Coordinated Entry

Building Bridges to Overcome Homelessness

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INTRODUCTION & OVERVIEW

Topic 1: CE Participation Expectations

Description/Rationale for Policy and Procedure: Note any difference in expectations of projects that are required to participate in CE by a funder (such as those funded by HUD's CoC, ESG and HHSP Programs) versus those projects that are not contractually obligated to participate in CE but opt to do so.

The use of Coordinated Entry is a mandate in the Homeless Emergency And Rapid Transition to Housing (HEARTH) Act and embedded in regulations covering homeless assistance programs funded by the Department of Housing and Urban Development (HUD), Department of Veteran Administration and other federal and state agencies. Therefore, all programs that receive homeless assistance program funding from the above listed entities, must participate in the process. Additionally, with the recommendation of coordinated entry as a national best practice, all homeless assistance projects regardless of contractual obligation are encouraged to participate.

Procedure: Coordinated Entry participation will be assessed in the Annual Performance Reports that are required by HUD. Creating a metric by which to analyze the efficiency and effectiveness of the Coordinated Entry process will be a focus of the Coordinated Access Oversight Committee.

Topic 2: Terms & Definitions

Should include any federal, state, or local terms or acronyms that appear throughout this document

Affirmative Marketing and Outreach. The CoC Program Interim Rule at 24 CFR 578.93(c) requires recipients of CoC Program funds to affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities. Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2). Nondiscrimination and affirmative outreach requirements for the ESG program are located at 24 CFR § 576.407(a) and (b).

Coordinated Assessment, Coordinated Assessment Process, or Coordinated Assessment Entry System. The CoC and ESG Program interim rules, 24 CFR § 578 and 24 CFR §§ 91 and 576, respectively, use the terms "centralized or coordinated assessment" and "centralized or coordinated assessment system;" however, HUD and its Federal partners have begun to use the terms "Coordinated Entry" and "Coordinated Entry process." "Centralized or coordinated assessment system" remains the legal term but, for purposes of consistency with phrasing used in HUD's other written materials, these Policies and Procedures uses the terms "Coordinated Entry" or "Coordinated Entry System" ("CES").

The CoC Program Interim Rule at 24 CFR § 578.3 defines centralized or coordinated assessment as a "centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool."

Assessment. In the context of the Coordinated Entry process, HUD uses the term "Assessment" to refer to the use of one or more standardized assessment tool(s) to determine a household's current housing situation, housing and service needs, risk of harm, risk of future or continued homelessness, and other adverse outcomes. HUD does not intend that the term be confused with assessments often used in clinical settings to determine psychological or physical health, or for other purposes not related to preventing and homelessness of present to Coordinated Entry for housing related assistance.

Access Point. Access points are the places–either phone or physical–where an individual or family in need of assistance accesses the Coordinated Entry process.

Eligibility. In the context of the Coordinated Entry process, determining eligibility is a project-level process governed by written standards as established in 24 CFR § 576.400(e) and 24 CFR § 578.7(a)(9). Eligibility information may not be used as part of prioritization and ranking, e.g. using documentation of a specific diagnosis or disability to rank a person. Projects or units may be legally permitted to limit eligibility, e.g., to persons with disabilities, through a Federal statute which requires that assistance be utilized for a specific population, e.g., the HOPWA program, through State or local permissions in instances where Federal funding is not used and Federal civil rights laws are not violated.

Prioritization. In the context of the Coordinated Entry process, these Policies and Procedures use the term "Prioritization" to refer to the Coordinated Entry-specific process by which all persons in need of assistance who use Coordinated Entry are ranked in order of priority, in accordance with written standards established under 24 CFR 576.400(e). In addition, the Coordinated Entry process must, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. Regardless of how prioritization decisions are implemented, the prioritization process must follow the requirements in Section II.B.3. and Section I.D. of HUD Notice CPD 17-01.

Suitability. Suitability gauges the appropriateness of a match between a participant and a program based on that match being right for a particular person given the case at hand and resource limitations. Suitability will be considered in the matching process, but may not conflict with any other system characteristics, including the System's low barriers, Housing First orientation, or client choice.

Scoring. In the context of the Coordinated Entry process, HUD uses the term "Scoring" to refer to the process of deriving an indicator of risk, vulnerability, or need based on responses to assessment questions. The output of most assessment tools is often an "Assessment Score" for potential project participants, which provides a standardized analysis of risk and other objective

assessment factors. While assessment scores generally reflect the factors included in the prioritization process, the assessment score alone does not necessarily determine the relative order of potential participants for resources. Additional consideration, including use of case conferencing, is often necessary to ensure that the outcomes of the assessment more closely align with the community's prioritization process by accounting for unique population-based vulnerabilities and risk factors.

Provider. Organization that provides services or housing to people experiencing or at risk of homelessness (e.g. Rescue Mission Emergency Shelter)

Participant. Person at-risk of or experiencing homelessness or someone being served by the Coordinated Entry process.

Housing Interventions. Housing programs and subsidies; these include transitional housing, rapid rehousing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g. Housing Choice Vouchers HCV).

Emergency Solutions Grant (ESG) Program. HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.

Homeless Housing and Services Program (HHSP). State Legislative funds administered through the Texas Department of Housing and Community Affairs and then allocated to the 8 largest cities in Texas. HHSP regulations mirror ESG regulations.

Continuum of Care (CoC). Group responsible for the implementation of the requirements of HUD's CoC Program interim rule. The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.

Continuum of Care (CoC) Program. HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.

Homeless Management Information System (HMIS). Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). A survey administered to individuals to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons.

Community Queue. A process within the Coordinated Entry HMIS System that places client(s) in a temporary holding pattern until accepted into a program.

Vulnerability Index-Youth-Service Prioritization Decision Assistance Tool (VI-Y-SPDAT). A survey administered to Youth to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons.

Vulnerability Index-Family-Service Prioritization Decision Assistance Tool (VI-F-SPDAT). A survey administered to families to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons.

Topic 3: CoC, ESG and HHSP Coordination

Description/Rationale for Policy and Procedure: Identify how CoC policies and procedures for CE will coordinate with written standards for providing CoC, ESG and HHSP assistance.

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

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

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

- Written standards provide guidance for evaluating individuals' and families' eligibility for assistance under 24 CFR Part 578.
- Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive transitional housing assistance.
- Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance.
- Written standards provide guidance for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance.
- Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance. *Source: CoC Program interim rule: 24 CFR 578.7(a)(9)*

Both CoC and Emergency Solutions Grants (ESG) Program interim rules, 24C § 578 and 24 CFR § 91 and 576, require the use of a CoC's Coordinated Entry process, provided that it meets HUD requirements. HHSP emulates the ESG regulations, therefore recipients are mandated to receive clients from CES. The CoC Program interim rule set the basic parameters for Coordinated Entry and left further requirements to be set by HUD notice. Under the authority of 24 CFR § 578.7(a)(8) and through Notice CPD-17-01, HUD established additional requirements that CoC's and recipients of CoC Program, ESG Program and HHSP Program funding must meet related to the development and use of a centralized or Coordinated Entry system. The ensuing set

of Coordinated Entry Policies and Procedures documents the El Paso County Continuum of Care's operation of its Coordinated Entry System (CES) and acts as a guide to its continuing operation in compliance with the CoC and ESG Interim Rules and CPD 17-01.

Except as otherwise specified, these Coordinated Entry Policies and Procedures apply to our geographic area, El Paso County, and all subpopulations in the El Paso County Continuum of Care, including individuals, families, victims of domestic violence, veterans and unaccompanied youth.

Procedures: These Coordinated Entry Policies and Procedures apply to all housing and homeless services in the El Paso County Continuum of Care, including Emergency Solutions Grant-funded programs, as well as the use of the CoC's HMIS to operate the CAS (HHSP). These Policies and Procedures shall be made publicly available and must be applied consistently throughout the CoC geographic area for all populations.

Topic 4: Guiding Principles

Description/Rationale for Policy and Procedure: Define local guiding principles for the CE that capture the vision and mission of these system change efforts, such as promoting a more effective crisis response system. Guiding principles can help organize and structure local CE planning and management efforts and ensure that CoC stakeholders share a common understanding of system goals and priorities.

The goal of the Coordinated Entry process is to provide each participant with adequate services and supports to meet their housing needs, with a focus on returning them to housing as quickly as possible. Below are the guiding principles that will help meet these goals.

• **Participant Choice**: Participants will be given information about the programs available to them and have a reasonable degree of choice about which programs they want to participate in. They will also be engaged as key and valued partners in the implementation and evaluation of Coordinated Entry through forums, surveys, and other methods designed to reflect their thoughts on the effectiveness of the Coordinated Entry process.

• **Collaboration**: Because Coordinated Entry is being implemented system wide, it requires a great deal of collaboration between the CoC, all homeless service providers, mainstream assistance agencies (e.g., hospitals, and jails), funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing council (the Coordinated Assessment Oversight Committee), consistently scheduled meetings between partners, and consistent reporting on the performance of the Coordinated Entry process.

• **Accurate Data:** Data collection on people experiencing homelessness is a key component of the Coordinated Entry process in accordance with HMIS Participation Standards. Data from the assessment process that reveals what resources participants need the most will be used to assist with the reallocation of funds and other funding decisions. To capture this data accurately, all

assessment staff and providers must enter data into HMIS (with the exception of some special populations and other cases, outlined later in this document) in a timely fashion. Participants' rights concerning data usage will always be made clear to them, and no participant will be denied services for refusing to share their data.

• **Performance-Driven Decision Making**: Decisions to modify the Coordinated Entry process will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing the length of homelessness episodes, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of wait time for an assessment.

• **Housing First:** Coordinated Entry will support a Housing First approach. This entails connecting households with the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.

• **Prioritizing the Hardest to House:** Coordinated Entry referrals will prioritize those households that appear to be the hardest to house or serve. This approach will ensure an appropriate match between the most intensive services and the people least likely to succeed without them. In prioritizing this approach, the hope is to reduce the average length of homelessness episodes.

Topic 5: Roles

Description/Rationale for Policy and Procedure: Identify the key roles and responsibilities for stakeholders that are engaged in the design and implementation of the CE system.

CES Coordinating Entity (El Paso County)
- Grantee of the CoC-funded Coordinated Entry System
- Responsible for the overall grantee operations of the CE system

CES Coordinator
- Responsible for the oversight of the day-to-day operations of the CE system (See Appendix A.1 for a sample position description)

CES Assessor
- Responsible for completing client assessments (VI-SPDAT), providing supportive services as needed, and coordinating appropriate referrals (See Appendix A.2 for a sample position description)

CoC Board
- Responsible for the general oversight and health of the CE system
- The final approval authority for any changes made to this document

Collaborative Applicant (El Paso Coalition for the Homeless)
- Entity that must (at the request of the CoC Board) apply for HUD funding for CE

Coordinated Assessment Oversight Committee (CAOC)
- The primary governing body for CE

- Responsible for investigating and resolving participant and provider complaints or concerns about the CE process
- Responsible for providing information and feedback to the CoC, CoC Board, and the community at-large regarding the CE process
- Responsible for evaluating the efficiency and effectiveness of the CE process
- Responsible for reviewing performance data from the CE process
- Responsible for recommending changes or improvements to the process to the CoC and CoC Board
- CAOC will meet monthly for the first year (start date January 2019) of the County implementation; every other month in the second year; After that point, the meetings will be held as the Chair determines is necessary.
- CAOC composition This committee will include the following seats: emergency shelter staff representative; at least one each of CoC, ESG and HHSP funded programs; TH shelter staff representative; CoC Staff; a representative member from a law enforcement agency, a street outreach representative, a funder representative; a health care provider representative; a City of El Paso employee representative; and El Paso County employee representative. Other seat s that may be included in future iterations of the committee are faith-based organizations, substance use service providers, mental health service providers, school system representatives, and assessment center front-line staff.

Coordinated Assessment Oversight Committee Chair
- Responsible for putting together an agenda for each meeting, based on communications or agenda items submitted by providers or participants
- Will serve as the point of contact for anyone seeking more information or having concerns with the CE process
- Will ensure minutes are taken at each meeting of the CAOC
- Term will be limited to one year

Coordinated Assessment Oversight Committee Members
- To remain in good standing and be allowed to vote and participate as members of the Coordinated Assessment Committee. All members must attend at least 75 percent of meetings. The chair must attend 90 percent of meetings.
- Voting Procedures - Decisions in the Coordinated Assessment Oversight Committee (CAOC) will be made based on a majority vote of Committee members. Any decisions that would lead to a modification of the coordinated assessment process, including changes to the assessment tool or policies and procedures, must be approved by majority vote of the CAOC AND approved by the CoC Board.
- **Conflicts of Interest** - If at any point a provider or participant wishes to address a complaint or grievance with a provider or agency that has a representative on the CAOC, that particular member must recuse him/herself from participating in those proceedings or voting on the outcome of that particular issue.

Designated Access Points

- The physical locations where people experiencing homelessness will be assessed and referred to homelessness assistance services
- Please see Appendix 1 for location direction and hours of operations

HMIS Lead Agency (El Paso Coalition for the Homeless)
- Operates the Homeless Management Information System on the CoC's behalf
- Ensures the CE system has access to HMIS software and functionality for the collection, management, and analysis of data on persons served by coordinated entry

Participating Project
- Agency or organization that has agreed (or is required by HUD because of funding) to provide homelessness services on behalf of the CoC.

U.S. Department of Housing and Urban Development
- Federal agency responsible for administering housing and homelessness programs, including the CoC and ESG Programs

U.S. Department of Veteran Affairs
- Federal agency responsible for providing health care and other services, including assistance to end homelessness, to veterans and their families

Topic 6: Versions of Document

Description/Rationale for Policy and Procedure: Indicate which version of the CE P&P document is in effect, and describe the processes for reviewing and updating the document. Sample CE Policy Text, Including a Sample Log: The CoC's CE Governing Committee shall be responsible for the revision, review, and approval of the CE Policies & Procedures. The revision process will be completed at least once annually, and anyone who is interested in submitting suggestions for revisions to the document should submit them to CEinfo@xxx.com. *See HUD outline for a graphic example*

The Coordinated Entry Policies & Procedures will be reviewed on a yearly basis at a minimum for needed amendments, if any. If Coordinated Entry Policies & Procedures are amended by CAOC, changes will be submitted to the CoC Board for overall approval.

Version	Date Released	Key Changes
1.0	November 2016	N/A
2.0	March 2017	Updated with General Membership responses
3.0	July 2018	Included new HUD guidance on CE requirements
4.0	August 2018	Policies vetted by CAOC
5.0	December 2018	Procedures added and approved by CAOC

Topic 7: Full Geographic Coverage

Description/Rationale for Policy and Procedure: State that the CE process covers the full geography of the CoC (Sample #1 below). If the CoC has subdivided the CoC geography into separate referral zones to avoid forcing participants to travel great distances, or if the CoC has

joined together with a neighboring CoC to establish a single coordinated entry process for the combined jurisdiction, this section of the CE P&P document must describe that coverage area (Sample #2). Identify the relationship of the geographic area(s) of the CoC(s) to the geographic area(s) covered by the CE process(es).

These policies and procedures will govern all aspects of Coordinated Entry for TX-603 El Paso County.

Topic 8: Affirmative Marketing and Outreach

Description/Rationale for Policy and Procedure: Identify how the CoC will ensure that there is fair and equal access to CE processes and functions such as access points, assessment processes, prioritization, and referral.

Required: "The CoC Program interim rule at 24 CFR 578.93(c) requires recipients of CoC Program funds to affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities. Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105(a)(2)." *Source: HUD Coordinated Entry Notice: Section I.C.1*

Sample CE Policy Text:

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

Sample CE Procedure Text:

Each project participating in CE is required to post or otherwise make publicly available a notice (provided by the CoC) that describes coordinated entry. This notice should be posted in the agency waiting areas, as well as any areas where participants may congregate or receive services (e.g., dining hall). All staff at each agency are required to know which personnel within their agency can discuss and explain CE to a participant who seeks more information.

The El Paso County Continuum of Care shall affirmatively market its housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintains records of those marketing activities. Housing assisted by HUD and made available through the CoC also are made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2).

Nondiscrimination and affirmative outreach requirements for the ESG program are located at 24 CFR § 576.407(a) and (b).

Procedures: The El Paso County Continuum of Care's Coordinated Entry System links 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. Additionally, El Paso County will be developing a physical marketing campaign to ensure all potential clients are aware of CE services and resources.

Topic 9: Safety Planning and Risk Assessment

Description/Rationale for Policy and Procedure: State how the CoC will ensure that survivors of domestic violence and those attempting to flee domestic violence, dating violence, sexual assault, stalking, and human trafficking will have access to resources, regardless of which access point they initially contact seeking crisis services.

Required: CoC must have a specific written CE policy and procedure to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. At a minimum, people fleeing or attempting to flee domestic violence and victims of trafficking must have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter. *Source: HUD Coordinated Entry Notice: Section II.B.10*

All persons who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking shall have immediate and confidential access to the Center Against Sexual and Family Violence (CASFV) Hotline. CASFV operates a domestic violence hotline, which is staffed 24 hours a day, seven days a week, to ensure that all persons who are fleeing or attempting to flee domestic violence or sexual assault have immediate access to crisis response services. All persons will have access to this hotline regardless of which access point they initially contact for services and assistance through the CoC's CE.

Similarly those fleeing or victims of human trafficking will be referred to the National Human trafficking Hotline.

All CoC-defined access points shall conduct an initial screening of risk or potential harm perpetrated on participants as a result of domestic violence, sexual assault, human trafficking, stalking, or dating violence. In the event defined risk is deemed to be present, the participant shall be referred or linked to available specialized services and housing assistance, using a trauma-informed approach designed to address the particular service needs of survivors of abuse, neglect, and violence.

Per Violence Against Women Act (VAWA), if a client is seeking services for DV then their PII cannot be collected or enter into HMIS.

For the safety of those individuals and/or families who are fleeing or attempting to flee domestic violence or human trafficking, referrals are made to programs identified as victim service providers for assistance whenever those services are desired by the household.

Category Four
In these Policies and Procedures, the shorthand terms "victim(s) of domestic violence" includes all individuals and families who qualify under the fourth category of the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 "Homeless" Definition Final Rule, 24 CFR Parts 91, 582, and 583. That definition includes 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*; and
2) Has no other residence; and
3) Lacks the resources or support networks to obtain other permanent housing.
* This includes victims of human trafficking.

The CoC Program Interim Rule clarifies that the imminent threat of harm must be from further domestic violence, dating violence, sexual assault, or stalking, which would include threats from a third party, such as a friend or family member of the perpetrator of the violence.

Procedure: All CoC providers shall implement their safety risk policies and ensure, to the greatest extent possible, the physical safety and well-being of participants and prospective participants.

Topic 10: Nondiscrimination

Description/Rationale for Policy and Procedure: Reinforce that the coordinated entry process will operate in compliance with all federal, state, and locally applicable civil rights and fair housing laws and requirements. In addition, projects participating in the CE that receive funding from federal, state, or local sources that have promulgated local civil rights and fair housing laws and requirements must also comply with all additional civil rights and fair housing laws and requirements. Identify how the CoC will monitor the CE process and applicable individual projects for compliance with these laws and requirements.
Required: "CoC must develop and operate a coordinated entry process that permits recipients of federal and state funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program, ESG Program and HHSP Program funded projects must comply with the nondiscrimination and equal opportunity provisions of federal civil rights laws, as specified at 24 CFR. 5.105(a), including the following: (a) Fair

Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status; (b) Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance; (c) Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving federal financial assistance; and (d) Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability." *Source: HUD Coordinated Entry Notice: Section I.D*

The El Paso County Continuum of Care does not tolerate discrimination based on actual or perceived membership in any protected class. The entirety of the El Paso County Continuum of Care's Coordinated Entry process shall be conducted in compliance with the nondiscrimination provisions of federal civil rights laws, including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II and III of the Americans with Disabilities Act, as well as HUD's Equal Access and Gender Identify Rules.
Under these laws and rules, the following classes are protected from discrimination:

- Race
- Color
- Religion
- National origin
- Sex
- Actual or perceived sexual orientation or gender identity
- Disability
- Familial status
- Marital status

CoC, ESG and HHSP funded providers may not deny admission to, or separate family members when they enter, shelter or housing, based on age, sex, gender, LGBT status, marital status or disability. Family members must be served together & in accordance with each family member's self-reported gender.

Some programs may be forced to limit enrollment based on requirements imposed by their funding sources and/or state or federal law. For example, a HOPWA federally funded project might be required to serve only participants who have HIV/AIDS. All such programs will avoid discrimination to the maximum extent allowed by their funding sources and their authorizing legislation.

All aspects of the El Paso County Continuum of Care Coordinated Entry process comply with all Federal, State, and local Fair Housing laws and regulations. Participants will not be "steered" toward any housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.

Locations where persons are likely to access or attempt to access the CoC's Coordinated Entry System include signs or brochures displayed in prominent locations informing participants of their right to file a non-discrimination complaint and containing the contact information needed to file a non-discrimination complaint. Requirements associated with filing a non-discrimination complaint, if any, will be included on the signs or brochures.

Procedure: When a compliant is received, the Coordinated Access Oversight Committee (CAOC) will complete an investigation of the complaint within 60 days by attempting to contact and interview a reasonable number of persons who are likely to have relevant knowledge, and by attempting to collect any documents that are likely to be relevant to the investigation. Within 30 days after completing the investigation, the CAOC will write an adequate report of the investigation's findings, including the investigator's opinion about whether inappropriate discrimination occurred and the action(s) recommended by the investigator to prevent discrimination from occurring in the future. If appropriate, the investigator may recommend that the complainant be re-assessed or re-prioritized for housing or services. The report will be kept on file for two years. Unresolved complainants will be recommended to seek legal assistance and will be provided HUDs Discrimination Hotline.

ACCESS

Topic 1: Access Model

Description/Rationale for Policy and Procedure: Define the CoC's local model for access to CE. If the CoC has defined different access models for different subpopulations as allowed by HUD's CE Notice, each separate access model must be described.

Required: "Access points are the places–either virtual or physical–where an individual or family in need of assistance accesses the coordinated entry process. These can include the following examples: (a) central location or locations within a geographic area where individuals and families present to receive homeless housing and services; (b) a 2-1-1 Texas Information Referral Hotline or other hotline system that screens and directly connects callers to appropriate homeless housing and service providers in the area; (c) a 'no wrong door' approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area but is assessed using the same tool and methodology so that referrals are consistently completed across the CoC; (d) a specialized team of case workers that provides

assessment services at provider locations within the CoC; or (e) a regional approach in which '[referral zones]' are created within smaller geographic areas." *Source: HUD Coordinated Entry Notice: Section I.C.3*

Access to El Paso County Continuum of Care's Coordinated Entry System will be channeled through a semi-centralized multi-site model, allowing for expertise in assessment and referral techniques while still maintaining reasonable geographic coverage and diversity.

The 2-1-1 Texas Information Referral Hotline will act as the primary initial access point for entrance into the Coordinated Entry process.   Clients who present outside this will be referred to 2-1-1 Texas Information Referral Hotline or situation permitting, the most convenient physical access point.

Access Points as indicated under Appendix A were chosen to optimize the large geographic area (EP County) for as many participants as possible with respect to geography, language, culture, and subpopulation-specific needs.

Procedure: Access points are the places, either by phone or physical, where an individual or family in need of assistance can access the Coordinated Entry process. This CoC adopts a "no wrong door" approach to CE. This means that no matter which homeless assistance provider a person goes to, he/she will have access to the same resources, referrals, and assessment and prioritization processes. Nevertheless, the designated Coordinated Entry access points will be either 2-1-1 Texas Information Referral Hotline or the physical locations.

Topic 2: Designated Access Points

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

The CoC has implemented a "no-wrong door" approach to CE. In doing so, participants are able to access CE by appearing at any homeless assistance agency within the community and be referred to 2-1-1 Texas Information Referral Hotline or to the most convenient access point. Please see Appendix A of this manual for a locations, addresses and hours of all access points in the community.

Topic 3: Specialized Access Points for Subpopulations

Description/Rationale for Policy and Procedure: Identify any specialized access points for subpopulations.

At this point in time, this CoC does not have separate and specialized access points for unique subpopulations.

Topic 4: Access Coverage

Description/Rationale for Policy and Procedure: Describe how the CoC's access points cover and are accessible throughout the entirety of the geographic area of the CoC.

Required: "Provisions at 24 CFR 578.3 require that a CoC's coordinated entry process cover the CoC's entire geographic area; however, 24 CFR 578.3 does not prohibit multiple CoCs from joining together and using the same coordinated entry process. Individual CoCs may only have one coordinated entry process covering their geographic area; however, for CoCs, such as Balance of State CoCs, whose geographic areas are very large, the process may establish referral zones within the geographic area designed to avoid forcing persons to travel or move long distances to be assessed or served. This Notice further establishes that CoCs that have joined together to use the same regional coordinated entry process must implement written policies and procedures that at a minimum describe the following: (a) the relationship of the CoC(s) geographic area(s) to the geographic area(s) covered by the coordinated entry process(es); and (b) how the requirements of ensuring access, standardizing assessments, and implementing uniform referral processes occur in situations where the CoC's geographic boundaries and the geographic boundaries of the coordinated entry process are different." *Source: HUD Coordinated Entry Notice: Section II.B.1*

The CoC's entire geographic (El Paso County) area is accessible to CE processes either through the designated Coordinated Entry access points or the 2-1-1 Texas Information Referral Hotline. Shelters and Street Outreach Teams will make the appropriate referral as indicated above.

The 2-1-1 Texas Information Referral Hotline provides access to basic CE intake services 24 hours a day and can be contacted from any location within the CoC.

Topic 5: Accessibility of Access Sites

Description/Rationale for Policy and Procedure: Describe how CoC ensures effective communication with individuals with disabilities. Recipients of federal funds and CoCs must provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters). CoC takes reasonable steps to offer CE process materials and participation instructions in multiple languages to meet the needs of minority, ethnic, and limited English proficiency groups.

Required: CoC's written CE policies and procedures must…. "(c) Document steps taken to ensure effective communication with individuals with disabilities. Communication, which includes ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters. Access points must be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. (d) Take reasonable steps to ensure the coordinated entry process can be accessed by persons with Limited English Proficiency (LEP). HUD's published Final Guidance

to Federal Financial Assistance Recipients: Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (LEP Guidance) (72 FR 2732, published January 22, 2007) provides assistance and information regarding LEP obligations." *HUD Coordinated Entry Notice: Section II.B.5.c and d*

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

Procedure: The CoC designates the CE coordinating entity to serve as the primary point of contact for ensuring that all CE materials are available in English and Spanish. In addition, CE participating agencies will, to the greatest extent practicable, provide communication accommodation through translation services to effectively and clearly communicate with persons who have disabilities, as well as with any person with limited English proficiency. The CE coordinating entity will provide visually and audibly accessible CE materials when requested.

Topic 6: Emergency Services

Description/Rationale for Policy and Procedure: Clarify how emergency services (ES) resources will be coordinated with access to coordinated entry.

Required: CoC's written CE policies and procedures must document a process by which persons are ensured access to emergency services during hours when the coordinated entry's intake and assessment processes are not operating. CE written policies and procedures must document how CE participants are connected, as necessary, to coordinated entry as soon as the intake and assessment processes resume operating. *Source: HUD Coordinated Entry Notice: Section II.B.7.b*

CE initial screening and assessment services may only be available during hours noted i Appendix A. When prospective participants present for services during non-business hours, participants will still be able to access emergency services, including emergency shelter, if and when those emergency services are available.

Procedure: In the event prospective participants attempt to access designated access points during non-business hours, those persons will still be able to access emergency shelter without first receiving an assessment through coordinated entry. CE screening and assessment will be completed on all emergency shelter participants the following morning or next business day as applicable. Shelter staff will assure that those participants have access to CE the following business day.

Topic 7: Prevention Services

Description/Rationale for Policy and Procedure: State how the CE will coordinate with available homelessness prevention (HP) assistance services (ESG Program, HHSP Program funded or other homelessness prevention that is locally available).

Required: CoC's written CE policies and procedures must document a process for persons seeking access to homelessness prevention services funded with ESG Program funds through the coordinated entry process. If the CoC defines separate access points for homelessness prevention services, its "written policies and procedures must describe the process by which persons are prioritized for referrals to homelessness prevention services. To the extent to which other [i.e., not ESG-funded] homelessness prevention services participate in coordinated entry processes, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs." *Source: HUD Coordinated Entry Notice: Section II.B.8*

The CE system will ensure that all potentially eligible homelessness-prevention participants will be screened for homelessness prevention assistance, regardless of the access point at which they initially seek assistance.

Procedure: Households who are at imminent risk of becoming homeless and meet the below definition shall be referred to CE for a homeless prevention referral.

Definition: (1) Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing

Topic 8: Street Outreach

Description/Rationale for Policy and Procedure: State how street outreach (SO) resources will be used to ensure access to CE.

Required: Street outreach efforts funded under ESG or the CoC program must link to the coordinated entry process. Written policies and procedures must describe the process by which all participating street outreach projects, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized process as persons who access coordinated entry through site-based access points. *Source: HUD Coordinated Entry Notice: Section II.B.6*

Street outreach teams are considered a referral point for the CE process, and they will operate as such. They will seek to engage persons who may be served through CE but who are not currently seeking assistance, or are unable to seek assistance.

Procedure: Street outreach teams will be oriented on CE and the assessment process, and will have the ability to offer CE access to participants they contact through their street outreach efforts.

ASSESSMENT

Topic 1: Standardized Assessment Approach

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

• Ensure that assessment criteria reflect the prioritization process adopted to meet the requirements outlined in Section II.B.2 of HUD's CE Notice.

• If the CoC has different access points and different assessment tools for any of the populations allowed to have such items, then the CoC must document the criteria for uniform decision-making within those unique access points and assessment processes. (Populations that are allowed by HUD to have distinct access points within the CE system are identified in the "Specialized Access Points for Subpopulations" section of this Outline.)

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

Required: CoC's written policies and procedures must describe the standardized assessment process, including assessment information, factors, and documentation of the criteria used for uniform decision-making across access points and staff. *Source: HUD Coordinated Entry Notice: Sections II.B.2.g (1) and II.B.3*

These Policies and Procedures establish the same assessment decision making approach at all access points, and all access points must be useable by all people who may be experiencing homelessness or at risk of homelessness. Households who present at any access point, shall be afforded easy access to an appropriate assessment process that provides the CoC with enough information to make prioritization decisions about that household.

Procedure: All persons served by CE will be assessed using the VI-SPDAT Tool. Determination of which of the three tools will be used will be based on the participant (Youth, Single Adult, or Family). All access points must use this tool to ensure that all persons served are assessed in a consistent manner, using the same process. The VI-SPDAT Tool documents a set of participant conditions, attributes, need level, and vulnerability, allowing the access point and/or assessment staff to identify a service strategy to the CE staff who manages the CoC's prioritization list. Please see Appendix C of this CE P&P document for copies of the three assessment tools.

Topic 2: Phases of Assessment

Description/Rationale for Policy and Procedure: Describe how the CoC will design its assessment process in a manner that collects only the information necessary to assist participants to resolve their housing crisis and, potentially, identify a service strategy available within the CoC.

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

resources and barriers; and (d) evaluating vulnerability to prioritize for assistance." *Source: HUD Coordinated Entry Notice: Section III.C.2*

All projects participating in CE will follow the assessment and triage protocols of the CE system. The assessment process will progressively collect only enough participant information to prioritize and refer participants to available CoC housing and support services.

Procedure:

The CoC has adopted the following phased approach to engage and appropriately serve persons seeking assistance through the CE system:

1. Initial Triage: This first phase will focus on identifying the immediate housing crisis, and clarifying that the CoC crisis response system is the appropriate system to address the potential participant's immediate needs and/or housing crisis. This is accomplished by directly calling 2-1-1 Texas Information Hotline.
2. Diversion or Prevention Screening (Only if necessary): The second phase of assessment can also happen immediately upon engaging with a participant. During this phase, CE staff will examine existing CoC and participant resources and options that could be used to avoid the participant entering the homeless system of care.
3. Crisis Services Intake: The third phase should follow the Initial Triage, as it is intended to be a comprehensive assessment (VI-SPDAT). This will collect all information necessary to refine, clarify, and verify a participant's housing and homeless history, barriers, goals, and preferences. Assessment information supports the evaluation of the participant's vulnerability and prioritization for assistance.

Topic 3: Assessment Screening

Description/Rationale for Policy and Procedure: Describe how the CoC will ensure that assessment data are not used to screen out households for housing and services on the basis of a participant's membership in a protected class, such as a particular disability.

Required: CoC must maintain written policies and procedures that "prohibit the coordinated entry process from screening people out of the coordinated entry process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record." *Source: HUD Coordinated Entry Notice: Section II.B.4*

Per HUD Coordinated Entry Notice: Section II.B.4, this CoC prohibits the coordinated entry process from screening people out of the coordinated entry process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

The CE process may collect and document participants' membership in Civil Rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to particular referral options.

Procedures: The CoC has adopted a 'housing first' approach. The VI-SPDAT only collects information that will pertain to the household's level of need. Participants will also be provided anti-discrimination materials.

Topic 4: Assessor Training

Description/Rationale for Policy and Procedure: Identify how staff responsible for the completion of CE assessments will receive training on the assessment process.

Required: CoC must provide training opportunities at least once annually to organizations and or staff persons at organizations that serve as access points or administer assessments. CoC must update and distribute training protocols at least annually. "The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry process, including its written policies and procedures." *Source: HUD Coordinated Entry Notice: Section II.B.14*

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

Procedures: The CoC will provide at least annual training for persons who will manage access point processes and conduct assessments for CE. Training will be offered ~~at no cost~~ to the agency or staff, and will be delivered by an experienced and professional trainer who is identified by the CoC as well as staff of El Paso Coalition for the Homeless. At a minimum, topics for training will include the following:

- Mental Health First Aid Training
- Understanding Homeless Community Resources
- Understanding the Intricacies of Homelessness
- Scheduled Agency Visits
- Annual HMIS Certification
- Review of CoC's written CE policies and procedures, including variations adopted for specific subpopulations;
- Requirements for use of assessment information to determine prioritization;
- Intensive training on the use of the CE assessment tool; and
- Criteria for uniform decision-making and referrals (coordination of services)
- Trauma Informed Approaches
- Vicarious Trauma

Topic 5: Participant Autonomy

Description/Rationale for Policy and Procedure: Describe the actions that will be taken to ensure that participants have the ability to refuse to answer questions during the CE assessment process, as well as the ability to refuse referrals made to them, without losing their place on the CE prioritization list.

Required: CoC Coordinated Entry participants must be freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. CoC must describe the conditions for participants to maintain their place in coordinated entry prioritization lists when they reject options. (Note: Programs may require participants to provide certain pieces of information to determine program eligibility only when the applicable program regulation requires the information in order to establish or document eligibility.) *Source: HUD Coordinated Entry Notice: Section II.B.11*

It is crucial that persons served by the CoC's CE system have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process, or to refuse a referral that has been made to them. In both instances, the refusal of the participant to respond to assessment questions or to accept a referral shall not adversely affect his or her position on the CE's prioritization list.

Procedure: Because some funders require collection and documentation of a participant's disability or other characteristics or attributes as a condition for determining eligibility, participants who choose not to provide information in these instances will be notified of their potential limited referral options. While participants can have their referral options limited, this cannot affect their place on the CE prioritization list.

Topic 6: Nondiscrimination Complaint and Appeal Processes

Description/Rationale for Policy and Procedure: Identify how the CE policies and procedures address the process for participants in the system to file a complaint when they believe HUD's nondiscrimination requirements have been violated, as well as their ability to participate in an appeal process regarding any decisions made using the results of their assessment.

Required: "Participants must be informed of the ability to file a nondiscrimination complaint." *Source: HUD Coordinated Entry Notice: Section II.B.12.g*

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

Procedure: A perceived Fair Housing and civil right violation complaint must be submitted in writing to

      Coordinated Access Oversight Committee Chair

c/o El Paso Coalition for the Homeless
Email: epch@elp.twcbc.com
Address: 6044 Gateway East, Suite 211, El Paso, TX 79905

The CE participant information packet must include a form that details who the point of contact is for filing and addressing any nondiscrimination complaints, which can be filed by participants if they believe the nondiscrimination policy has been violated in their case during the CE process. Additionally, this form will describe and provide contact information on how to access the appeal process if they are not satisfied with or have any questions regarding how their complaints are handled. This form must be reviewed at the access point by CE staff, and must be signed by each participant. You can find form in Appendix F.

Topic 7: Privacy Protections

Description/Rationale for Policy and Procedure: Describe how participant assessment data will be protected to ensure that participant privacy is upheld.

Required: "CoCs must include written policies and procedures for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process." *Source: HUD Coordinated Entry Notice: Section II.B.12.a*

The El Paso Continuum of Care exceeds the privacy requirements mandated in the 2004 HMIS Technical and Data Standards by requiring explicit, written consent from all clients before entering their personally-identifiable data into the Homeless Management Information System or sharing that data across agencies. Clients are advised orally of the purpose of data collection, given a chance to refuse to share part or all of their data, and then asked to sign an Omnibus Release of Information that details privacy protections available under HIPAA.

Even after data is entered into the system, clients' privacy is protected by protocols that require that data be accessed only from secure locations where papers and computer monitors cannot be observed by unauthorized personnel, and that agencies take affirmative steps to resist involuntary disclosure of private information to, e.g., law enforcement officers.

A full set of rules to protect the privacy of clients in the Coordinated Entry System can be obtained from the El Paso Coalition for the Homeless.

Assessment staff members will be responsible for notifying and obtaining participant consent for the collection, use, and disclosure of participants' personally identifiable information (PII). This will be conducted in a safe and confidential area to honor the sensitive conversation. Staff will explain to the client what data will be requested, how it will be shared, who it will be shared with, and what their rights are regarding the use of their data. Assessment staff will be responsible for ensuring participants understand their rights as far as the release of information and data confidentiality.

Procedure: All participant information collected, stored, or shared in the operation of CE functions, regardless of whether or not those data are stored in HMIS, shall be considered

personal and sensitive information worthy of the full force of protection and security associated with data collected, stored, or shared in HMIS.

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

Topic 8: Disclosure of Disability or Diagnostic Information

Description/Rationale for Policy and Procedure: State that participants are not required to disclose specific disabilities or diagnosis information during the assessment process.
Required: CoC must have established written policies and procedures establishing that "the assessment process cannot require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals." *Source: HUD Coordinated Entry Notice: Section II.B.12.f*
Throughout the assessment process, participants will not be pressured or forced to provide CE staff with information that they do not wish to disclose, including specific disability or medical diagnosis information.

Procedure: In the case that specific diagnosis or disability information is necessary for the purpose of determining specific program eligibility, the participant may be asked to provide it. But in no scenario can the assessment process require the disclosure of specific disabilities or diagnoses.

Topic 9: Updating the Assessment

Description/Rationale for Policy and Procedure: Describe any expectations for updating the participant assessment.

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

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

PRIORITIZATION

Topic 1: Standardized Prioritization

Description/Rationale for Policy and Procedure: Identify and describe all factors and assessment information that are used to prioritize persons for homeless assistance.
Required: "CoC's written CE policies and procedures must include the factors and assessment information with which prioritization decisions will be made for all homeless assistance."
Source: HUD Coordinated Entry Notice: Section II.B.3
The CoC shall make decision of prioritization based on the scheme outlined below. Each "priority group" represents a group of people who are considered to be of roughly the same priority. Priority Group 1 is the highest priority group. Programs participating in the Coordinated Entry are required to attempt to fill each housing opportunity with clients from the highest remaining priority group unless (a) there are no such clients, or (b) the bed is dangerously unsafe for all of the clients in that priority group because it lacks the appropriate supportive services.

Permanent Supportive Housing for Individuals/Families

Housing Type	Priority Group	Primary Criteria	Secondary Criteria
PSH	1	VI-SPDAT Score: 8+ Chronic Homelessness Tri-Morbidity (3+ HUD Disabling Conditions)	Length of Time Homeless
PSH	2	VI-SPDAT Score: 8+ Chronic Homelessness Tri-Morbidity (2+ HUD Disabling Conditions)	Length of Time Homeless
PSH	3	VI-SPDAT Score: 8+ Chronic Homelessness 1+ HUD Disabling Conditions	Length of Time Homeless
PSH	4	VI-SPDAT Score: 8+ Chronic Homelessness	Length of Time Homeless
PSH	5	VI-SPDAT Score: 8+	Length of Time Homeless

Rapid Re-Housing for Individuals/Families

Housing Type	Priority Group	Primary Criteria	Secondary Criteria	RRH Program Type
RRH	1	VI-SPDAT Score: 4-8 Chronic Homelessness 1+ HUD Disabling Conditions	Length of Time Homeless	Mid-Term
RRH	2	VI-SPDAT Score: 4-8 Chronic Homelessness	Length of Time Homeless	Mid-Term
RRH	3	VI-SPDAT Score: 4-8	Length of Time Homeless	Short-Term

Self-Resolve Families/Individuals

Housing Type	Priority Group	Primary Criteria	Program Type
ES/TH	1	VI-SPDAT Score: 1-3 1+ HUD Disabling Conditions	60 days/8 mos
ES/TH	2	VI-SPDAT Score: 1-3	60 days/8 mos

Primary vs. Secondary criteria. Client must have all of the "primary criteria" for a priority group to be included in that group. Within each group, the individuals with the longest length of time homeless will receive first priority.

Unsheltered-ready clients. Street Outreach workers should begin trying to make the highest-priority clients ready even before a bed opens up. Once a bed opens up, providers should spend up to three calendar days attempting to locate the client. If a client cannot be located within these time periods after a bed becomes available, they should be placed back in the Community Queue to be considered for future housing opportunities.

Monitoring. Providers will be monitored on an ongoing, regular basis by the CES Coordinating Agency, El Paso County, to ensure that they are complying with the prioritization order above and with objective methods of implementing VI-SPDAT assessments and scores. Any concerns will be reported to the CAOC.

Eligibility and suitability. If a client is unsuitable for a particular program, the Coordinated Entry System may select a different client who is more suitable for the current opening. When this

occurs, the substitution and the reason for the substitution must be documented by both the provider and by the Coordinated Entry System, and the client who was not referred for housing should be placed back in the Community Queue to be considered for future housing opportunities.

Family prioritization. Family prioritization will follow a substantially similar scheme. It is anticipated that families will typically use units that are specifically earmarked for families, such as 2-bedroom and 3-bedroom units. The fact that a family contains multiple people may not be used to automatically shift a family up into a higher priority group.

Veteran Prioritization. Veteran prioritization will follow a substantially similar scheme. It is anticipated that veterans will typically use units that are specifically earmarked for veterans. Veterans with equal primary and secondary criteria will be prioritized. In circumstances where a Veteran scores low and is eligible for a VA funded rapid rehousing program and will be referred.

Procedure: Referrals that are made to homeless programs (shelter, rrh, psh) will be made based upon the VI-SPDAT score utilizing the above charts.

Topic 2: Emergency Services

Description/Rationale for Policy and Procedure: State which emergency services will not be part of the prioritization process.

Required: "[CoC's] written CE policies and procedures must clearly distinguish between the interventions that will not be prioritized based on severity of service need or vulnerability, such as entry to emergency shelter, allowing for an immediate crisis response, and those that will be prioritized, such as [permanent supportive housing]." *Source: HUD Coordinated Entry Notice: Section II.B.7.a*

Emergency services are a critical crisis response resource and as such, access to them will not be prioritized.

A primary example of such a service is entry into an emergency shelter. Consequently, these interventions will not be prioritized. Permanent Supportive Housing and Rapid Re-Housing are considered non-emergency services, which is why they will be prioritized.

Procedure: Referrals are the primary responsibility of Coordinated Entry Staff. When a referral is accepted by an agency/program, it will be the responsibility of the agency/program for alerting the household when a slot has become available. The agency/program will also be responsible for managing situations where a participant does not show up to the referred-to program.

Topic 3: Prioritization List

Description/Rationale for Policy and Procedure: Describe how the CoC manages prioritization information. The intention of a prioritization list is to have a single, centralized list for the entire CoC, that includes all relevant participant-level information to identify which

persons are most vulnerable and therefore most likely to be in the most immediate need for CoC assistance prioritized through CE. The use of a prioritization list ensures that CoCs do not serve persons on a "first come, first served basis," but rather according to each participant's level of need, vulnerability, and risk of greater harm should the household not receive accelerated access to CoC assistance.

To manage prioritization for referral and placement into CoC/ESG/HHSP resources, HMIS shall be used to prepare a single priority list, maintained by the CES Coordinating Agency. The priority list shall include persons by name, their assigned VI-SPDAT score, and their placement ranking leveling according to the aforementioned prioritization scheme.

Procedure: HMIS will generate a single priority list on a daily basis, maintained by the CES Coordinating Agency who will receive the report every morning. The priority list shall include persons by name, their assigned VI-SPDAT score, and their placement ranking level according to the aforementioned prioritization scheme.

REFERRAL

Topic 1: Notification of Vacancies

Description/Rationale for Policy and Procedure: Describe how projects participating in CE are expected to notify the CoC about anticipated housing or service slot vacancies.
All CE participating providers should enroll new participants only from the CoC's CE referral process whenever possible. To facilitate prompt referrals and to reduce vacancy rates, participating providers must notify the CE coordinating entity of any known and anticipated upcoming vacancies.

Procedure: When a TH, RRH, or PSH vacancy occurs or is expected to occur in the immediate future, the provider agency with the vacancy must alert the CE coordinating entity as soon as possible. In turn, the assessment staff will assign the vacant service to the next eligible client on the Prioritization list.

Topic 1.1: Referral Process

Description/Rationale for Policy and Procedure: Identify the process for handling referrals.

Procedure:
The referral process will be standard across all assessment sites.

1. After the assessment process is complete, the assessment will utilize the score calculated by VI-SPDAT. The assessment staff member should provide information about the different

intervention types the participant is prioritized for, including general intervention attributes (e.g., length of services, type of housing) and the size of the current priority lists.

2. If the participant was not prioritized for any interventions, they should explain why and what other services will be available to them (e.g., shelter case management, connection to mainstream resources, help connecting with family or friends). The participant should be referred to the appropriate emergency shelter or other housing crisis resources. The assessment process ends for the participant at this point.

3. For those that did get prioritized for housing interventions, the assessment staff member should then describe how the referral process will work – the participant will be able to make a choice between the interventions (if there are multiple ones), and then will be placed on the priority list. The participant will be matched with a population appropriate program.

4. If the participant is first on the list for a particular intervention and there is an open and available slot in a population appropriate that they are eligible for (and it is during that program's business hours), a referral should be made directly to that program (e.g., a slot that opens in a women's transitional housing program will not be offered to a man).

5. To make the referral, the assessment staff member will do so through HMIS, and may need to call the program to let them know they are sending them a participant. The participant should be given the address and other information for reaching the referred-to program.

6. When there is not an opening at the identified permanent housing intervention, the participant will be referred to the appropriate emergency shelter. The assessment staff should explain that once a spot opens up for the participant, they will be contacted by the permanent housing intervention staff. The staff at the referred-to program should then contact the CE staff via HMIS, phone or email to let them know they will be working with that particular participant. The CE staff member should then enter the case manager's name and contact information as a note into HMIS so that they can contact them when a program slot opens up.

7. If a participant does not show up at the referred-to program, the referred-to program should notify the CE staff member. CE staff then in turn should attempt to make contact with the participant. If the participant cannot be located, the slot will be offered to the next person on the priority list for that intervention.

Topic 2: Participant-Declined Referrals

Description/Rationale for Policy and Procedure: Identify the process for handling situations when participants decline a referral from CE.

One of the guiding principles of CE is participant choice. This principle must be evident throughout the CE process, including the referral phase. Participants in CE are allowed to reject service strategies and housing options offered to them, without repercussion.

Procedure:

Individuals and families will be given information about the programs available to them and provided choices whenever feasible based on assessment information, vulnerability and need scores, preliminary eligibility pre-determinations, and available resources. Of the options available, participants will be afforded their choice of which project to be referred to. If an individual or family declines a referral to a housing program, they remain on the prioritization list until the next housing opportunity is available.

Topic 3: Provider-Declined Referrals

Description/Rationale for Policy and Procedure: Identify the process for handling situations when agencies decline a referral from CE.

There may be rare instances where programs decide not to accept a referral from the CE system. When a provider agency declines to accept a referred prioritized household into its project, the agency must note the decline in HMIS. The participant will then be placed in the community queue so that they can be re-referred.

Providers should rarely reject a referral from Coordinated Entry. CoC, ESG or HHSP programs may reject a client referred by the Coordinated Entry System only if:
- That client is ineligible to participate in the program because of restrictions imposed by government regulations or outside funding sources;
- The client's household presents with more people than the number of people who were referred, and the larger household cannot be legally accommodated in the available unit; or
- The program lacks the capacity to safely accommodate that client or the safety of other clients that would result from the referral. Examples: the household would be a danger to others or themselves if allowed to stay at this particular program. The household has previously caused serious conflicts within the program (e.g. was violent with another participant or program staff).
- If the household does not fit within the mission of the Emergency Shelter or Transitional Housing program only.

A household shall not lose its priority or be returned to the community queue general waiting list simply because it was rejected by a provider.

All programs will be required to have a referral acceptance rate of at least 75%. If a program is consistently refusing referrals, they will need to meet with the CAOC to discuss the issue that is causing the rejections. Reports on agency acceptance rates will be provided to the CoC Board via the CAOC.

Procedure: If the program determines a participant is not eligible for their program after they have received the referral from Coordinated Entry, the participant should contact their initial CE assessor staff to determine a place for them to sleep that night (if they do not already have one). If assessment hours are over for the day, the agency/program who is rejecting the participant should facilitate a referral to a population-appropriate emergency shelter. Whenever a program rejects a referral, the program must document the date of the rejection and the reason for the rejection, and communicate that information to both the client and to Coordinated Entry staff. When a client has been rejected from a program, Coordinated Entry staff shall investigate the reasons provided (if any), attempt to determine whether the client can be safely and lawfully placed in that program. CE staff will explore other referral options.

Topic 3.1: Referral Scenarios

When CE Staff refer participants to shelters/programs, Referral Management Scenarios
#1
Referral is made
Referral is with agency for 7 days
After 7 days referral is kicked back to community queue
CE staff will be notified by HMIS
CE staff will contact agency to check on status of referral
#2
Referral is made
Referral is denied by agency or participant
Referral is kicked back to community queue
CE staff will be notified by HMIS
CE staff will proceed to identify other appropriate options
#3
Referral is made
Referral is accepted by agency
CE staff will be notified

Referrals that end up in the Community Queue, will be incorporated into the Prioritization List.

Topic 4: Determining Program Eligibility

Coordinated Entry process will not screen people out due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or past substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability, the services or supports that are needed because of a disability, a history of evictions or of poor credit, a history of lease violations, a history of not being a leaseholder, a criminal record, as well as sexual orientation or gender identity and expression. Exceptions are state or local restrictions that prohibit projects from serving people with certain criminal convictions or other specified attributes. The focus of the CES is simply on the housing needs of the client.

Procedure: The CoC recognizes that certain programs do have eligibility criteria. It is the responsibility of the programs to provide this information to the Coordinated Entry Assessors. The Assessors will require this knowledge to make accurate client referrals.   Information needed is as follows:

Emergency Shelter
- Bed availability
- Population served
- Intake Hours
- Primary and Secondary Contact

Transitional Housing
- Bed availability
- Population served
- Intake Hours
- Primary and Secondary Contact

Rapid ReHousing
- Bed availability
- Population focus (i.e. Chronic vs Non-Chronic)
- Primary and Secondary Contact

Permanent Supportive Housing
- Bed availability
- Population focus (i.e. Chronic vs Non-Chronic)
- Primary and Secondary Contact

Homeless Prevention
- Availability of funds
- Eligibility criteria
- Primary and Secondary Contact

DATA SYSTEM

Topic 1: Data System

Description/Rationale for Policy and Procedure: Describe data handling protocols; specifically, how data will be securely stored, particularly any participant-level data that will be shared to implement CE.

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

When using HMIS to manage coordinated entry data, CoC ensures adequate privacy protections of all participant information per the HMIS Data and Technical Standards at (CoC Program interim rule) 24 CFR 578.7(a)(8).

Procedure: Prior to the collection of data for CE, participants will sign a "Release of Information" form if they so choose (Appendix E). The form identifies what data will be collected, where those data will be stored/managed, how those data will be used for the purposes of helping the participant obtain housing and assistance and for other administrative purposes, and what data will be shared with others (if the participant consents to such data sharing).

Topic 2: Data Collection Stages and Standards

Description/Rationale for Policy and Procedure: Identify the data elements that will be collected at each phase of the CE process (access, assessment, prioritization, and referral). Participating agencies must collect all data required for CE as defined by the CoC, including the "universal data elements" listed in HUD's HMIS Data Standards Manual. CE staff is required to collect Universal Identifier Elements identified below (3.1 to 3.7)

Universal Identifier Elements
3.1 Name
3.2 Social Security Number
3.3 Date of Birth
3.4 Race
3.5 Ethnicity
3.6 Gender
3.7 Veteran Status

Assessment, Prioritization and Referral: All data requested in the specific VI-SPDAT (Family, Individual, Transition Aged Youth) especially data elements that identify chronicity, length of time homeless and disabling conditions.

Topic 3: Participant Consent Process

Description/Rationale for Policy and Procedure: Identify the CoC's consent policies for collecting participant information; entering participant data into HMIS or other comparable system (if applicable); sharing participant data (if applicable) for purposes of CE management, participant care coordination, CE evaluation, and other administrative purposes; and any other use of participant data in CE or other CoC reports.

Required: CoC's written CE policies and procedures must include "protocols for obtaining participant consent to [collect,] share and store participant information for purposes of assessing and referring participants through the coordinated entry process." *Source: HUD Coordinated Entry Notice: Section II.B.12.a*

Because data will be collected on everyone that is assessed through the CE process, the prior consent of participants is imperative. Participants may decline to share their data, and doing so will not make them ineligible for CE.

Procedure: As part of the assessment process, participants will be provided with a written copy of the CoC's "Release of Information" form. Participants will be asked to sign this data confidentiality form; they may decline to. Please see Appendix E for a copy of the CoC's "Release of Information" form.

EVALUATION

Topic 1: Evaluation of CE System

Description/Rationale for Policy and Procedure: Describe the local process for evaluating your CE.

Required: CoC must ensure through written CE policies and procedures the "frequency and method by which the [CE system] evaluation will be conducted, including how project participants will be selected to provide feedback, and must describe a process by which the evaluation is used to implement updates to existing policies and procedures." *Source: HUD Coordinated Entry Notice: Section II.B.15.c*

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

Procedure: The Coordinated Entry process will be evaluated quarterly at a minimum to ensure that it is effective and operating at maximum efficiency. Evaluation will be carried out through the CAOC and any consultants, people who have been through the Coordinated Entry process or third parties they engage to help them. Evaluation mechanisms will include the following:

- A monthly review of metrics from the Coordinated Entry process, the data to be reviewed, and the thresholds that should be met.
- A report issued to the community annually. This report will include trends from the month-to-month analysis of Coordinated Entry data, as well as the total number of assessments and referrals made, successes to be shared, and a note from the CAOC Chair on the process's progress. Major findings from this report should be presented at the CoC Board meetings the month it is released by a member of the CAOC.
- An annual report on the homelessness assistance system with a section devoted to Coordinated Entry.

Upon implementation, CAOC will explore additional metrics.

Topic 2: Role of Participating Agencies in CE Evaluation

Description/Rationale for Policy and Procedure: Identify the key tasks and roles of participating agencies in the evaluation of CE.

Participating agencies play a crucial role in the evaluation of CE. Participating agencies will collect accurate and meaningful data on persons served by CE. In addition, participating agencies

will review evaluation results and offer insights about potential improvements to CE processes and operations.

Procedure: Any participating agency should feel at liberty to submit any relevant questions, concerns, perspectives, or advice to the Coordinated Access Oversight Committee. In order for the CAOC to accurately evaluate the efficiency and effectiveness of this system, direct feedback from participating agencies is vital.

Key tasks/roles of agencies/program:
- Communicate with CE Program Manager on a daily basis on program availability/openings via email
- Because CE is a mandate for all recipients of CoC, ESG and HHSP, agencies are required to receive clients from CE. Agencies will no longer be able to pick and choose program participants.
- Agencies/Programs will not pre-screen clients then send to CE
- Initial contact needs to be by the CE staff only; agency screening will be secondary
- Agencies/Programs will not direct clients to ask for a specific program

APPENDIX A: DESIGNATED ACCESS POINTS

Location A: El Paso Library, 501 N. Oregon

Hours of operation: Monday – Thursday, 10:00 AM – 7:00 PM

                    Friday 9:00 AM – 6:00 PM (walk-ins 11:00 - 6:00 PM)

Location B: City of El Paso Department of Public Health, 5115 El Paso Drive

Hours of operation: Monday – Friday, 8:00 AM – 5:00 PM

Location C: El Paso County, 6314 Delta

Hours of operation: Monday – Friday, 8:00 AM – 5:00 PM

APPENDIX B.1: VI-F-SPDAT

Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
Survey Date DD/MM/YYYY ____/____/_____	**Survey Time** __ __ : __ __ AM/PM	**Survey Location**

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1

First Name	Nickname	Last Name

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

PARENT 2

☐ No second parent currently part of the household

First Name	Nickname	Last Name

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.   **SCORE:**

2

Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused

2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining _____ ☐ Refused you when you get housed?

3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the   ☐ Y ☐ N ☐ Refused family currently pregnant?

4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.

SCORE:

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
   - ☐ Shelters
   - ☐ Transitional Housing
   - ☐ Safe Haven
   - ☐ **Outdoors**
   - ☐ **Other (specify):** _____
   - ☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused

7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

8. In the past six months, how many times have you or anyone in your family...

   a) Received health care at an emergency department/room?   _____ ☐ Refused

   b) Taken an ambulance to the hospital?   _____ ☐ Refused

   c) Been hospitalized as an inpatient?   _____ ☐ Refused

   d) Used a crisis service, including sexual assault crisis, mental _____ ☐ Refused
      health crisis, family/intimate violence, distress centers and
      suicide prevention hotlines?

   e) Talked to police because they witnessed a crime, were the victim _____ ☐ Refused
      of a crime, or the alleged perpetrator of a crime or because the
      police told them that they must move along?

   f) Stayed one or more nights in a holding cell, jail or prison, whether _____ ☐ Refused
      that was a short-term stay like the drunk tank, a longer stay for a
      more serious offence, or anything in between?

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	SCORE:

9. Have you or anyone in your family been attacked or beaten up   ☐ Y   ☐ N   ☐ Refused
   since they've become homeless?

10. Have you or anyone in your family threatened to or tried to   ☐ Y   ☐ N   ☐ Refused
    harm themself or anyone else in the last year?

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	SCORE:

11. Do you or anyone in your family have any legal stuff going on   ☐ Y   ☐ N   ☐ Refused
    right now that may result in them being locked up, having to
    pay fines, or that make it more difficult to rent a place to live?

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.**	SCORE:

12. Does anybody force or trick you or anyone in your family to do   ☐ Y   ☐ N   ☐ Refused
    things that you do not want to do?

13. Do you or anyone in your family ever do things that may be   ☐ Y   ☐ N   ☐ Refused
    considered to be risky like exchange sex for money, run drugs
    for someone, have unprotected sex with someone they don't
    know, share a needle, or anything like that?

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**	SCORE:

4

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?   ☐ Y   ☐ N   ☐ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?   ☐ Y   ☐ **N**   ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT.**	SCORE:

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?   ☐ Y   ☐ **N**   ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**	SCORE:

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?   ☐ Y   ☐ **N**   ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.**	SCORE:

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.**	SCORE:

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?   ☐ **Y**   ☐ N   ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?   ☐ **Y**   ☐ N   ☐ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?   ☐ **Y**   ☐ N   ☐ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?   ☐ **Y**   ☐ N   ☐ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.**	SCORE:

5

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?   ☐ Y ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?   ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.   **SCORE:**

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

   a) A mental health issue or concern?   ☐ Y ☐ N ☐ Refused

   b) A past head injury?   ☐ Y ☐ N ☐ Refused

   c) A learning disability, developmental disability, or other impairment?   ☐ Y ☐ N ☐ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?   ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.   **SCORE:**

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use?   ☐ Y ☐ N ☐ N/A or Refused

IF "YES", SCORE 1 FOR TRI-MORBIDITY.   **SCORE:**

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?   ☐ Y ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?   ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.   **SCORE:**

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?   ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.   **SCORE:**

6

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ☐ Y ☐ N ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES. **SCORE:**

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ☐ Y ☐ N ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? ☐ Y ☐ N ☐ Refused

36. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN. **SCORE:**

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☐ Y ☐ N ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY. **SCORE:**

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? ☐ Y ☐ N ☐ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

   a) 3 or more hours per day for children aged 13 or older? ☐ Y ☐ N ☐ Refused

   b) 2 or more hours per day for children aged 12 or younger? ☐ Y ☐ N ☐ Refused

41. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ☐ Y ☐ N ☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT. **SCORE:**

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES   AMERICAN VERSION 2.0

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	**Score: Recommendation:**
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	0-3 no housing intervention
C. SOCIALIZATION & DAILY FUNCTIONS	/4	4-8 an assessment for Rapid Re-Housing
D. WELLNESS	/6	
E. FAMILY UNIT	/4	9+ an assessment for Permanent Supportive Housing/Housing First
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

APPENDIX B.2: VI-SPDAT

Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
Survey Date DD/MM/YYYY ____/____/_____	**Survey Time** __ __ : __ __ AM/PM	**Survey Location**

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)

- the purpose of the VI-SPDAT being completed

- that it usually takes less than 7 minutes to complete

- that only "Yes," "No," or one-word answers are being sought

- that any question can be skipped or refused

- where the information is going to be stored

- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided

- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nickname	Last Name

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

	SCORE:
IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.	

2

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):**
_____
☐ **Refused**

	SCORE:
IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	

2. How long has it been since you lived in permanent stable housing? _____ ☐ Refused

3. In the last three years, how many times have you been homeless? _____ ☐ Refused

	SCORE:
IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	

B. Risks

4. In the past six months, how many times have you...

   a) Received health care at an emergency department/room? ____ ☐ Refused

   b) Taken an ambulance to the hospital? ____ ☐ Refused

   c) Been hospitalized as an inpatient? ____ ☐ Refused

   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused

   e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? ____ ☐ Refused

   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

	SCORE:
IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	

5. Have you been attacked or beaten up since you've become homeless? ☐ Y ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ Y ☐ N ☐ Refused

	SCORE:
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	

3

7. Do you have any legal stuff going on right now that may result   ☐ Y   ☐ N   ☐ Refused
    in you being locked up, having to pay fines, or that make it
    more difficult to rent a place to live?

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.   **SCORE:**

8. Does anybody force or trick you to do things that you do not   ☐ Y   ☐ N   ☐ Refused
    want to do?

9. Do you ever do things that may be considered to be risky   ☐ Y   ☐ N   ☐ Refused
    like exchange sex for money, run drugs for someone, have
    unprotected sex with someone you don't know, share a
    needle, or anything like that?

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.   **SCORE:**

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer,   ☐ Y   ☐ N   ☐ Refused
    or government group like the IRS that thinks you owe them
    money?

11. Do you get any money from the government, a pension,   ☐ Y   ☐ **N**   ☐ Refused
    an inheritance, working under the table, a regular job, or
    anything like that?

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY   **SCORE:**
MANAGEMENT.

12. Do you have planned activities, other than just surviving, that   ☐ Y   ☐ **N**   ☐ Refused
    make you feel happy and fulfilled?

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.   **SCORE:**

13. Are you currently able to take care of basic needs like bathing, ☐ Y   ☐ **N**   ☐ Refused
    changing clothes, using a restroom, getting food and clean
    water and other things like that?

IF "NO," THEN SCORE 1 FOR SELF-CARE.   **SCORE:**

14. Is your current homelessness in any way caused by a   ☐ Y   ☐ N   ☐ Refused
    relationship that broke down, an unhealthy or abusive
    relationship, or because family or friends caused you to
    become evicted?

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.   **SCORE:**

4

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?   ☐ Y   ☐ N   ☐ Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?   ☐ Y   ☐ N   ☐ Refused

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?   ☐ Y   ☐ N   ☐ Refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?   ☐ Y   ☐ N   ☐ Refused

19. When you are sick or not feeling well, do you avoid getting help?   ☐ Y   ☐ N   ☐ Refused

20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?   ☐ Y   ☐ N   ☐ N/A or Refused

	SCORE:
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.	

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?   ☐ Y   ☐ N   ☐ Refused

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?   ☐ Y   ☐ N   ☐ Refused

	SCORE:
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.	

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

     a) A mental health issue or concern?   ☐ Y   ☐ N   ☐ Refused

     b) A past head injury?   ☐ Y   ☐ N   ☐ Refused

     c) A learning disability, developmental disability, or other impairment?   ☐ Y   ☐ N   ☐ Refused

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?   ☐ Y   ☐ N   ☐ Refused

	SCORE:
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.	

	SCORE:
IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.	

5

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?   ☐ Y   ☐ N   ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?   ☐ Y   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.**	**SCORE:**

27. *YES OR NO:* Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?   ☐ Y   ☐ N   ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.**	**SCORE:**

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	**Score: Recommendation:**
A. HISTORY OF HOUSING & HOMELESSNESS	/2	0-3: no housing intervention
B. RISKS	/4	4-7: an assessment for Rapid Re-Housing
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	8+: an assessment for Permanent Supportive Housing/Housing First
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : _____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

6

APPENDIX B.3: VI-Y-SPDAT

Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
Survey Date DD/MM/YYYY ____/____/_____	**Survey Time** __ __ : __ __ AM/PM	**Survey Location**

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nickname	Last Name

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.	SCORE:

4

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

☐ Shelters   ☐ **Couch surfing**   ☐ **Other (specify):**
☐ Transitional Housing   ☐ **Outdoors**
☐ Safe Haven   ☐ **Refused**   _____

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.   **SCORE:** _____

2. How long has it been since you lived in permanent stable housing?   _____   ☐ Refused

3. In the last three years, how many times have you been homeless?   _____   ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.   **SCORE:** _____

B. Risks

4. In the past six months, how many times have you...

   a) Received health care at an emergency department/room?   ____ ☐ Refused

   b) Taken an ambulance to the hospital?   ____ ☐ Refused

   c) Been hospitalized as an inpatient?   ____ ☐ Refused

   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?   ____ ☐ Refused

   e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?   ____ ☐ Refused

   f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?   ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.   **SCORE:** _____

5. Have you been attacked or beaten up since you've become homeless?   ☐ Y   ☐ N   ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?   ☐ Y   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.   **SCORE:** _____

7. Do you have any legal stuff going on right now that may result ☐ Y ☐ N ☐ Refused
   in you being locked up, having to pay fines, or that make it
   more difficult to rent a place to live?

8. Were you ever incarcerated when younger than age 18? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **LEGAL ISSUES.**	SCORE:

9. Does anybody force or trick you to do things that you do not ☐ Y ☐ N ☐ Refused
   want to do?

10. Do you ever do things that may be considered to be risky like ☐ Y ☐ N ☐ Refused
    exchange sex for money, food, drugs, or a place to stay, run
    drugs for someone, have unprotected sex with someone you
    don't know, share a needle, or anything like that?

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**	SCORE:

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, ☐ Y ☐ N ☐ Refused
    or government group like the IRS that thinks you owe them
    money?

12. Do you get any money from the government, an inheritance, ☐ Y ☐ N ☐ Refused
    an allowance, working under the table, a regular job, or
    anything like that?

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR **MONEY MANAGEMENT.**	SCORE:

13. Do you have planned activities, other than just surviving, that ☐ Y ☐ N ☐ Refused
    make you feel happy and fulfilled?

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**	SCORE:

14. Are you currently able to take care of basic needs like bathing, ☐ Y ☐ N ☐ Refused
    changing clothes, using a restroom, getting food and clean
    water and other things like that?

IF "NO," THEN SCORE 1 FOR **SELF-CARE.**	SCORE:

6

15. Is your current lack of stable housing...

    a) Because you ran away from your family home, a group   □ **Y**   □ N   □ Refused
       home or a foster home?

    b) Because of a difference in religious or cultural beliefs from   □ **Y**   □ N   □ Refused
       your parents, guardians or caregivers?

    c) Because your family or friends caused you to become   □ **Y**   □ N   □ Refused
       homeless?

    d) Because of conflicts around gender identity or sexual   □ **Y**   □ N   □ Refused
       orientation?

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.   **SCORE:**

    e) Because of violence at home between family members?   □ **Y**   □ N   □ Refused

    f) Because of an unhealthy or abusive relationship, either at   □ **Y**   □ N   □ Refused
       home or elsewhere?

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR ABUSE/TRAUMA.   **SCORE:**

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or   □ **Y**   □ N   □ Refused
    other place you were staying because of your physical health?

17. Do you have any chronic health issues with your liver, kidneys,   □ **Y**   □ N   □ Refused
    stomach, lungs or heart?

18. If there was space available in a program that specifically   □ **Y**   □ N   □ Refused
    assists people that live with HIV or AIDS, would that be of
    interest to you?

19. Do you have any physical disabilities that would limit the type   □ **Y**   □ N   □ Refused
    of housing you could access, or would make it hard to live
    independently because you'd need help?

20. When you are sick or not feeling well, do you avoid getting   □ **Y**   □ N   □ Refused
    medical help?

21. Are you currently pregnant, have you ever been pregnant, or   □ **Y**   □ N   □ Refused
    have you ever gotten someone pregnant?

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.   **SCORE:**

7

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?   ☐ Y   ☐ N   ☐ Refused

23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?   ☐ Y   ☐ N   ☐ Refused

24. If you've ever used marijuana, did you ever try it at age 12 or younger?   ☐ Y   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.   **SCORE:**

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

   a) A mental health issue or concern?   ☐ Y   ☐ N   ☐ Refused

   b) A past head injury?   ☐ Y   ☐ N   ☐ Refused

   c) A learning disability, developmental disability, or other impairment?   ☐ Y   ☐ N   ☐ Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?   ☐ Y   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.   **SCORE:**

IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.   **SCORE:**

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?   ☐ Y   ☐ N   ☐ Refused

28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?   ☐ Y   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.   **SCORE:**

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS	
PRE-SURVEY	/1	**Score:**	**Recommendation:**
A. HISTORY OF HOUSING & HOMELESSNESS	/2	0-3:	no moderate or high intensity services be provided at this time
B. RISKS	/4		
C. SOCIALIZATION & DAILY FUNCTIONS	/4	4-7:	assessment for time-limited supports with moderate intensity
D. WELLNESS	/6		
GRAND TOTAL:	/17	8+:	assessment for long-term housing with high service intensity

8

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

Data Element		Data Collected About				When the Data Are Collected					
		All Clients	HoH Only	HoH and Other Adults	Adult Clients Only	Record Creation	Project Start	At Occurrence	At Update	Annual Assessment	At Exit
3.1	Name	X				X					
3.2	Social Security Number	X				X					
3.3	Date of Birth	X				X					
3.4	Race	X				X					
3.5	Ethnicity	X				X					
3.6	Gender	X				X					
3.7	Veteran Status				X	X					
3.8	Disabling Condition	X					X				
3.10	Project Start Date	X					X				
3.11	Project Exit Date	X									X
3.12	Destination	X									X
3.15	Relationship to Head of Household	X					X				
3.16	Client Location		X				X	X (at time the client's location changes from one CoC to another, if applicable)			

Data Element		Data Collected About				When the Data Are Collected					
		All Clients	HoH Only	HoH and Other Adults	Adult Clients Only	Record Creation	Project Start	At Occurrence	At Update	Annual Assessment	At Exit
3.20	Housing Move-In Date		X					X (at time of move-in to PH, if applicable)			
3.917	Living Situation			X			X				
4.2	Income and Sources			X			X		X	X	X
4.3	Non-Cash Benefits			X			X		X	X	X
4.4	Health Insurance	X					X		X	X	X
4.5	Physical Disability	X					X		X		X
4.6	Developmental Disability	X					X		X		X
4.7	Chronic Health Condition	X					X		X		X
4.8	HIV/AIDS	X					X		X		X
4.9	Mental Health Problem	X					X		X		X
4.10	Substance Abuse	X					X		X		X
4.11	Domestic Violence			X			X		X		
4.12	Contact			X				X (at time each of contact)			
4.13	Date of Engagement			X				X (at point of engagement)			
4.14	Bed Night Date	X						X (as provided)			
4.18	Housing Assessment Disposition			X							X

Release of Information

I,_____, for the sole purpose of determining my eligibility status for assistance, do hereby authorize the release of any and all information contained in my file to authorized representatives of the El Paso County Continuum of Care's Coordinated Assessment System.

I understand that under federal and state privacy laws, I do not have to give such release; I do so voluntarily since I have sought the assistance of the El Paso County Continuum of Care's Coordinated Assessment System.

I also understand that, if deemed necessary, the El Paso County Continuum of Care's Coordinated Assessment System has full permission and authorization to forward any correspondence I may have sent concerning my case.

I further understand that I will hold harmless both the agency or organization divulging the information and the El Paso County Continuum of Care's Coordinated Assessment System as it relates to the giving and accepting of any information on my behalf.

_____   _____
Signature of Full Name   Date

_____
Social Security Number

_____
Date of Birth

_____
Address   City   Zip Code   Phone

APPENDIX E – Complaint