (TAY-VI-SPDAT)
- Miami-Dade County CoC Homeless Prevention Tool (incorporating homeless diversion screening), and  
Miami-Dade Coordinated Entry and Local Questions assessment

#### D. Low Barrier

The Coordinated Entry process complies with CoC Standards of Care. ESG and CoC HUD-funded programs do not screen people out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, severe mental illness, drug or alcohol use, or having a criminal record. In addition, housing and homelessness programs lower their screening barriers and documentation requirements in partnership with the Coordinated Entry process.

#### E. Housing First Orientation

Housing First is an approach that offers permanent housing as quickly as possible for people experiencing homelessness. The Coordinated Entry process is Housing First oriented, such that the CoC strives to quickly house people without preconditions or service participation requirements. Housing First programs work to “screen in” people with significant challenges who might be screened out of housing because of poor credit or prior evictions.

The following requirements are NOT part of the Housing First approach:

- Sobriety and/or commitment to be drug free
- Requirement to take medication if the client has a mental health diagnosis
- Participation in drug treatment services (including NA/AA)
- Marriage license

Coordinated Entry facilitates low barrier access to all housing interventions including PSH, RRH, and interim housing options.

#### F. Person-Centered

The Coordinated Entry process incorporates person-centered delivery and participant choice that is facilitated by questions in the assessment tools and standards of care.

Person-centered delivery is focused on resolving the individual or family needs and reflects the following:

- Standards of Care promote an emphasis on people’s strengths, goals and protective factors;
- Training to CE access points promote sensitivity to people’s lived experiences by minimizing risk and harm and incorporating trauma-informed practices.
- 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 shared 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. Disability type HMIS assessment questions are locked from mass visibility.
- 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 Miami-Dade 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. Youth and individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking may access the CE through specialized access points.

- 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 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. 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.
- The CoC recognizes that persons with special needs who have a higher degree of vulnerability may need specialized programs, enriched resources and supports to address those needs, including but not limited to: 1) those with medical, mental health, physical, cognitive and/or developmental challenges and disabilities; 2) those with histories of gender based or sexual violence (including without limitation actual or perceived domestic violence, dating violence, sexual assault, stalking, sexual, physical or emotional abuse, and trafficking), victims of crimes and other traumas; 3) those with gender specific needs, such as women who are pregnant and/or with infants; 4) children, youth and elders who because of their age have a greater degree of vulnerability and/or require other special supports; and 5) persons at risk of violence because of their actual or perceived gender identity or sexual orientation.
- Local funding supports programs tailored to meet the special needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or gender specific trauma informed shelter providing specialized supports for those with histories of gender based or sexual violence.
- 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.

#### **K. Appeal and Grievance Policies:**

The Miami-Dade CoC has adopted Grievance Standards for the entire CoC, which are incorporated herein by reference. Applicants and participants shall be informed of their right to a restorative grievance process in the event they have been denied access to CE or assistance or entry to a program. 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;
- HMIS & VI-SPDAT;
- Requirements for the use of assessment information to determine prioritization utilizing the CoC Orders of Priority;
- 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.

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, 4 and as provided by the Consolidated Appropriations Act, 2019, for youth aged 24 and under who meet the homeless definition in 24 CFR 578.3. Youth who have an unsafe primary nighttime residence and no safe alternative to that residence are *not* required to provide third-party documentation to meet the homeless definition. 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 ES, RRH, PSH, Move Up, Other PH, Safe Haven and Transitional Housing (TH) projects. CoC and ESG funded PSH and RRH projects fill all vacancies through CE referrals. CoC PSH referrals are generated solely by the CoC's Housing Coordinator. ESG referrals are made by the Housing Coordinator or in partnership with competitively selected ESG providers who receive ESG funding through area Entitlement Jurisdictions.

#### B. Prioritization for Permanent Housing

The CE process ensures that people with the longest length of time homeless, greatest needs, and/or are at High Risk<sup>1</sup> for serious illness due to COVID-19 receive priority for access to housing and homeless assistance including permanent supportive housing (PSH) and Rapid Rehousing (RRH). However, the CE process does not require preferences or establish priorities for emergency services such as shelter except that families with minor children will be housed in motels if shelter is not available.

**The CES has two tiers of priorities for referral to permanent housing. These tiers are outlined below. The CoC is combining priorities for referral to short-to medium-term rental assistance and permanent housing. The CoC PSH program remains unique as it requires a household member to be disabled at intake, and persons with chronic homelessness are prioritized for referral. All persons in Tier 1 must be referred to permanent housing before referrals for tier two are addressed.**

##### **Tier 1 includes:**

- 1. People aged 65+**
- 2. People with medical vulnerabilities**

##### **Tier 2 includes:**

- 1. a. People experiencing chronic homelessness OR**
- 1. b. Length of time homeless, cumulative over time is greater than 400 days OR**
- 1. c. Current episode exceeds 300 days**
- 2. People with high crisis system utilization (i.e. justice system or foster care)**
- 3. VI-SPDAT score**
- 4. People fleeing DV, human or sex trafficking**
- 5. People experiencing unsheltered homelessness**
- 6. Youth/young adults age 18-24**

## **7. Highly vulnerable families (i.e. high number of children, children have been removed or minor household members with a disability)**

CE will follow the CoC's Orders of Priority for referral as adopted and amended from time to time by the Homeless Board (incorporated herein by reference). All CoC-funded PSH beds made available through attrition will prioritize households meeting the HUD DedicatedPlus<sup>3</sup> criteria unless there are no persons within the CoC that meet that criteria. If this occurs, the Housing Coordinator will make alternative referrals based on the PSH Orders of Priority. A bed not filled by a Dedicated PSH household will continue to be a DedicatedPlus bed so that if and when the bed becomes vacant again, it must continue to adhere to PSH Orders of Priority.

Common types of types of Rapid Rehousing include HUD-funded CoC Rapid Rehousing for Families with Children, Emergency Solutions Grant-funded (ESG) Rapid Rehousing, and Supportive Services for Veteran Families (SSVF). RRH programs can be used as bridge housing for highly vulnerable, disabled persons waiting for PSH. RRH will be accessible to households earmarked for PSH when PSH is not available. Section VI. A. 4. Rapid Rehousing outlines access to RRH programs in greater detail.

<sup>3</sup> See <https://www.hudexchange.info/faqs/3284/what-is-a-dedicatedplus-project/>

### C. Active Client List (formerly referred to as the By-Name List)

The CoC maintains a master list, also known as the Active Client List (ACL), of homeless persons active in the homeless system and awaiting housing referral and eventual permanent placement. The ACL is driven by client enrollments from CoC-funded programs into the CoC HMIS CE database. Clients are referred and placed into Permanent Housing (PH) based on the household assessment and the CoC's Orders of Priority. Case conferences, staffed with service providers and other care coordination stakeholders, are held regularly to monitor progress and identify barriers to Permanent Housing.

The Homeless Trust Housing Coordinator utilizes an automated HMIS report to maintain the ACL of homeless households, which can be ranked by the length of time homeless, vulnerability score and other prioritization factors. An HMIS report on length of homelessness has been modified to include VI-SPDAT scores and incorporates unsheltered persons who refuse shelter. Whenever duplicate or updates to the VI-SPDAT exist, the most recent assessment is used to determine placement eligibility.

For referral to permanent housing, from HMIS data, the ACL compiles length of homelessness, presence of a disability, vulnerability score, other prioritization factors and status of client document readiness utilizing a CoC developed checklist.

The Housing Coordinator utilizes the ACL to identify referrals to permanent housing following the Orders of Priority policy for referrals, tracks status of referrals made, utilizes an HMIS-generated vacancy report, and reviews cases with providers as needed.

## IV. Access

### A. CE Access

Coordinated Entry also 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.

Coordinated Entry Access Points provide low barrier access to all housing interventions including PSH, RRH, and interim housing options. 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. CoC Helpline**

The CoC offers a toll-free helpline. The CoC Helpline is staffed by the Street Outreach (SO) Program. Helpline staff initiate the collection of HMIS Universal Data Elements (UDE) for the individual or family's calling over the phone, and dispatch SO teams to verify homelessness and provide referrals to housing and services.

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 diversion efforts 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 homeless;
- 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;
- e.** Referrals to shelter, treatment or PH. SO refers persons fleeing violence to the Coordinated Victim's Assistance Center.

### **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. Through Street Outreach (SO), an unsheltered client who refuses shelter may still obtain written homeless verification and referral for services, including rental assistance, focused on shortening a homeless episode. SO includes two (2) government run outreach teams in the City of Miami and the City of Miami Beach; one (1) non-profit, Citrus Health Network for the City of Hialeah; and two (2) specialized behavioral health outreach teams, Camillus House's Lazarus Project and the Projects for Assistance in Transition from Homelessness (PATH) program.

The SO Program serves as the CES 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 or parenting youth, or (4) households fleeing violence. The SO works cooperatively with specialized CE access points to place youth and individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking.

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 other approved tools incorporated into the Program Specific Data Elements;
- c. Coordinated Entry and Local Questions assessment;**
- d. Encounters performed as part of SO engagement efforts. Households being engaged by SO are exited from HMIS when participants have no contact with SO or other HMIS providers for more than 90 days;
- e. Referrals generated by SO staff; and
- f. Shelter, Treatment, or Permanent Housing referral and placement.

SO workers follow the SO HMIS workflow, which includes 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 other approved assessment on all homeless household(s) encountered unless one was already completed within the past three (3) months. The vulnerability assessment results are entered into the HMIS.

SO will attempt to place victims of Domestic Violence (DV) in shelter designed for survivors of domestic violence.

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

### 3. Camillus House's Day Program

Camillus' Day Program provides food, clothing and support services to unsheltered persons. They serve as an access point conducting HMIS and vulnerability assessments for persons who walk-in to their center.

### 4. Other Access Points

The CoC provides additional, dedicated CE access points for homeless youth as well as individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking.

- a. Public Child Welfare Agency

Citrus Health Network serves as an access point for youth exiting foster care. Emergency and Transitional Housing services are available for young adults aging out of foster care who may also need behavioral health services.

**b. Homeless Youth Access Points**

Youth access points are organizations whose primary mission is to provide direct services to unaccompanied or parenting youth who are 24 years old or younger. These access points are trained to verify homelessness using the HUD homeless definition, also incorporating how homeless youth are defined as a result of the 2019 Consolidated Appropriations Act. They participate in HMIS and use the TAY-VI-SPDAT. Youth access points include Pridelines, Lotus House, Camillus House, Citrus' Safe Haven, Miami Bridge, and Educate Tomorrow. These access points serve as dedicated access points more appropriate for engagement, assessment and referral for unsheltered, unaccompanied or parenting youth.

**c. Survivors of Domestic Violence Access Points**

The CoC has adopted policies, procedures and standards of care in order to establish protocols that ensure at a minimum that individuals and families fleeing, or attempting to flee domestic violence, dating violence, sexual assault, or stalking hereto referred to as "Domestic Violence" or "DV" 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, procedures and standards of care 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 include protocols that ensure at a minimum that individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by non-victim service providers.

The Miami-Dade CoC has dedicated funds for the development and operations of DV shelter.

- The CE process has protocols in place to ensure the safety of the individuals fleeing domestic violence and victims of gender based violence and crimes hereto referred to as "DV" access points or programs. Victims have safe and confidential access to DV services, trauma informed 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 providers (defined by VAWA) are prohibited from entering client-level data into an HMIS.
- Individuals and households who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, or otherwise experiencing, or at risk of exploitation, may complete safety plans in addition to unique Housing and

Income assessments.

DV access points are organizations whose primary mission is to provide direct services to those fleeing DV, including labor trafficking, commercial sexual exploitation. These access points receive walk-in referrals and referrals from law enforcement agencies, the Public Health Trust and the State Attorney's Office. They provide specialized Trauma Informed Care programming for survivors and their families. These access points use common assessment tools to assess for needs at intake. Households needing permanent housing complete the VI-SPDAT and are referred to the CoC's Housing Coordinator.

DV, human and sex trafficking access points have access to:

- CoC funded shelter beds that are DV focused
- Trauma Informed Counseling
- Legal Services
- Transitional Housing for individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, or otherwise experiencing, or at risk of exploitation, who chose treatment
- Short-term rental assistance, and
- Permanent Supportive Housing following the CoC's Orders of Priority.

DV, labor trafficking, commercial sexual exploitation access points include the Coordinated Victims Assistance Center (CVAC), DV helpline, Community Action and Human Services Department, the Sundari Foundation dba Lotus House and Camillus House. In addition to sheltering survivors of DV, labor trafficking, or commercial sexual exploitation, these access points may assist clients choosing to relocate for personal safety, or offer stand-alone services. There is a no wrong door approach with DV, labor trafficking, commercial sexual exploitation access points and Street Outreach (SO). A DV, labor trafficking, commercial sexual exploitation survivor who presents at an access point seeking local shelter may be placed by SO if no shelter or hotel is available through the DV access point. Similarly, SO will connect with DV, labor trafficking, commercial sexual exploitation access points to identify shelter and services, prior to placing individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking in mainstream shelter. All individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, or otherwise experiencing, or at risk of exploitation, are connected to CVAC for specialized services. Victims of DV, labor trafficking, commercial sexual exploitation do not have to participate in HMIS or they may also request to be added onto HMIS anonymously.

### C. Referral Entities

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:

- Veteran's Administration

- Ryan White
- Feeding programs
- Law Enforcement
- Fire Departments
- Police Departments
- Eleventh Judicial Circuit of Florida
- Florida Department of Children and Families (DCF)
- Participating Hospitals & Federally Qualified Health Centers  
Community Mental Health Centers & Crisis Units
- Miami-Dade Corrections & Rehabilitation
- Florida Department of Corrections
- Miami-Dade State Attorney's Office
- Miami-Dade Public Schools

## V. Screening & Assessment

### A. Prevention & 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 is most appropriate.

#### 1. Homeless Prevention

Households 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 and cash assistance.
- Housing Assistance Network of Dade (HAND), our centralized managing entity administering Housing Prevention (HP) funds for cash assistance and any of its participating members, including Miami-Dade Community Action and Human Services Resource Centers.
- Faith-based programs participating in the Emergency Food and Shelter Program.
- Legal Services of Greater Miami.

#### 2. CoC Diversion

The Miami-Dade CoC has adopted Homeless Diversion Implementation Standards for the entire CoC, which are incorporated herein by reference. Persons seeking assistance through 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.

## **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 individual or family 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; (b) 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 uniform assessment tools outlined in Section II. C. The assessments may be collected in HMIS and are used in concert with HMIS universal data elements to assess need and inform referrals. DV programs complete the VI-SPDAT assessment and provide homeless verification outlining episodes of homelessness within the DV system. The CoC Housing Coordinator is able to use the information provided with DV referrals to provide DV clients with equal access to PH. These assessments are conducted by persons who have been trained by the Homeless Trust on the application and use of the vulnerability tools, and when applicable, HMIS.

### **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 individual or family goals and preferences. Initial interventions may not prove effective in addressing the individual or family housing needs; as such, additional information may be gathered after the initial assessment to better inform the referral need.

### **3. Permanent Housing (PH) Prioritization**

The uniform assessment process also informs the household's positioning on the ACL. Once the appropriate housing intervention is determined using the HMIS tools,

households in need of PH are placed on the ACL in accordance with the CoC's prioritization factors and prioritized as outlined in section III. B. The Homeless Trust Housing Coordinator manages the ACL.

## 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.

#### 1. Housing Referral for Prioritized Households

The Trust aspires to refer persons placed on the ACL into PH within 60 days from the date of placement on the ACL.

#### 2. Emergency Shelter

Emergency shelter can be accessed through the Helpline or direct contact with a SO team or approved access points.

Miami-Dade's CoC Access Points offer assessment and referral after hours. The helpline and Street Outreach teams offer services during the operating hours from 8:00 a.m. until 10:00 p.m. Eastern Standard Time on weekdays. Unsheltered persons can walk into the Camillus House day center, an access point operating during working hours and after hours. Youth access points have established after-hours referral procedures with emergency shelters serving youth. DV access points offer walk-in access for persons fleeing violence.

The CoC also offers alternative emergency shelter (ES) 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. Youth and veterans are prioritized for ES.

#### 3. Transitional Housing & Safe Haven

The CoC coordinates with the Veterans Affairs (VA) to provide Transitional Housing (TH) for veterans in Grant Per Diem (GPD), provides limited TH with rental assistance (TH:RRH) for youth, limited TH for persons with severe mental illness (SMI) being diverted from jail; and TH for individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking. The CE process does not delay access to PH for persons choosing treatment and frequently offers PH to persons in TH.

SO teams, authorized access points and emergency shelters and the Housing Coordinator, may refer to Transitional Housing. Referrals to CoC funded TH:RRH are made by the Homeless Trust Housing Coordinator. Referrals to jail diversion TH for persons with SMI

are made by the Eleventh Judicial Circuit of Florida. The VA coordinates with the CoC to make referrals to GPD.

#### 4. Rapid Re-Housing

The CoC Housing Coordinator refers homeless households for RRH assistance based on need and prioritization set forth above. CoC PSH and RRH referrals, and ESG RRH referrals are generated solely by the CoC's Housing Coordinator.

The CoC also coordinates referrals with the VA to Supportive Services for Veteran Family (SSVF) programs at ACL meetings with the VA and/or their contracted providers. The Progressive RRH assistance model is Housing First oriented such that people are housed quickly without service participation requirements.

This RRH model provides 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 case management connects households to resources in order to increase household income, including supportive employment to households who need stable, earned income to sustain rent. Persons assisted through the progressive housing assistance model will be encouraged to contact the provider who assisted them to address a new housing crises. To prevent returns to homelessness, rental assistance may be provided to households facing a new financial hardship so long as the assistance does not exceed 24 months in a 3-year period. Households are assessed quarterly to determine if continuing 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 ACL for PSH in the event 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 the 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 ACL and makes up to three (3) referrals for that opening based on:

- a. Ranking on the ACL - using combined length of time and vulnerability score.
- b. 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 obtained from providers during the annual competitive

funding cycle. 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 program eligibility criteria to the Homeless Trust. If the Homeless Trust has a concern that the program requirements may be contributing to “screening out” or excluding households from services, it may request to meet with the provider to discuss the outlined criteria. If a provider is unwilling to modify the criteria, the Homeless Trust may de-prioritize the provider for funding.

- c. Client choice – Client choice includes the 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 and where each is equally eligible and appropriate for a PSH placement, the person/household placed on the ACL 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 who are designated to TBRA or RRH programs are assigned to staff for housing navigation.

### **2. Housing Navigation Services**

Individuals or families with TBRA or RRH 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/obtaining homeless verification documents; obtaining disability certification, proof of veteran status, 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 stably housed.

### **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 TBRA and RRH voucher holders find permanent housing as quickly as possible, provides the necessary supports to keep housing over time, supports client social and economic integration and connection to community-based services and his or her community. The Critical Time Intervention (CTI) model is the recommended model for the provision of such services.

## **VII. Rejection of Referrals**

### **A. Provider Denial**

An HMIS participating provider can deny a referral that is ineligible for the program based on program eligibility requirements. These requirements are designed to screen in rather than screen out participants.

Denials should be infrequent and the reason for denial from HMIS participating programs 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, may be reviewed by the CoC annually as part of the competitive process and monitoring.

#### **1. Documenting Denials**

Denials shall be documented in the HMIS as follows:

- Client/household refused further participation.
- Client/household needs could not be met by project.
- Client/household non-compliance with program.
- Client resolved housing crisis without assistance.
- Client disagreed with rules/persons
- Criminal activity
- Death
- Reached maximum time allowed

#### **2. Review of Denial by CoC Homeless Trust**

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.

### **B. 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 (3) sequential housing 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 individual or family needs and choice. The participant will not lose their place on the ACL after rejecting service options that are offered.

### C. 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 and Move Up preferences in our Public Housing, HCV and multi-family programs. The CoC also coordinates with several PHA's and the PCWA for Family Unification Program (FUP) referrals. The Homeless Trust F&B Tax has funded the rehabilitation of public housing 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 and HUD-assisted multifamily properties. These PH units are accessed through the CES and referrals are made by the Trust's Housing Coordinator based on the Orders of Priority.
- The CoC works cooperatively with the VA to ensure Veterans are incorporated into our CoC's ACL and referred to VASH, PSH, SSVF, RRH, and other PH following the Orders of Priority, and to GPD as described in section VI.A.3.

### B. Mainstream Services and Assistance

- **Substance Use.** The CoC works cooperatively with Thriving Mind South Florida (TM), the managing entity for state Substance Abuse and Mental Health funding, to assist homeless persons who need detox services prior to ES, TH or PH placement, to facilitate treatment beds for clients with substance abuse disorders who choose treatment, coordination of the PATH program, and general care coordination for shared clients intersect with both systems. TM and their contractors are considered as an HMIS Participating Agency.
- **Veterans.** The CoC has established a referral relationship with VA Medical Centers to access medical and behavioral health services for veterans experiencing homelessness.
- **Children at-Risk.** The CoC has established a referral relationship with Citrus Health Network, the managing entity for state public child welfare agency, to access medical and behavioral health services for the children of households experiencing homelessness.
- **Educational Support.** The CoC has established a referral relationship with Miami-Dade County Public Schools to access Project Upstart resources such as school 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 the Head Start and Early Head Start to access day care and educational resources for pre-school and school-aged children.
- **Employment.** The CoC has established a referral relationship with CareerSource of South Florida, the South Florida Workforce Investment Board (SFWIB) and The Beacon Council Economic Development Foundation's Miami Community Ventures (MCV) program to increase employment for homeless and formerly homeless households, including providing access to mobile employment centers, drop-in centers focused on employment counseling services (including centers co-located in CoC programs benefiting the homeless), employment preparedness and gainful employment, including MCV's full-time, living wage job opportunities.
- **Health Care.** The CoC works with managed care organizations to facilitate supportive services for homeless clients, including long-term care options, when appropriate.

## IX. Evaluation & Improvement

### A. CE Process Evaluation

To ensure that the Coordinated Entry Process is effective and manageable for homeless and at-risk households, as well as for the housing and service providers tasked with meeting their needs, the CoC anticipates adjustments to the processes described herein. The CE 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 to assist the CoC achieve its Performance Measures (PMs).

On behalf of the CoC, the Homeless Trust's CoC Subcommittee and Housing and Services Development Committee will lead this evaluation. The committees 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 a broad array of stakeholders from the business, government and non-profit sectors, including persons with lived homeless experience.

#### 1. Provider and Client Feedback

The CoC Subcommittee and Housing and 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 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 Performance Evaluation Committee 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.

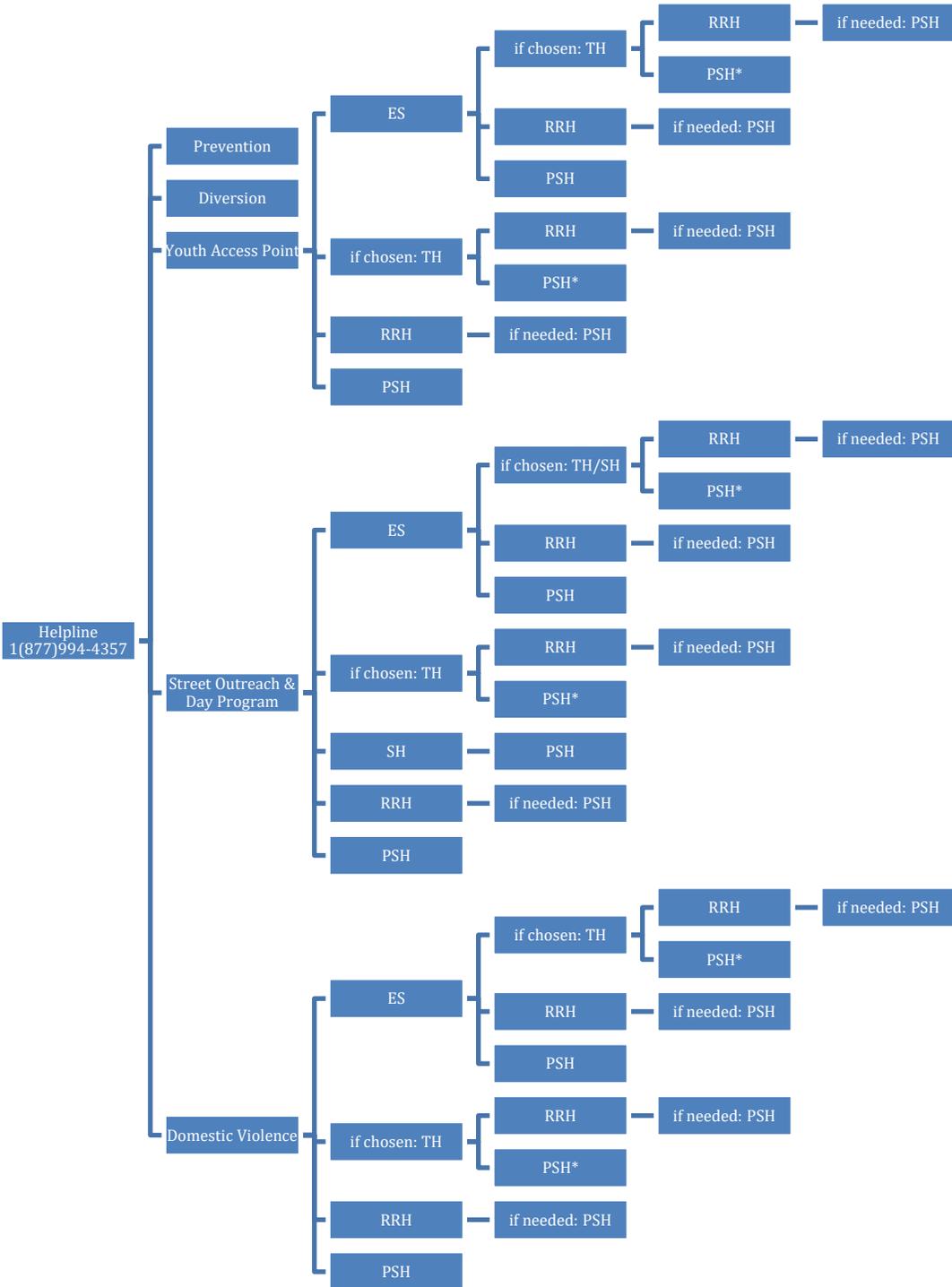
Indicators, including those below, will be used to evaluate the impact of the CE on system-wide Continuum of Care outcomes and the effectiveness of the CE itself:

- Number of persons experiencing homelessness, including those experiencing homelessness for the first time.
- Length of time persons remain homeless.
- Exits to permanent housing.
- The extent to which persons who exit homelessness to permanent housing return to homelessness.
- Employment and Income Growth.
- Reduction in veteran homelessness.
- Reduction in chronic homelessness.
- Reduction in family homelessness.
- Reduction in youth homelessness.

## **C. Gaps and Needs Analysis**

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 a yearly gaps and needs analysis, and reviews the CoC's homeless plan annually.

# Unsheltered



\*PSH from TH will follow Orders of Priority for Referral to PSH.

## Glossary

**Active Client List (ACL):** The ACL 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 ACL before being referred to a program. The ACL is maintained by the HMIS lead agency (HMIS administrator) and is organized according to VI-SPDAT score, veteran status, and length of time homeless, and may also indicate if household is impacted by or at High-Risk<sup>1,2</sup> of being impacted or illness from COVID-19.

**Assessment:** A process that reveals the past and current details of an individual's or 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. 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 90 days or less and who resided 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.

*\*\*Per the 2019 Consolidated Appropriations Act, unaccompanied youth, age 24 and under, are no longer required to provide third-party documentation that they meet the homeless definition in 24 CFR 578.3 as a condition of receiving services funding. Any youth-serving provider funded under the 2019 NOFA may serve unaccompanied youth aged 24 and under (or families headed by youth aged 24 and under) who have an unsafe primary nighttime residence and no safe alternative to that residence.*

**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 (PSH):** 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 (TH):** 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 chronically 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, youth and families, respectively.

<sup>1</sup> High Risk is defined here as adults 65 years or older and people of any age who have serious underlying medical conditions.

<sup>2</sup> See <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>