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| **Policy / Procedure**: Coordinated Entry Policy | SC-CHAP letters |
| **Procedure Number**: 313 |
| **Date Approved by SCCHAP**: 12/2017 |
| **Date of Last Revision/Review**: 12/2017 |

**Purpose**

The Saginaw County Consortium of Homeless Assistance Providers (SCCHAP) has developed a Coordinated Entry Process (CEP) for the geographic area of Saginaw County to meet federal and state regulations. Our primary goals for the CEP are to ensure assistance and resources of the Continuum are allocated effectively and are easily accessible in our no wrong door approach to our homeless population. This process is mandated for all recipients of Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funding and developed in accordance with the HEARTH Act of 2009.

The policies and procedures herein have been developed in conjunction with CoC and ESG recipients and other homeless service providers within our geographic service area.

The Coordinated Entry process will allow us to prioritize assistance based on vulnerability and severity of service needs, and ensure that clients who need that assistance receive it in a timely manner without discrimination. This process will also allow us to identify service gaps and needed resources and focus on the following basic tenants:

**Prioritization:** The CEP ensures that clients with the greatest needs receive priority for housing and homeless assistance available including permanent supportive housing (PSH), rapid rehousing (RRH), transitional housing (TH), prevention or other appropriate interventions. Clients are prioritized based on their VI-SPDAT score, length of time homeless, chronic homeless, family’s w/children homeless, health/behavioral challenges, substance disorders, youth and DV at high risk (DV Housing Assessment Tool for DV clients which is comparable to the VI-SPDAT Tool which integrates OVW and Michigan Treatment Board standards for evaluation and prioritization). By name lists for PSH, chronically homeless, veterans and families w/children have been developed and the inter agency services team for each will meet bi-weekly to review client status, barriers, and housing needs and placement. Those with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with lesser needs and lower levels of vulnerability. For prioritization of persons who are chronically homeless and other vulnerable homeless persons in PSH, please refer to Policy #311 Prioritization of PSH and Chronically Homeless.  
  
Each access point has their own unique population they serve and most have HUD or MSHDA ESG funding for housing programs. Agencies will prioritize their clients and will also be prioritized by the Inter Agency Services Teams for targeted populations listed above. Clients may cross over into appropriate housing held by other providers when openings become available. All Access Points have data sharing agreements to ensure services and documents from all agencies are captured.

**Low Barrier:** The CEP will not screen out clients for assistance based on perceived barriers to housing or services. Barriers may include but are not limited to lack of employment or income, drug or alcohol use, criminal records, race, color, national origin, sex, age disability, religious beliefs, victims of domestic violence or gender identification. All SCCHAP members who provide housing or services to our homeless population are required to adhere to these standards.

**Housing First:** The CEP will use the Housing First model. Clients will be housed quickly without preconditions or service participation requirements.

**Client Focused:**  The CEP will honor client choice for location and type of housing, level of services and other relevant options related to housing and services. Clients may decline a referral because of program requirements that are inconsistent with their needs or preferences. Client refusal to sign an ROI will not necessarily terminate client from the program; agency will continue to engage with the client to explore options. Client service denials must be documented in HMIS with specific justifications. At a *minimum* program/client rejection/denial reasons must include the following:

* Client refused further participation in program or moved out of the CoC area
* Client does not meet required criteria for program eligibility
* Client unresponsive to multiple communication attempts
* Client resolved crisis without assistance
* Client safety concerns; Client health or well-being or safety of current program participants would be negatively impacted or other programmatic issues
* Client needs cannot be addressed by the program; program does not offer services/supports necessary to successfully serve the household
* Program at bed/service capacity
* In the case of a denial, the denying agency will attempt to work with the client to explore other housing alternatives

See *Referrals* below.

**Fair and Equal Access and Non-Discrimination:** All populations and subpopulations including chronically homeless, veterans, families with children, unaccompanied youth and victims of domestic violence, dating violence, sexual assault, or stalking will have fair and equal access to the CEP regardless of where or how they present for services. Initial screening at all access points allow for immediate linkage to the appropriate subpopulation access point. All clients can easily access the CEP whether in person, by phone, through 2-1-1 or some other method 24 hours/day 7 days/week. Emergency shelter services are available 24/7 and all CEP physical locations are accessible to individuals with disabilities including wheelchair access. All sites are in close proximity to or on our public transportation route which has wheelchair accessible transportation.

The McKinney-Vento Coordinator will provide trainings for Saginaw County district consortium member liaisons, agency shelters and CoC members. Training will include definitions of terms related to homelessness and eligibility requirements for Federal programs that serve homeless children and youth. This will ensure that homeless children and youth have equal access to the same free, appropriate public education, including a public preschool education as provided to other children and youth. All changes made to the McKinney-Vento Act by ESSA to help achieve better outcomes for children, youth and families will also be addressed.

The SCCHAP requires that all CEP providers comply with civil rights and fair housing laws and requirements to ensure that all persons who are homeless are not discriminated against in their efforts to achieve permanent housing. All CoC Program and ESG funded projects must comply with non-discrimination and equal opportunity provisions of the Federal civil rights laws including:

* Fair Housing Act which prohibits discrimination practices based on race, color, religion, sex, national origin, disability, familial status, sexual orientation or gender identity.
* Section 504 of the Rehabilitation Act which prohibits discrimination on the basis of disability under any program receiving Federal financial assistance.
* Civil Rights Act which prohibits discrimination on the basis of race, color, or national origin.
* Americans with Disabilities Act prohibiting discrimination on the basis of disability.
* All HUD/ESG programs are open to eligible individuals and families regardless of sexual orientation, gender identity or marital status.
* Gender identity is defined as the gender with which a person is perceived to identify based on that person’s appearance, behavior, expression, other gender related characteristics, sex assigned at birth, or identification in documents.
* Sexual orientation is defined as homosexuality, heterosexuality, or bisexuality.
* These individuals are not subjected to intrusive questioning or asked to provide anatomical information or documentation, physical or medical evidence in regard to the individual’s gender identity.
* Individuals may voluntarily self-identify.
* Lawful inquiries of an applicant or occupant’s sex (male/female) where the housing involves the sharing of sleeping areas or bathroom can be made (determining the number of bedrooms to which a household may be entitled; ie. Rapid rehousing or HCV Homeless Preference Wait List).
* CEP providers must create a safe environment for all occupants of their facilities, particularly those of special populations. As an example, a transgender individual may be allowed to shower at a time when the shower facility is not open to other residents.
* For special populations, specific behaviors that violate standards of respectful behavior, escalate corrective actions if an individual repeats the same violation of project rules that force corrective actions on aggressor who violates project rules – not the person targeted by the harassment. No steps should be taken against the harassed or discriminated occupant, and the harassed/discriminated against individual cannot be asked to leave.
* After an individual has entered a CEP facility with shared sleeping/bathing facilities, the provider must take non-discriminatory steps that may be necessary and appropriate to address privacy concerns raised by all residents. Such accommodations should be offered only to fulfill the request of individuals seeking accommodations for themselves based on one’s increased vulnerability and should not be restricted for use only by transgender or gender nonconforming individuals.

See *Policy 308 Fair Housing*.

**Non-Discrimination Complaint:**

If the CEP agency finds that a client is not eligible for housing placement and/or the client has a dispute or complaint about the administration of a participating SCCHAP agency/program, the client has the right to file a non-discrimination complaint. Clients

who wish to file a housing related complaint regarding any actual or perceived housing discrimination by any CEP agency will be referred to the Michigan Department of Civil

Rights, HUD, and our local Fair Housing Center of Legal Services of Eastern Michigan.

No client who raises a concern or files a fair housing non-discrimination complaint will be retaliated against.

**Marketing:** Marketing includes direct street outreach, informational brochures at service sites, soup kitchens and public locations, announcements at community events and at collaborative body meetings, schools, hospitals, clinics and other mainstream service providers. Providers will identify special populations and subpopulations in the CoC jurisdiction who are eligible but have historically not participated, enrolled or entered into CoC programs. Our marketing is targeted to these populations and makes access points and services accessible to all groups regardless of sex, gender identity, age, color, creed, disability status, family status, marital status, sexual orientation, ethnicity, national origin or religion.

To overcome barriers and increase communication with clients who are least likely to request assistance, we have implemented toll free and 2-1-1 access, TTYD capabilities, braille pamphlets/information, pictographs, multi-lingual/sign language interpreters, transportation for cognitive/physical limitations, free phones through local Salvation Army and internet access through public libraries, shelters, DHHS, Facebook and Twitter accounts. All members have individual websites and information on programs available, and can also be found on the CoC website.   
  
We have also implemented two annual PIT counts. One in the winter and one in the summer. Both include teams specifically targeting youth and veterans.

**Emergency Services:**

1. **Client Accessing CEP through Shelters:** Emergency shelters are accessible to anyone presenting for service. Clients are not prioritized for entry. Shelters respond to the immediate need for emergency housing. Following an initial triage to determine literally homeless or fleeing DV and/or family violence, shelters will proceed with the standardized assessment, VI-SPDAT, (DV provider uses a comparable assessment) for housing placement and begin to coordinate with available community based resources; for example but not limited to DHHS, Mental Health, educational services, etc. All emergency shelter service providers (City Rescue Mission, Underground Railroad, Emmaus House, Mustard Seed Shelter, Innerlink, and Restoration Community Outreach), the Housing Assessment and Resource Agency (HARA) and the Saginaw County Community Mental Health Authority are designated access points to the CEP and will follow the adopted methods and protocols described in these policies and procedures for coordinated intake and access to services. Clients accessing the CEP who are seeking shelter or services from a non-victim specific provider but are fleeing from dating violence, sexual assault or stalking, shall be immediately put into contact with a victim advocate from our domestic violence shelter. The DV shelter and non-DV shelter shall coordinate efforts to ascertain the immediate threat to the client and ensure their safety. Each access point has a McKinney-Vento liaison and will immediately contact the McKinney Vento Education Coordinator for those families presenting with school age children to ensure access to appropriate education, including public preschool education.
2. **Client Accessing CEP through HARA:** The HARA will complete an initial phone triage to resolve the immediate housing crisis by identifying the most appropriate CoC crisis response system to meet the client’s immediate need. If the client is in need of prevention services, the HARA will begin the prevention screening process gathering additional information and documentation of eligibility, with landlord intervention if required, to keep the client housed during the prevention process.   
   If the client is in danger of losing their nighttime residence within 14 days due to a court ordered eviction, the HARA will begin the screening process gathering additional information and documentation of eligibility for short-term prevention assistance through ESG funding. HARA staff will guide the client through the process and provide follow up and case management throughout the term of the assistance to enable the client to remain stably housed. See SCCHAP *Policy 301 Housing Assessment and Resource Agency.*  
     
   Should the client be determined to be literally homeless, the HARA will direct the client to the most appropriate shelter or, if shelters are at capacity, utilize a local hotel provider. HARA staff will administer the VI-SPDAT and begin to coordinate with the appropriate housing providers for services and housing.

Housing providers will perform a more comprehensive assessment (full SPDAT) once the initial housing crisis response has met the client’s immediate needs. They will gather information necessary to refine, clarify and verify a client’s housing and homeless history, barriers, goals, and preferences.

1. **Emergency Transfer Plan for Victims of Domestic Violence:** A tenant who is a victim of domestic violence, dating violence, sexual assault or stalking, and reasonably believes that there is a threat of imminent harm from further violence if the tenant remains in the same unit, OR a sexual assault occurred on the premises within the last 90 calendar days, may request an emergency transfer. The tenant must notify the housing provider’s management office and submit a written request for transfer specifically stating the reason for transfer as outlined above. Non-residential case management services are available to assist clients with transfer requests. The housing provider will keep any information submitted by the tenant confidential, unless written permission is given by the tenant, including the location of the new unit. The housing provider cannot guarantee that a transfer request will be approved or how long it will take for the transfer to occur. The housing provider will act as quickly as possible to move the tenant subject to availability and safety of another unit. If the housing provider has no safe and available units for which the tenant is eligible, the provider will assist the tenant in identifying other housing providers who may have safe and available units. The housing provider will also assist the tenant in coordinating with the local domestic violence provider for additional assistance.

**Standardized Access and Assessment:**  All CEP access locations will use the VI-SPDAT (the DV provider is exempt from using VI-SPDAT) as the standardized assessment tool for client intake and referral with the exception of homeless youth ages 12-17. For youth 18-24, the TAY VI-SPDAT will be used. Unaccompanied youth (UY) who access a coordinated access point which is defined for adults only, will immediately have the UY linked with our local youth protection service/shelter. The standardized assessment ensures a more uniform decision making process, establishes client eligibility, needs, barriers and strengths. It also allows us to screen for diversion or prevention, identifies housing resources and evaluates vulnerability to prioritize clients for assistance. Reasonable steps will be taken to accommodate language barriers, those with limited English proficiency or are hearing or speech impaired. At intake, universal data will be collected and the VI-SPDAT administered. All clients must sign a release of information (ROI) prior to the assessment (VI-SPDAT) process. Clients who refuse to sign the ROI must be informed that their failure to do so may affect their ability to access appropriate housing/services.   
  
Clients are also allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions, and refuse housing and service options without retribution or limiting their access to other forms of assistance or lose their place on the CE prioritization list. Clients cannot be required to disclose specific disabilities or diagnosis or prioritized using that information. However, programs can require clients to provide certain information, including specific disabilities or diagnosis, if the applicable program regulation requires that information to establish or document program eligibility.

Data shall be entered into HMIS and the release of information uploaded within 7 calendar days of entry. All SCCHAP housing providers will begin full data sharing on June 1, 2017. This will allow agencies to better coordinate outcomes and access other key information. All clients will be informed of their ability to file a non-discrimination complaint if they feel they have been discriminated against in any way. Please refer to the **Non-Discrimination Complaint** section above for more detail.

Veterans who present at shelter are immediately referred to the Case Manager(s) from the Veterans Administration and SSVF. If client is eligible for services through the Veterans Administration, the VA Case Manager takes the lead coordinating services and housing. If the client is not an eligible veteran, the client is referred to the HARA and services are coordinated with CoC providers. All veterans are prioritized and outcomes tracked on the CoC Veterans By Name list. Participants in that group include case managers from Mental Health, VA, SSVF, the HARA and shelters with dedicated veteran beds. See insert on Page 11 and Addendum A (Coordinated Workflow).

**Training:** Staff doing intake and assessments using the SPDAT tools will attend trainings and refresher courses through the Michigan State Housing Development Authority or other agencies certified to provide that training on an annual basis. Each CEP agency will follow up with review of the protocols contained in these policies and procedures for Coordinated Entry and prioritization. One CoC member meeting will be set aside to review the Coordinated Entry process along with policies and procedures governing CE. Intake staff must also be knowledgeable of the specific SCCHAP policies governing prioritization of specific subpopulations and housing options referenced herein. Protocols and requirements for prioritization will be updated and distributed annually. Our local DV provider will provide annual training on safety planning and trauma informed interview skills.

**Document Verification:** All clients will need to be verified as eligible in order to beplaced in permanent housing. The designated access points or referral agency will be responsible for gathering this information for housing placement.

* Disability Verification
* Homelessness Verification
* Income Verification

**Inclusive:**  The CEP includes all subpopulations including people experiencing chronic homelessness, veterans, families, youth and survivors of domestic violence. However, different processes and assessment for coordinated entry may exist for the following populations due to federal/state regulations or other funder requirements: unaccompanied youth, households fleeing domestic violence or those with severe mental illness. All access point providers will coordinate with the appropriate providers for these subpopulations to ensure access to housing and services. Different intake procedures exist for unaccompanied youth and victims of domestic violence. The access point provider will immediately contact either the Saginaw County Youth Protection Council for youth, or the Underground Railroad for victims of domestic violence to coordinate services and ensure clients are provided safe and confidential access to housing.

**Referrals:** The CEP access points make referrals to those providers receiving ESG and CoC Program funds, including emergency shelter, RRH, PSH and TH, prevention and rapid rehousing, as well as other housing and homelessness programs (low income housing projects, project based voucher programs, etc.), mainstream benefit services and assist clients with applications for food and income assistance. See *Workflow*, *Step 4* below.   
  
Clients must be provided the ability to enroll in CoC component types that are less intensive than the CEP referral choice offered. The CEP agency must provide possible impact associated with accepting, rejecting or changing the project type recommended by the CEP.

If the client/family is identified to be experiencing a mental health crisis or medical emergency, staffs are to provide the appropriate response immediately by calling 911 or the mental health crisis hotline for intervention.

The VI-SPDAT and SPDAT provide us with an assessment score. These scores are recommendations for appropriate services and housing placement. Bi-weekly Interagency Service Teams (IST’s) will review our Housing Priority List for S+C, CH, Families w/children and Veterans to ensure successful placement, services and outcomes based on SPDAT scores and case manager observations that may not be readily apparent through the intake process.

**Outreach:** Street outreach for adults and youth sleeping on the streets are prioritized in the same manner as any other client assessed through the CEP. Outreach includes direct outreach to people on the street and other service sites, informational flyers left at service sites and public locations, community meetings, and educating mainstream providers. We have two street outreach programs in Saginaw County; PATH and Youth Outreach and Follow-up. Clients identified through these programs are immediately linked with emergency or short term housing and are linked to the most appropriate coordinated access point for intake. In the event shelter space or other housing is not immediately available, the HARA will be contacted for emergency motel lodging. The HARA will follow all procedures for eligibility, service delivery, reporting and record keeping and billing outlined in the Emergency Shelter Program Manual dated October 2016.   
  
Outreach covers 100% of our geographic area and is ongoing through partnerships with law enforcement, City code enforcement, specific youth outreach, mental health outreach, Drug and District Courts and local businesses in areas where homeless are known to frequent.

**Ongoing Process Review and Planning:**  The SCCHAP will evaluate and update the CEP at least annually through feedback from stakeholders. Issues that arise will be presented and discussed as they occur at the monthly Grants, Planning and Housing Coordination Committee. This will be a standing agenda item at monthly meetings for ongoing review and discussion. Information gathered through the CEP will be used to guide both the SCCHAP and local planning bodies in developing programs and housing services in our geographic area.  
  
**Safety Planning:** The CEP has protocols in place to ensure the safety of the individuals seeking assistance. These protocols ensure that people fleeing domestic violence are provided safe and confidential access to the CEP and domestic violence services, and any data collection adheres to the Violence Against Women Act (VAWA). When an individual or household is determined to be in need of domestic violence services, and the DV specific agency determines that the individual/household is either not eligible for or cannot be accommodated, the referring agency will complete the assessment and referral in accordance with all protocols described herein. Coordination with the designated DV provider will occur for eligible clients to ensure client safety. Our local domestic violence shelter provides emergency services, emergency services hotline and shelter. Non-domestic violence shelters will coordinate with the local domestic violence shelter/advocate to ensure the client receives all available DV services within our provider and community network.

**Data:** The SCCHAP uses HMIS to collect and manage data associated with assessments and referrals. The local domestic violence shelter uses a compatible system and does not enter data into HMIS. However, comparable reports based on HMIS data standards are given to the HMIS System Administrator for CQI and reporting purposes. The HMIS is used to record and track client level information on the service needs of our homeless persons, and helps coordinate services among all providers to create a more effective housing and service delivery system.  
  
**Privacy:** All data collection during the CE Process will be done in a private and secure setting to allow clients to identify sensitive information, and be in compliance with HIPAA, Federal and State laws. Written files will be kept in a secure, locked location. Only those with the HMIS System Administrator authorization can access client information. The HUD Public Notice and agency privacy policy must be posted at all CE access points. A copy of the privacy notice must be included in the client’s file. All intake personnel and HMIS data entry personnel will complete privacy training annually, and execute and comply with the HMIS user agreement which defines the user’s responsibility in regard to collection, use and protection of all client data. Any agency personnel who are found to have misappropriated client data (identity theft, releasing personal client data to any unauthorized party), will constitute a violation of federal HIPAA regulations and a complaint must be filed with the U.S. Department of Health and Human Services. All HIPAA regulations for client notification must be followed.  
  
Each CEP access point must assign an individual to act as the Security Officer to ensure that all client data is protected. For additional information please refer to SCCHAP *Policy 402 Privacy/Security*and SCCHAP *Policy 404 HMIS Joint Governance Charter.*

**Workflow Intake to PH Using the SPDAT – Entry to Exit:** A matrix has been developed that guides the CEP through the workflow. See Addendum A. The VI-SPDAT is the assessment tool that will be used by all CEP access points (except DV shelter will use a comparable assessment tool). This tool will assist providers in identifying housing and support interventions required, and help prioritize clients by need and risk factors.

Singles VI-SPDAT:

0-3: no housing intervention – Emergency Assistance Only  
 Counselling and case management services are offered. Client referred  
 to appropriate mainstream services.

4-7: an assessment for Rapid Re-Housing

8+: an assessment for PSH/Housing First

Family VI-SPDAT:

0-3: no housing intervention – Emergency Assistance Only

4-8: an assessment for Rapid Re-Housing

9+: an assessment for Permanent Supportive Housing/Housing First

The SPDAT tools are to be used as a guide with recommendations for appropriate housing placements. However, providers will use housing options available to serve the households/clients with the most needs and provide appropriate supports and interventions to achieve housing stability.

Step 1 – Request for Service: Service is accessed through multiple avenues – street outreach, phone, presenting to any of our designated CEP’s, or referral through a community service provider agency including McKinney-Vento Coordinator, schools, DHHS, District Court, law enforcement, early childhood programs, hospitals, 2-1-1, or another CEP. For veterans, follow the workflow below:

Household Presents at Shelter

Veteran

Continue with regular workflow

Yes

Shelter notifies VA and SSVF for Housing Services

No

Step 2 – Coordinated Entry Assessment: Each designated access point will complete the coordinated entry assessment. This assessment includes the collection of HMIS universal data elements and administering the VI-SPDAT (except DV provider - DV Housing Assessment Tool for DV clients which is comparable to the VI-SPDAT Tool which integrates OVW and Michigan Treatment Board standards for evaluation and prioritization) and, if necessary, the full SPDAT. The initial point of access agency will complete all required intake data, including a release of information, and complete the required HMIS data entry. Each housing model has its own eligibility criteria. Provider agencies with PSH, TH, RRH and Prevention and RR programs will ensure, along with the HARA or referring agency, that client meets eligibility requirements. See housing referral below.

Step 3 – Housing Match: Information gathered during the assessment will be used to determine which housing intervention and/or support services are needed to end the household’s homelessness; transitional housing, rapid rehousing, or permanent supportive housing. Each designated access point will begin working with the client to achieve the most appropriate interventions to achieve housing stability.

Step 4 – Housing Referral: Upon identifying a program opening best suited to the individual or household, case managers (CM) will assist the client in accessing the housing and services to meet each household’s immediate and long term housing needs. The CM will ensure that housing resources are targeted to those who are most vulnerable and/or have been homeless the longest. The following criteria will be used to most accurately match needs to resources:

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| Housing Model | Population/Eligibility | Priority Population |
| **Permanent Supportive Housing** | * Any high needs individual w/multiple barriers to housing that is literally homeless * Specialized eligibility requirements for subsidies including veterans, disabled, long term homeless or domestic violence * No income or inadequate income * Independent living skills issues * *See Policy 311 Prioritization of PSH and Chronically Homeless* | * Individuals with a disability and long-term, multiple episodes of homelessness (VI score 10 or higher; chronically homeless) * Individual or households w/children * Veterans who are not eligible for VA housing subsidies * DV Comparable Housing Assessment Tool (10+) * TAY SPDAT for Youth (4-7 w/time limited supports with moderate intensity) |
| **Rapid Re-Housing** | * Literally homeless households or those residing in a place not meant for human habitation, living in a publicly or privately operated shelter designated to provide temporary living arrangements (including transitional housing and hotels/motels paid for by charitable organizations or by federal state and local government programs); or exiting an institution where they have resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution * Households that have reasonable potential for personal stability post-assistance (regular income or recent work history or ability to quickly increase income) * Recently became homeless | * Households with children residing on streets or in emergency shelter * Veteran households with children residing on streets or in emergency shelters who are not eligible for VA funded RRH (VI score 5-9) * DV Comparable Housing Assessment Tool 5-9) * TAY SPDAT for youth (4-7 w/time limited supports with moderate intensity) |
| **Transitional Housing** | * Singles * Families * Youth (15-24) * Domestic Violence * Pregnant Head of Household * Youth parents * Households w/recent change in composition * Households with repeat episodes of homelessness * Those needing substance abuse treatment or mental health recovery treatment * Recently released from prison * No income or inadequate income * Independent living skills issues * Veterans   Households that are not chronically homeless and individuals needing prevention or rapid rehousing but suffer from at least one disabling condition (substance abuse, mental health) and could benefit from quickly accessing housing and services | * VI Score more than 5 but needs short term support) * TAY VI-SPDAT Scores for Youth (8+ w/long-term housing with high service intensity) * DV Comparable Housing Assessment tool more than 5 but needs short term supports * Veterans who are not eligible for VA funded services |
| **Prevention and Rapid Rehousing (ESG Funding)** | * Individuals or household with children whose primary night time residence will be lost within 14 days * Client able to address housing barriers with individual resources and/or additional available community-based resources * See *Policy 301 Housing Assessment and Resource Agency* for client eligibility and prioritization   **NOTE: All prevention services clients will be referred to the HARA for intake and screening. The only exception are veterans. Services will be coordinated between SSVF and the HARA. See Policy 301 for prioritization.** | * VI Score 4-7 * Short term assistance * The HARA does not require program participants to contribute to a portion of the rent during the term of assistance *(See Policy 301)* * DV Comparable Housing Assessment Tool 4-7 w/short term assistance. * TAY SPDAT for youth 18-21 y/o (0-3 no moderate or high intensity services provided at this time) * Eligible veterans will be referred to SSVF for services. |
| **No Housing Intervention** | * Client is able to address housing barriers with individual resources shall receive counselling and case management services are offered. They are referred to the appropriate mainstream services. | * VI Score 0-4 * TAY SPDAT for youth (0-3 no moderate or high intensity services provided at this time) counselling and alternative options explored * Veterans who do not qualify for VA or SSVF are referred to appropriate mainstream services and alternate options are explored. |

All SCCHAP housing providers began full data sharing on June 1, 2017. This allows agencies to better coordinate outcomes and access other key information so as not to duplicate efforts.

References:

Policy 301 Housing Assessment and Resources

Policy 304 Housing First

Policy 308 Fair Housing

Policy 311 Prioritization of PSH and Chronically Homeless

Policy 312 Emergency Transfers Plan Victims of Domestic Violence