

**Alabama Balance of State Continuum of Care's Coordinated Entry Policies & Procedures
Adopted By COC 5-7-2024**

*Must be Included with any Grant applications requesting the COC Coordinated entry Policies and Procedures. * ADECA's ESG Program Compliance presentation, along with several other funding opportunities, requests a copy of the CoC's Coordinated Entry Assessment Procedures as part of the application. Failure to submit these procedures may negatively impact application scoring. The Coordinated Entry Policies and Procedures for the Alabama Balance of State Continuum of Care are available online at www.archconnection.org and are routinely shared with stakeholders via email throughout the year for review and feedback.*

About This Resource

The U.S. Department of Housing and Urban Development (HUD) requires all Continuums of Care (CoCs) to adopt "written policies and procedures" to guide the general operations and day-to-day activities of their coordinated entry (CE) systems. HUD detailed these requirements in its 2017 Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System.

Source: CPD-17-01 Attachment

The Alabama Balance of State CoC (AL BoS CoC) has incorporated additional requirements into our written policies and procedures to ensure that its coordinated entry implementation includes each of the requirements described in [Section II.B].

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 policy is a guideline to help define the purpose of the Alabama Balance of State (42 Counties) Coordinated Entry process, detailing specific instructions and requirements to be adhered to by the Coordinated Entry Lead agency and Continuum members.

Source: Alabama Statewide CoC Map Attachment C

The Alabama Balance of State (AL BoS CoC) Coordinated Entry policies are critical for ensuring all stakeholders understand the procedures and to help provide the guidance implemented as the Alabama Balance of State Continuum of Care intends.

The Alabama Balance of State Coordinated Entry policies may differ from other Alabama continuum of care coordinated entry policies due to our local CE circumstances, resources, rural geography and size, or structures.

Development and Maintenance

The Alabama Balance of State Continuum of Care (AL BoS CoC) has developed this document in alignment with the requirements for local "written standards for providing Continuum of Care assistance" under the CoC Program and the Emergency Solutions Grants (ESG) and Emergency Solutions Grant-CV Program.

In addition, in the spirit of clarity and transparency of CoC decision-making, the Alabama Balance of State Continuum of Care Governance Charter identifies the Alabama Rural Coalition for the Homeless as the entity responsible for planning and operating the Alabama Balance of State Continuum of Care coordinated entry process. That responsibility includes the development and ongoing maintenance of this document. Efforts are made to ensure that all relevant stakeholders are involved.

Weekly Coordinated Entry meetings are held on Tuesday's at 10 AM (all programs). ESG-CV additional meetings are held on Wednesday's at 10 AM.

Participation Expectation

The AL BoS CoC is committed to aligning and coordinating its coordinated entry policies and procedures governing assessment, eligibility determinations, and prioritization with its written standards for administering CoC and ESG/ESG-CV Programs funds.

All CoC and ESG/ESG-CV program-funded projects must participate in the AL BoS CoC CE process. The AL BoS CoC still aims to have all homeless assistance projects participating in its CE process. It will work with all local projects and funders in its geographic area to facilitate their participation in the CE.

AL BoS CoC and ESG/ESG-CV recipients operating within the CoC's geographic area will work together to ensure the CoC's coordinated entry process including the StatCrunch triage allows for coordinated screening, assessment, and referrals for ESG/ESG-CV 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)*

The AL BoS CoC, in consultation with recipients of ESG/ESG-CV 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 guide evaluating individuals' and families' eligibility for assistance under 24 CFR Part 578.
- Written standards guide determining and prioritizing which eligible individuals and families will receive transitional housing assistance.
- Written standards guide determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance.
- Written standards guide determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance (if applicable).
- Written standards guide 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)

Versions of Document

The AL BoS CoC designated lead and relevant stakeholders shall be responsible for revising, reviewing, and approval of the CE Policies & Procedures. Anyone interested in submitting suggestions for revisions to the document should submit them to info@archconnection.org.

Source: Attachment II

Purpose

Coordinated Entry (CE) is a process by which the CoC can identify, engage, and assist homeless individuals and ensure those who need assistance connect to appropriate housing services. CoC and ESG-funded Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), and Homelessness Prevention (HP) services must follow the AL BoS CoC policies. PSH, RRH, and HP programs funded by other sources are strongly encouraged to participate in the CE system. Emergency housing/shelter services are encouraged to use the CE system to fill vacancies but are mandated to do so (Ex: Domestic Shelters).

Guiding Principles

The Alabama Balance of State Continuum of Care (AL BoS CoC) CE system is:

1. ***Person-centered and inclusive of participant choice.*** Choices include location, type of housing, and level of services.
2. ***Sensitive to lived experiences.*** The AL BoS CoC is trauma-informed and considers participants' lived experiences.
3. ***Access.*** The AL BoS CoC will ensure that participants quickly receive access to the most appropriate services and housing resources available.
4. ***StatCrunch and HMIS.*** CE utilizes StatCrunch and HMIS to manage participant information and facilitate access to available resources.
5. ***Flexible.*** The CE system will adapt to changes in participant and community needs. The CE system will reduce the stress of the experience of being homeless by limiting assessments and interviews to only the most pertinent information necessary to resolve the participant's immediate housing crisis.
6. ***Transparent.*** Inform participants of the Coordinated Entry process throughout their engagement.
7. ***Housing First.*** Participants are engaged in CE without preconditions or service participation requirements
8. ***Integration.*** The CE will integrate mainstream service providers into the system, including local Public Housing Authorities and VA medical centers.

Source: List of Mainstream Providers Attachment E

9. ***Prioritization.*** The CE will ensure that participants do not wait on the prioritization waiting list for over 60 days.

Terms and Definitions

The AL BoS CoC has included in these policies and procedures a list of any federal, state, and local terms or acronyms that may appear throughout these policies and procedures or during CE meetings and

training. When an official HUD or federal partner definition of a term exists, the AL BoS CoC is encouraged to use that definition instead of creating its own.

Source: Attachment I

Affirmative Marketing and Outreach

All persons participating in any aspect of the AL BoS CoC 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.

In addition, each project participating in the AL BoS CoC CE must post or otherwise make publicly available a notice (provided by the CoC) that describes coordinated entry. This notice must be posted in the agency waiting areas, where participants may congregate or receive services (e.g., dining hall) and/or on public websites. All staff at each agency must know which personnel within their agency can discuss and explain CE to a participant seeking more information.

Source: Attachment A

Privacy Protection

The AL BoS CoC HMIS Lead is ARCH (ALABAMA RURAL COALITION FOR THE HOMELESS), which has a statewide HMIS policy and procedure manual (PromisSE Policies and Procedures). Providers must sign memorandum of understanding (MOU) agreements with ARCH, and data entry users must attend training and review privacy procedures annually. The PromisSE HMIS Policies and Procedures Manual provides the adopted written standards of protection of client information. Data from domestic violence providers are not included in HMIS and are not shared.

A participant's request for housing crisis response assistance initiated through phone or email communication will be considered notification of intent and inferred to be client consent to collect, use, and disclose that Personally Identifiable Information (PII) collected via phone or email. CE participating agencies can obtain written client consent from the participant when he or she comes in and additional data are collected during an in-person assessment.

Participant Consent

The AL BoS CoC obtains participant consent (Verbal or written) to share and store participant information for Coordinated Entry. This release of information allows participants entering CE options to choose the amount of information shared through Triage or HMIS. Participants can refuse or revoke authorization to share information at any time. HMIS information helps maintain a coordinated entry housing waitlist and assists the referring agency in determining eligibility for housing placement.

The AL BoS CoC does not require the disclosure of specific disabilities and diagnoses. Detailed information regarding the participants' disabilities and diagnoses will only be obtained to determine program eligibility to make appropriate referrals. Participant refusal to participate in data sharing does

not impact the project's ability to serve the participant; it prohibits sharing data with other participating agencies. HIV/AIDS status, domestic violence history, behavioral health, and substance use information and notes/logs are never shared via HMIS to protect participants' privacy. An authorization to release information should be kept in the participant file (electronic or physical) for monitoring purposes. The Authorization form must be signed by an assessor if verbal release is given or signed by the participant if they are completing an assessment on-site.

Participant Consent Process

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: CPD-17-01 Attachment

Data System(s)

CE process partners and all participating agencies contributing data to CE must ensure participants' data is 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 is being collected, stored, managed, and potentially shared, with whom, and for what purpose.

Data Collection Stages and Standards

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

HMIS data standards have been established by the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Health and Human Services (HHS), and the U.S. Department of Veterans Affairs (VA) to allow for standardized data collection on individuals and families experiencing homelessness across systems. The HMIS Data Dictionary, and the HMIS Data Standards Manual are the documentation of requirements for the programming and use of all HMIS systems and comparable database systems.

The HMIS Data Manual supports data collection and reporting efforts of HMIS Lead Agencies, Continuum of Care (CoC), HMIS Lead Agencies, HMIS System Administrators, and HMIS End Users to help them understand the data elements that are required in an HMIS to meet participation and reporting requirements established by HUD and the federal partners. The HMIS Data Dictionary is designed for HMIS vendors and HMIS Lead Agency system administrators to identify the data elements required in an HMIS and understand the function and specific use of each element by the appropriate federal partner. The Interactive HMIS Data Standards Tool is an interactive, web-based combination of the guidance from both the HMIS Data Manual and the HMIS Data Dictionary.

Please Note: FY 2022 resources are effective as of October 1, 2021 and remain in effect until September 30, 2023.

The FY 2024 HMIS Data Standards materials are available for HMIS Vendors, HMIS Leads/System Administrators, and HMIS end users to begin reviewing and using to prepare for implementation effective October 1, 2023.

On October 1, 2023, HUD expects that all HMIS software are updated to the FY 2024 HMIS Data Standards for all data collection and reporting purposes. CoCs and HMIS Leads are encouraged to begin working with the HMIS vendors on the release and training plans for the updated Data Standards.

Source: 2022 and 2024 HMIS Data Standards
www.hudexchange.info/resource/3824/hmis-data-dictionary/

Access

Access is the primary engagement point for persons experiencing a housing crisis. The AL BoS CoC has a "no wrong door" approach to CE, ensuring that all staff know the CE process and are trained on the assessment tool. There is a centralized access point, and the CoC strives to increase the number of access points throughout its geography. The CE triage is accessible to all communities, and the CE in HMIS is only accessible to persons with an HMIS license.

Accessibility

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.

Assessment

Assessments gather information about a person presenting to the Coordinated Entry system to ensure appropriate prioritization and referral. Assessment includes gathering information about the participants' needs, barriers, and vulnerabilities.

All persons served by CE will be assessed initially using the StatCrunch Triage survey tool. All access points must use this tool to ensure that all persons served are assessed in a consistent manner, using the same process. StatCrunch Triage survey 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 staffer who manages the CoC's prioritization list before a full coordinated entry or VI-SPDAT is completed.

In addition, the AL BoS CoC utilizes the VI-SPDAT (see attached) as the universal assessment tool. All CE participating agencies will use the same tool to evaluate vulnerability. Participant assessments should be updated annually if still on the prioritization list or upon notification of a significant change in a participant's vulnerability. (See attachments for guidance on when to complete the VI-SPDAT.)

Source: Attachment III

Assessment Levels

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

- 1. Initial Triage (Immediately):** 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.
- 2. Diversion or Prevention Screening (Immediately):** 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 (Immediately):** The third phase should also happen immediately, as it is intended to collect all information necessary to enroll the participant in a crisis response project such as emergency shelter or other homeless assistance project.
- 4. Initial Assessment (Immediately–24 Hours):** During the fourth phase, assessors will collect information to identify a participant's housing and service needs with the intent to resolve that participant's immediate housing crisis.
- 5. Comprehensive Assessment (Immediately-24 Hours):** In the fifth phase, the assessor will seek 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.
- 6. Next Step/Move On Assessment (Ongoing):** The final phase will collect information revealed or known after an Initial Assessment is conducted when that latest information might suggest a revised referral strategy. Or it will re-evaluate participants who have been stably housed for some time and who might be ready for less-intensive housing and service strategies.

Screening Out

The AL BoS CoC prohibits the CE process from using assessment data to screen people out of housing due to little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, disability, history of evictions or poor credit, lease violations or history of not being a leaseholder, criminal record, presumed readiness for a particular type of housing, or current/prior "sanction" by the local social services district. 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.

Source: Attachment IV

Script

The AL BoS CoC recommend that assessors read an introductory script pre-triage. This will help ensure a consistent introduction into the CE process.

Source: Attachment H

Participant Autonomy

It is crucial that persons served by the AL BoS CoC CE system have the autonomy to identify if they are uncomfortable or unable to answer any questions during the assessment process or refuse a referral 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.

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

Emergency Services

CE initial screening and assessment services may only be available during business hours—8:00 am to 5:00 pm each day. When prospective participants present for services during non-business hours—5:00 pm to 8:00 am the following day—participants will still be able to access emergency services, including emergency shelter, when those emergency services are available.

Contact Attempts for Coordinated Assessment

The CE staff should try to contact the household at least 5 times (in total) by using all contact methods available (email, phone) before the case is exited in HMIS due to no contact. Verification of contact should be evidenced in the HMIS case notes evidenced with time, date, and contact type. This will also be maintained in the CE case file.

Prevention Services

The CE system will ensure that all potentially eligible HP participants will be screened for homelessness prevention assistance.

Street Outreach

Street outreach workers will be trained in CE and the assessment process and can offer CE access and assessment services to participants they contact through their street outreach efforts. Street outreach teams will be considered an access point for CE.

Assessment Training

The AL BoS CoC is committed to ensuring that all staff who assist with CE operations receive sufficient training to implement the CE system consistent with policies. The AL BoS CoC provides training for people conducting CE assessments.

Topics for training may include:

- Review of CE policies and procedures;
- How to determine prioritization;

- Use and application of the CE assessment; and
- Workflow within HMIS

Special Protections for Survivors of Domestic Violence

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

The AL BoS CoC CE is designed to meet the needs of victims of violence accessing services through victim service providers and providers with services not specific to victims. The CE process ensures both safety and confidentiality. Assessments conducted provide extra precautions to participants that are attempting to flee domestic violence, concerned for their safety, victims of stalking and any related violence.

In such cases, the following occurs:

1. Assessor ensures that there is not an immediate threat to a participant's safety. If there is an immediate threat, law enforcement will be contacted.
2. Participants are offered an immediate referral to DV-specific resources.
3. Households may choose to complete an assessment and receive services via the CE and/or can receive an immediate referral to a victim service provider.

Source: State DV Contacts Attachment E

Disclosure of Disability or Diagnostic Information

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

Prioritization

People with the most severe service needs and levels of vulnerability are prioritized for housing and homeless prevention assistance.

The Coordinated Entry process prioritizes those who are most vulnerable. The AL BoS CoC prioritizes its RRH and PSH CE list based on assessment score, length of time homelessness and location of homelessness. The AL BoS CoC prioritizes its Prevention CE list based on assessment score and immediacy of need. The local CE committee can adjust priorities as needs arise.

Prioritization List

The AL BoS CoC maintains a prioritization list. New participants are added to the prioritization list following assessment. Participants' rank on the prioritization list is managed through local CE committee meetings. The list includes client name or identifier, referring agency, family composition, source and

amount of income, veteran status, assessment score, special accommodations, and any other relevant housing information. For domestic violence agencies, or at the discretion of staff or the participant, only de-identified information and score are provided for inclusion on the prioritization list. If de-identified, the referring agency is responsible for maintaining identifying information so an appropriate placement can be made.

The Lead CE will:

- Maintain a prioritization list;
- Maintain a list of participating agencies who use CE;
- Facilitate the CE process; and
- Receive notification of program vacancies.

Referral

The person with the highest priority is offered a referral for housing or homelessness prevention services based on the recommendations below.

Source: Referral Form Attachment D

Notification of Vacancies

All CE participating providers must fill vacancies from the AL BoS CoC's CE referral process. To facilitate prompt referrals and to reduce vacancy rates, participating providers must notify the CE coordinating entity of any known or anticipated vacancies as soon as possible. The notification must include specific details of the vacancy, including the project name, unit size, location, and any funder-defined eligibility requirements. The local CE entity works to identify a prioritized household to fill the vacancy.

Updating the 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 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.

Scoring Recommendations

The following is a recommendation. Not every community will have every resource available. It is important that placement is guided by internal protocols as approved by the Lead CE.

Rapid Rehousing and Permanent Supportive Housing Referrals

The table below is recommended for families, single adults, and youth VI-SPDAT placements. The following is a recommendation. **Not every community will have every resource available.** Most rural Alabama communities lack available resources and affordable housing; therefore, we must work collaboratively and strategically.

RRH and PSH Referrals

The table below is recommended for family, single adult and youth VI-SPDAT placements.

| RECOMMENDED PROJECT PLACEMENT CRITERIA | VI-SPDAT Score Range | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------|-------|
| | Family | Single Adult | Youth |
| Crisis Response – Emergency Shelter [ES] <ul style="list-style-type: none">• Literally [street] homeless• Fleeing or attempting to flee DV or family violence | Do not conduct VI-SPDAT for emergency shelter placement. | | |
| Resource, Referral and Self-Resolve Strategies <ul style="list-style-type: none">• Client able to address housing barriers with individual resources and/or available community-based resources | 0-3 | 0-3 | 0-3 |
| Rapid Rehousing [RRH] <ul style="list-style-type: none">• Regular income or recent work history or ability to quickly obtain income for housing• Can be used as a bridge to permanent subsidy | 4-8 | 4-8 | 4-8 |
| Permanent Supportive Housing [PSH] <ul style="list-style-type: none">• Reserved for the most vulnerable• No income or inadequate income• Disability that can be documented• Issues with independent living skills• History of housing instability or prior homeless episodes | 9+ | 9+ | 9+ |

Prevention Referrals

The table below is recommended for prevention VI-SPDAT placements.

| RECOMMENDED PROJECT PLACEMENT CRITERIA | VI-SPDAT Score Range |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Brief Intervention Use diversion techniques, landlord mediation, etc. or referral to other resources for small financial payment. | 0-10 |
| One-Time Assistance Referral to community organization for up to 3 months of assistance from community organizations. | 11-15 |
| Short-Term Assistance Immediate referral to ESG Prevention for 3 months to 12 months of assistance. | 16-21 |
| Medium-Term Assistance Immediate referral to ESG Prevention for ongoing case management and financial assistance. | 22+ |

Notification of Referral

The person who completed the assessment is responsible for completing the Email Referral Template

Source: Attachment VI

Prioritization List

The CoC has established a community-wide list of all known homeless persons who are seeking or may need CoC housing and services to resolve their housing crisis. The prioritization list will be organized according to participant need, vulnerability, and risk. The prioritization list provides an effective way to manage an accountable and transparent prioritization process.

Prioritization-Permanent Supportive Housing (PSH):

The prioritization for PSH is consistent with HUD's Prioritization/PSH Notice. Persons eligible for PSH will be prioritized for available units based on the following criteria (applying the definition of chronically homeless set by HUD in its December 2015 Final Rule):

Prioritization- Transitional Housing (TH):

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

Prioritization- Rapid Re-Housing (RRH):

The prioritization for persons who are determined to be eligible for RRH will be consistent with the CoC's scoring range for need and vulnerability associated with RRH projects. Additionally, the CoC has opted to prioritize the following persons for RRH:

| Prioritization | Subpopulation | Secondary Population |
|----------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 1 | Families with Children | 1. VI-SPDAT Score 2. Length of Homelessness 3. Domestic Violence Victim 4. Date of Assessment 5. Veterans |
| 2 | Elderly (60+) | 1. VI-SPDAT Score 2. Length of Homelessness 3. Domestic Violence Victim 4. Date of Assessment 5. Veterans |
| 3 | Youth (18-24) | 1. VI-SPDAT Score 2. Length of Homelessness 3. Domestic Violence Victim 4. Date of Assessment 5. Veterans |
| 4 | Families without Children | 1. VI-SPDAT Score 2. Length of Homelessness 3. Domestic Violence Victim 4. Date of Assessment 5. Veterans |
| | | 1. VI-SPDAT Score |

| | | |
|---|---------------------|--------------------------------------------------------------------------------------------------|
| 5 | Individuals (25-59) | 2. Length of Homelessness 3. Domestic Violence Victim 4. Date of Assessment 5. Veterans |
|---|---------------------|--------------------------------------------------------------------------------------------------|

Referral Considerations

Appropriateness of placements should be discussed at local CE committee meetings before a referral is made. CoC providers and program participants may refuse referrals for one of the reasons listed below. All participating programs must provide the reason for service denial.

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

Within the week of referral, the entity receiving the referral must complete and return the CE Referral Form noting program acceptance or reason for service denial. The Lead agency must maintain this form in a case file.

Source: Attachment G

Participant-Declined Referrals

There may be instances when agencies 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 notify the CE Manager of the denial and the reason for the denial.

Refusals by projects are acceptable only in certain situations, including these:

- The person does not meet the project's eligibility criteria.
- The person would be a danger to self or others if allowed to stay at this particular project.
- The services available through the project are not sufficient to address the intensity and scope of participant need.
- The project is at capacity and is not available to accept referrals at this time.
- Other justifications as specified by the "referred to" project.

The agency must communicate the refusal to the CE Manager within 7 business days of making the refusal. The agency must notify the CE Manager why the referral was rejected, how the referred participant was informed, what alternative resources were made available to the participant, and whether the project staff foresee additional, similar refusals occurring in the future.

Evaluation of CE System

Regular and ongoing evaluation 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.

The CoC will evaluate the effectiveness of its CE System using participant feedback gathered via a web-based survey that each CE project must request participants complete at the time of entry and exit from the project. Indicators measured via the participant feedback survey will include:

1. appropriateness of questions asked on assessment;
2. effectiveness of process to find and secure referrals; and
3. satisfaction with placement.

Role of Participating Agencies in CE Evaluation

Participating agencies play a crucial role in the Alabama Balance of State CoC 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.

Emergency Housing Vouchers (EHV)

The Emergency Housing Voucher (EHV) program provides a significant opportunity for Public Housing Authorities (PHAs), Continuums of Care (CoCs), and Victim Service Providers (VSPs) to develop collaborative partnerships and strategies that effectively address the needs of vulnerable populations in their communities. Through EHV, HUD provided 70,000 housing choice vouchers to local PHAs in order to assist individuals and families who are homeless, at-risk of homelessness, fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking, or were recently homeless or have a high risk of housing instability.

The Lead CE agency (ARCH) is responsible for making referrals to the appropriate PHA's in the AL BoS CoC. The following vouchers were made available by HUD to the following PHA's.

| | | |
|--------------|--------------------------------------|-----------|
| AL050 | HA AUBURN | 44 |
| AL005 | PHENIX CITY HOUSING AUTHORITY | 29 |
| AL008 | Selma Housing Authority | 15 |
| AL114 | LINEVILLE HOUSING AUTHORITY | 15 |
| AL116 | YORK HOUSING AUTHORITY | 15 |

The Lead CE agency (ARCH) is responsible for:

- 1. Maintaining a lead EHV liaison for each agency to communicate with the Housing Authority;**
- 2. Refer eligible individuals and families in a timely manner to the Housing Authority using the community's coordinated entry system and provide documentation to accompany admissions application to the Housing Authority (i.e., self-certifications, birth certificate, social security card, etc.);**
- 3. Attend EHV participant briefings when needed;**
- 4. Identify and provide supportive services to EHV families. (While EHV participants are not required to participate in services, ARCH and CoC will assure that services are available and accessible during move-in based on funding availability);**
- 5. Keep accurate records of the referrals made and make them available as necessary to the PHA, auditors etc. Make staff available to respond to questions from auditors, HUD etc. necessary to ensure the PHAs compliance with the EHV regulations;**
- 6. ARCH Coordinated Entry staff and providers will work to ensure equitable distribution of referrals in terms of homelessness, Black, Indigenous and People of Color, communities, stakeholders, providers and decision makers and participate in any reviews or evaluations after implementation of strategies and utilization data with Housing Authorities or HUD;**
- 7. Adhere to federal, state and local fair housing and Violence Against Women Reauthorization Act of 2013 (VAWA) and as amended 2023 requirements at all times and maintain records to demonstrate compliance and equal access be provided upon request;**
- 8. Participate in regularly scheduled meetings with Housing Authorities to review progress of referrals and assist with barriers causing delays such as documentation requests and briefing attendance; and**
- 9. Provide Housing Authorities with data to meet HUD-mandated reporting requirements.**

ARCH is not compensated by awarded PHA's therefore, the EHV Liaison due to the volume or referrals and responsibility of gathering eligibility and identifying documents before referring to the PHA the position is compensated via the CoC Coordinated Entry grant.

Nondiscrimination

The AL BoS CoC (Alabama Rural Coalition for the Homeless, Inc.) is the entity responsible for monitoring agencies on compliance with all CE requirements, including adherence to civil rights and fair housing laws and regulations. Failure to comply with these laws and regulations will result in a monitoring finding on the project, which may affect its position in the local CoC rating and ranking process.

- **Fair Housing Act** – prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- **Section 504 of the Rehabilitation Act** – prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance.
- **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.

- **Title II of the Americans with Disabilities Act** – prohibits public entities, which include state and local governments and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing and housing-related services such as housing search and referral assistance.
- **Title III of the Americans with Disabilities Act** – prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

Nondiscrimination Complaint and Appeal Process

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

Source: Attachment B

Violence Against Women's ACT (VAWA)

What is the Violence Against Women Reauthorization Act of 2022 (VAWA 2022), and how is it different from the Violence Against Women Act of 2013 (VAWA 2013)?

VAWA 2022 is a law that provides protections for survivors of domestic violence, dating violence, sexual assault, and stalking who are seeking to access or maintain federally-assisted housing. VAWA 2022 continues VAWA 2013's housing safeguards (as well as the safeguards developed under VAWA 2005) and expands housing protections for survivors.

A. Overview

The Emergency Solutions Grant (ESG) Program is a federal program operated by the U.S. Department of Housing and Urban Development (HUD) to make grants to states, local governments, and territories for the purposes of funding activities that directly serve people experiencing homelessness, including people at risk of homelessness. Service Providers located within the geographic area covered by the Alabama Balance of State Continuum of Care may receive ESG funding either directly from ADECA or as a second-tier through a grantee.

B. Applicability of this Policy

This policy applies to ESG-funded projects operating within the Alabama Balance of State CoC's geographic area, and may be applicable, in whole or in part, to operations of projects funded through other funding programs administered locally by the CoC through as the collaborative applicant.

C. Domestic Violence

For the purposes of this Policy and the ESG Program, the definition of domestic violence includes dating violence, sexual assault, stalking, and human trafficking. The definition is also considered to include any

additional nuances as defined by HUD; for example, there may be additional circumstances that are considered domestic violence for youth aged 24 and under. For more information, please refer to the relevant external document published by HUD. Section 2 of VAWA 2022 revises the definition of “domestic violence” and adds definitions for “economic abuse” and “technological abuse” for purposes of VAWA grants.

D. Covered Housing Providers

Some of the provisions of this Policy refer to Covered Housing Providers (CHPs). A CHP is any entity that meets any of the following criteria:¹

- A recipient or subrecipient that administers rental assistance (for the purposes of the Emergency Transfer Plan procedure)
- A housing owner with respect to the limitations of VAWA protections enumerated in 24 CFR 5.2005(d)
- The housing owner and the entity administering rental assistance (recipient, subrecipient, or sub-subrecipient) for the purposes of 24 CFR 5.2005(d)(2), which clarifies the circumstances under which a victim of domestic violence may or may not be evicted or have their ESG assistance terminated
- The housing owner and the entity administering rental assistance (recipient, subrecipient, or sub-subrecipient) for the purposes of 24 CFR 5.2007, which defines procedures for documenting the occurrence of domestic violence o Note: recipients and subrecipients may limit these requests in accordance with 24 CFR 576.409(b)(4)

E. HMIS Comparable Databases

Domestic violence service providers (VSPs) are prohibited from maintaining participant data in the CoC’s HMIS; instead, they are required to maintain participant data in an HMIS comparable database.

For the purposes of ESG, HUD defines a VSP as “a private nonprofit organization whose primary mission is to provide direct services to victims of domestic violence.”

The Balance of State Continuum of Care is required to affirmatively record that VSPs receiving ESG are maintaining participant records in an HMIS comparable database. VSPs are encouraged to connect with other VSPS and with the Alabama Coalition Against Domestic Violence for more information about HMIS comparable databases.

Please review the table below to determine whether a given project is required to maintain participant data in HMIS or an HMIS comparable database. Organization is a VSP Organization is not a VSP Project serves victims of domestic violence HMIS comparable database HMIS Project does not serve victims of domestic violence HMIS comparable database HMIS

| | Organization is a VSP | Organization is not a VSP |
|------------------------------------------------------------|--------------------------|---------------------------|
| Project serves victims of domestic violence | HMIS comparable database | HMIS |
| Project does not serve victims of domestic violence | HMIS comparable database | HMIS |

F. Prohibitions on Denial or Termination of Services

An ESG applicant or participant cannot be denied assistance, have their assistance terminated, or be evicted from their housing solely because they are a victim of domestic violence.

G. Prohibition on Denial of Admission or Removal on the Basis or as a Result of Domestic Violence—Emergency Shelter

An ESG applicant or participant cannot be denied admission to or removed from an emergency shelter on the basis or as a direct result of the fact that the applicant/participant is or has been a victim of domestic violence if they would otherwise qualify for admission or occupancy.

Refer to attached Alabama Balance of State Continuum of Care VAWA Compliance Policy for detailed guidance.

Attachment I - Terms and Definitions

| | |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chronically homeless | HUD's definition: Chronically homeless means: (1) A "homeless individual with a disability," as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who: i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND ii. Has been homeless continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (i) above |
| Case conferencing | Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers and to reduce duplication. |
| Continuum of Care (CoC) | The group is responsible for implementing HUD's CoC Program interim rule requirements. 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. |
| Emergency shelter | Short-term emergency housing is available to persons experiencing homelessness. |
| Homeless Management Information System (HMIS) | A 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 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. |
| Projects for Assistance in Transition from Homelessness (PATH) | Substance Abuse and Mental Health Services Administration (SAMHSA)-funded program to provide outreach and services to people with serious mental illness (SMI) who are homeless, in a shelter or on the street, or at imminent risk of homelessness. |
| Public housing authority (PHA) | A local entity that administers public housing and Housing Choice Vouchers (HCV) (aka Section 8 vouchers). |
| Permanent supportive housing (PSH) | Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability to achieve housing stability. |
| Rapid re-housing (RRH) | A program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing. |
| Release of information (ROI) | Written documentation signed by a participant to release their personal information to authorized partners. |
| Transitional housing (TH) | A program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program |

| | |
|--|------------------------------------------------------------------------------------------------------------|
| | participants must have a lease (or sublease) or occupancy agreement when residing in transitional housing. |
|--|------------------------------------------------------------------------------------------------------------|

Attachment II - Versions of Document

| Version | Date Released | Key Changes |
|----------------|----------------------|----------------------------------|
| I | 2017 No CE Funding | Initial Draft |
| II | 2019 CE Funding | Procedures required with funding |
| III | 2020 | VI-SPDAT Placements |
| IV | April 2021 | ESG-CV |
| V | 2022 | EHV Program language |
| VI | May 2023 | 2024 HMIS Data Standard Language |

Attachment IV

Protected Class Definitions

A Protected Class is defined by federal law/executive order, federal agencies, or Alabama State policy. The protected classes include age, ancestry, color, disability, ethnicity, gender, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, pregnancy, race, religion, sex, sexual orientation, or veteran status, or any other bases under the law. These definitions are for reference only, as people seek to understand the protected classes and how they relate to discrimination and harassment.

Age: For purposes of these policies, age in the employment context means a person over the age of 40.

Ancestry: A person's caste (fixed social group born into), country, nation, tribe, or other identifiable groups of people from which a person descends. It can also refer to common physical, cultural, or linguistic characteristics of an individual's ancestors.

Color: Pigmentation, complexion, skin shade, or tone.

Disability: A physical or mental impairment that substantially limits one or more of the major life activities of an individual or a record of such impairment or being regarded as having such an impairment. The impairment can be a disability, even if episodic or in remission. Examples of a major life activity that may be substantially limited may include but are not limited to walking, talking, seeing, hearing, learning, or operating a primary bodily/mental function. For more information, visit: <https://www.eeoc.gov/disability-discrimination>

Ethnicity: Shared attributes of a group of people who identify with each other that distinguish them from other groups, such as a common set of traditions, ancestry, language, history, society, culture, nation, religion, or social treatment within their residing area.

Gender/Gender Identity or Expression: Gender is the identity and expression of socially constructed characteristics often associated with men and women. Gender is on a spectrum, so there are other gender options than man and woman, such as agender, bigender, genderfluid, genderqueer, gender non-conforming, non-binary, questioning/unsure, trans man, trans woman, and two-spirit. Gender identity is who a person knows themselves to be and how they identify. Gender expression is how a person presents gender to others; it is outward-facing and how they present themselves to others/how others perceive them based on gender norms.

Genetic information: Genetic information includes information about an individual's genetic tests and the genetic tests of an individual's family members, as well as information about the manifestation of a disease or disorder in an individual's family members (i.e., family medical history). For more information, visit: <https://www.eeoc.gov/genetic-information-discrimination>

HIV/AIDS status: Having or being perceived to have human immunodeficiency virus or acquired immunodeficiency syndrome.

Military Status: Any person with past, current, or future membership, service, or obligation in a uniformed service.

National origin: being from or perceived as from a particular country or part of the world. National origin also includes accent and language. For more information, visit: <https://www.eeoc.gov/laws/guidance/eeoc-enforcement-guidance-national-origin-discrimination>

Pregnancy: a person containing a developing embryo, fetus, or unborn offspring in the body. Pregnancy also includes childbirth, false pregnancy, termination of pregnancy, lactation, related conditions, and the recovery therefrom.

Protected Veteran Status: As defined under the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), someone who served in active military, discharged or released under conditions other than dishonorable, and meets one of the four groups: disabled veteran, recently separated veteran, active duty wartime or campaign badge veteran, and Armed Forces service medal veteran. For more information, visit: https://www.dol.gov/sites/dolgov/files/ofccp/posters/Infographics/files/ProtectedVet-2016-11x17_ENGESQA508c.pdf

Race: physical characteristics associated with people regarded of the same ancestry (e.g., hair texture, skin color, or certain facial features).

Religion: sincerely held religious (a system of faith or worship) beliefs or lack thereof, which may include particular clothing, holiday/prayer observation, or personal attributes based upon religion (e.g., tattoos, piercings, facial hair). Examples of religion include but are not limited to: Agnosticism, Atheism, Buddhism, Christianity, Hinduism, Islam, and Judaism.

Sex: biological makeup, including genitalia, genetic differences, and sex characteristics. Typically, sex includes male, female, and intersex. Under the laws of discrimination and harassment, the phrase "because of sex" also includes gender or sexual orientation (see other terms).

Sexual orientation: a person's physical, romantic, sexual, and/or emotional attraction to others or lack thereof. Sexual orientation may include but is not limited to: gay, lesbian, bisexual, pansexual, asexual.

To view the Non-Discrimination, Harassment, and Sexual Misconduct policy, please visit www.archconnection.org

Note: Some situations could involve behavior based on multiple protected classes.

Attachment V - Roles

| | |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CoC Board | Responsible for the general oversight of the CE system, including the approval of the CE Policies & Procedures document. |
| CE Coordinator | Staff position responsible for supporting or managing day-to-day functions of CE, which may include any combination of the following: maintaining a prioritization list, assisting with matching participants to available housing resources, communicating referrals, facilitating case conferencing meetings, assisting with grievance and appeal processes, monitoring CE activity, and preparing CE monitoring and evaluation reports. |
| CE management entity | Responsible for the day-to-day operations of the CE system. |
| CE Governing or Leadership Committee | Primary governing body for coordinated entry. Meets at least monthly to oversee the implementation and evaluation of the CE system. |
| Collaborative Applicant | Entity that must (at the request of the CoC Board) apply for HUD funding for coordinated entry, including planning grants. |
| HMIS Lead Agency | 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. Entity designated by the CoC in accordance with HUD's CoC Program interim rule to operate the HMIS on the CoC's behalf. The HMIS Lead designated by the CoC may apply for CoC Program funds to establish and operate its HMIS. |
| Participating project | Agency or organization that has agreed to provide homelessness supports/services on behalf of the CoC. A participating project must execute a CE Participation Agreement with the CoC. The Participation Agreement outlines the standards and expectations for the project's participation in and compliance with the policies and procedures governing CE operations. For a project to receive CoC or ESG Program funding from HUD, it is required to participate in coordinated entry. |
| Referral partner | A type of participating project. Referral partner will receive and consider referrals to its project from the CE system. It will sign a Referral Partner Agreement with the CE management entity affirming it is aware of and will adhere to all expectations for coordinated entry. |
| Mainstream system provider | Agency or entity that can provide necessary services or assistance to persons served by coordinated entry. Examples of mainstream system providers include hospitals, mental health agencies, employment assistance programs, and schools. |
| U.S. Department of Housing and Urban Development (HUD) | Federal agency responsible for administering housing and homelessness programs including the CoC and ESG Programs. |
| U.S. Department of Veteran Affairs (VA) | Federal agency responsible for providing health care and other services, including assistance to end homelessness, to veterans and their families. |

Attachment VI (3 Templates I) - Email Referral Templates (HP & RRH & PSH)

Subject: CE Referral for Homelessness Prevention

Dear _____:

This is to notify you that client number _____ has been recommended by the AL BoS CoC Coordinated Entry to your homelessness prevention program. Documentation has been requested and the following has been uploaded to the HMIS system.

The client can best be reached at _____.

Sincerely,

Uploaded to HMIS (check all that apply): If not checked, the agency will be responsible for obtaining documentation to determine eligibility).

Proof of housing crisis/eviction

Lease

Documentation of income (must meet 30% AMI)

Attachment VI (3 Templates II) - Email Referral Templates (HP & RRH & PSH)

Subject: CE Referral for RRH

Dear _____:

This is to notify you that client number _____ has been recommended by the AL BoS Coordinated Entry to your RRH program. Documentation has been requested and the following has been uploaded to the HMIS system.

CoC RRH

ESG RRH

The client can best be reached at _____.

Sincerely,

Uploaded to HMIS (check all that apply): If not checked, the agency will be responsible for obtaining documentation to determine eligibility). Documentation has been requested and the following has been uploaded to the HMIS system.

Proof of homelessness

Documentation of income (Recommended but not required for RRH program)

Attachment VI (3 Templates III)

Subject: CE Referral for PSH

Dear _____:

This is to notify you that client number _____ has been recommended by the AL BoS Coordinated Entry to your PSH program.

The client can best be reached at _____.

Sincerely,

Uploaded to HMIS (check all that apply): If not checked, the agency will be responsible for obtaining documentation to determine eligibility). Documentation has been requested and the following has been uploaded to the HMIS system.

Proof of homelessness

Proof of disabling condition

Documentation of income (Recommended but not required for PSH program)

Attachment VI (3 Templates IV)

Subject: CE Referral for Emergency Shelter

Dear _____:

This is to notify you that client number _____ has been recommended by the AL BoS Coordinated Entry to your RRH program. Documentation has been requested and the following has been uploaded to the HMIS system.

CoC ES

ESG ES

The client can best be reached at _____.

Sincerely,

Uploaded to HMIS (check all that apply): If not checked, the agency will be responsible for obtaining documentation to determine eligibility). Documentation has been requested and the following has been uploaded to the HMIS system.

Proof of homelessness

Documentation of income (Recommended but not required for ES program)

Attachment A- Coordinated Entry System Public Posting

_____ (Agency Name) is part of the Alabama Balance of State Coordinated Entry (CES) system. The Alabama Balance of State Coordinated Entry System is not a program, but a way of providing service. Utilizing progressive engagement, CES provides multiple points for access and assessment, while maintaining standardized processes and tools to improve linkage to mainstream and homeless services.

In HUD's vision, the coordinated entry process is an approach to coordination and management of a crisis response system's resources that allows users to make consistent decisions from available information to efficiently and effectively connect people to interventions that will rapidly end their homelessness.

CES will help our CoC better identify, document and evaluate system needs, as well as prioritize limited resources, assuring those who are most in need of services are prioritized for services. The CES in the AL BoS CoC serves as the Homelessness Response System to accomplish the goals of the AL BoS CoC to end homelessness.

Coordinated entry is . . .

- A client centered and uniform process for improving system-wide entry and referrals.
- An intervention designed to provide more rapid and simplified access to housing.
- A system which prioritizes limited resources to those who need it most.
- A system using real-time and region-wide data to inform current and future services.

Process components include:

Access

Access points are the places—either virtual or physical—where an individual or family in need of assistance accesses the coordinated entry process.

Assessment

The standardized assessment process, including assessment information, factors, and documentation of the criteria used for uniform decision-making across access points and staff.

Prioritization

The factors and assessment information with which prioritization decisions will be made for all homeless assistance.

Placement (referral)

Persons are referred to available CoC housing resources and services in accordance with the CoC's documented prioritization guidelines.

Why Coordinated Entry System (CES)?

1. Opportunities for improved services:

- Better knowledge and utilization of resources, matching services to needs of clients.
- Increased equality and consistency of service assessment and referral process.
- Improved data to help evaluate and improve project & system performance.

2. Clients are at the center of the service delivery versus programs.

- People can easily access the system from any one of various publicized locations.
- Forms and processes are standardized and progressive.
- Providers help to secure and stabilize persons in housing.
- Assistance is just enough to achieve and maintain housing.

3. Hearth Act Regulation mandates that ESG and CoC Programs must utilize Coordinated Entry.

Attachment B

Alabama Balance of State Continuum of Care Coordinated Entry System Grievance and Appeals Process and Form

The purpose of the grievance and appeals process is to ensure that if a client has a problem or concern with the Coordinated Entry System (CES) they have a confidential means to report the concern. Making a grievance will not negatively affect their status within the CES.

If a grievance is about a Continuum of Care (CoC) shelter, service or housing provider, the client should go through that provider's grievance process first. In addition, CES cannot guarantee placement into permanent housing, as demand for housing is far greater than the supply.

CES Grievance

A CES grievance relates to one of the following:

- Access to the CES (i.e. no assessment provided; difficulty engaging with Outreach or an Access Point)
- Assessment (i.e. scoring)
- Prioritization (i.e. disagreement with prioritization for housing or housing-need designation)
- Housing referral (i.e. referral process, lack of follow through from housing provider)
- Other dissatisfaction believed to be related to accessing housing and services through the CES.

Grievance Process

1. A grievance must be requested in writing or by phone, and clients are encouraged to use the form on page 2 below. Clients must explain the complaint, grievance or issue, and include the names of those involved and dates. The complaint should be as specific as possible.
2. Client should email the written grievance to: grievance@archconnection.org with the subject line "CES Complaint". Clients who do not have access to email may call 334-273-0668 to request a grievance.
3. The Alabama Balance of State CoC will review the grievance, verify the CES grievance process is the appropriate place for the complaint, complete an investigation and clearly document its findings.
4. The Alabama Balance of State CoC will respond to the complaint with recommended solutions within 10 business days of receiving the complaint.
5. The Alabama Balance of State CoC will track all complaints in an effort to determine system-wide patterns or problems that can be addressed. All identifying information regarding individual clients will be kept confidential.

Coordinated Entry System Grievance and Appeals Form

If there is a problem or concern about the Coordinated Entry System, we want to know about it. The information on this form will be used to address your concerns and will be kept confidential. Completing this form will not negatively affect your status within the Coordinated Entry System. Please bear in mind that the Coordinated Entry Process cannot guarantee placement into permanent housing, as demand for housing is far greater than the current supply in our community.

Name of person completing this form (grievant): _____

Date of Birth: _____

HMIS ID # (if known/available) _____

Cell # _____ Email: _____

Preferred Method of Contact: Call Email

Alternative contact information: _____

Can we leave confidential info with the alternate contact? Yes No

What is this in regard to?

- Access to Coordinated Entry System (i.e. no assessment provided; difficulty engaging with Outreach or an Access Point)
- Assessment (i.e. scoring)
- Prioritization (i.e. disagreement with prioritization for housing or housing-need designation)
- Housing referral (i.e. referral process; lack of follow through from housing provider)
- Other dissatisfaction believed to be related to accessing housing and services through the CES (please be specific)

Note: if you have a grievance about CoC shelter, service or housing provider, please go through their grievance process.

Explain the complaint, grievance or issue, including the names of those involved and dates. Please be as specific as possible (you may attach additional pages):

Signature: _____ Date: _____

Please email this completed form to grievance@archconnection.org with the subject line "CES Complaint." You can expect a response that the form was received within 5 business days. You should receive a response to the complaint within 10 days of verification we received the complaint.

Coordinated Entry System Grievance and Appeals Form p.2

Alabama Balance of State CoC Follow up:

Notes/comments from CE staff:

Recommended Solution and/or Timeline:

| AL BoS CoC Staff/Agency | Position | | |
|------------------------------------------------|-------------------------|----|-----|
| Date Grievance Received | Date Grievance Resolved | | |
| Has the Grievant been notified or the outcome? | YES | No | N/A |
| If No or N/A, please explain why? | | | |

HUD Sources

Coordinated Entry (CE) Notice:

Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. Notice CPD-17-01. January 23, 2017. [Notice CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System - HUD Exchange](#)

COC Program Interim Rule:

Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program Interim Final Rule, 24 CFR Part 578. July 31, 2012. [CoC Program Interim Rule - HUD Exchange](#)

Emergency Solutions Grants (ESG) Program Interim Rule: Homeless Emergency Assistance and Rapid

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

https://files.hudexchange.info/resources/documents/HEARTH_ESGInterimRule

Final Rule defining chronically homeless:

Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically Homeless,” 24 CFR Parts 91 and 578. December 4, 2015. [Homeless Emergency Assistance and Rapid Transition to Housing \(HEARTH\): Defining Chronically Homeless Final Rule - HUD Exchange](#)

HMIS Data and Technical Standards:

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

[HMIS Data and Technical Standards - HUD Exchange](#)

Prioritization Notice (addressing Permanent Supportive Housing):

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

[Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing - HUD Exchange](#)