



## Northlake Homeless Coalition Coordinated Entry System Policies and Procedures

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### **Effective Date:**

**Purpose:** The Northlake Homeless Coalition (NHC) Coordinated Access and Assessment System (CAAS) is a coordinated entry system that identifies individuals and families who are homeless or at risk of homelessness; assesses their housing and service needs; and connects them to the appropriate housing intervention and services necessary for long-term stability. The purpose of CAAS is to quickly and permanently resolve housing crises as they arise.

**Scope:** This policy applies to all current and future recipients and subrecipients of CoC and ESG program funds for region LA-506 (Livingston, St. Helena, St. Tammany, Tangipahoa and Washington Parishes) and the CoC Collaborative Applicant, the Northlake Homeless Coalition. The policy also applies to non-CoC and ESG-funded housing and service agencies, community outreach sites, and referral agencies who agree to participate in the CAAS System via a Memorandum of Understanding (MOU) Agreement.

**Background:** The Northlake Homeless Coalition created the CAAS Taskforce in 2014 to design and implement the Coordinated Access and Assessment System. As a result, the CAAS Taskforce created a CAAS Plan which outlined a three-phase implementation of the CAAS system. The CAAS Plan was approved by the NHC Board and the NHC Providers and Stakeholders Association (previously the NHC General Membership). The pilot phase of the CAAS System was implemented beginning in July 2015, with Phase I beginning in 2017 and Phase II in 2018.

**Responsible Party:** The CAAS Oversight Committee Chair is responsible for administering and enforcing this policy. This policy will be reviewed and updated at least once every three years by the CAAS Oversight Committee. The CAAS Oversight Committee is a committee of the NHC Board, but its membership is not exclusive to NHC Board members. The CAAS Oversight Committee will submit any revisions of this policy to the NHC Board. The NHC Providers and Stakeholders Association will have the opportunity to review and submit feedback regarding any proposed changes prior to a NHC board vote.

**Policy Statement:** This policy is established to ensure that the Coordinated Access and Assessment System is operated in compliance with Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act Code of Federal Regulation (CFR) for the CoC Program 24 CFR Part 578.19 and HUD Notice CPD 17-01 Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System; and that CoC and ESG housing placements prioritize those who are most vulnerable in the community in accordance with HUD CPD Notice 16-11: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.

# 1. Introduction and Overview

## I. Guiding Principles

- I. **Person-Centered:** CAAS will operate with a person-centered approach that promotes client choice and person-centered outcomes.
- II. **No Side Doors:** Providers must enroll clients who have been assessed and referred via the CAAS process.
- III. **Streamlined Process:** CAAS will ensure that clients quickly receive access to the most appropriate housing and resources available.
- IV. **Trauma-Informed:** CAAS will reduce the stress of the being homeless by limiting assessments and interviews to only the most pertinent information necessary to resolve the client's immediate housing crisis.
- V. **Cultural Competencies:** CAAS will incorporate cultural and linguistic competencies in all engagement, assessment and referral coordination activities.
- VI. **Standardized Assessment:** CAAS will implement standardized assessment tools and practices to determine the severity of the client's needs and the best referral strategies.
- VII. **Housing First:** In the Housing First philosophy, housing is not contingent on compliance with services. Instead, clients must comply with a standard lease agreement and are offered the services and supports necessary to maintain housing successfully.
- VIII. **Mainstream Service Coordination:** CAAS will integrate mainstream service providers into the system, including local Public Housing Authorities and VA medical centers.
- IX. **Homeless Management Information System (HMIS):** CAAS will utilize HMIS for the purposes of managing client information and facilitating quick access to available CoC resources

## II. Coordinated Entry Participation Expectations

- A. All CoC and ESG funded projects are required to participate in CAAS. The CoC aims to have all homeless assistance projects participating in its coordinated entry process and will work with all local projects and funders in the geographic area to facilitate their participation in CAAS.
- B. All projects that participate in CAAS are required to enter into a Memorandum of Understanding (MOU) Agreement with the Northlake Homeless Coalition. The purpose of the MOU agreement is to:
  1. Create a formal agreement between the agencies participating in CAAS to work together to prevent and end homelessness.

2. Outline the obligations of the NHC as the coordinated entry provider and the responsibilities of the participating agencies.

C. A copy of the MOU Agreement is included in Appendix XX of this document.

### III. CoC and ESG Coordination

- A. The CoC is committed to aligning and coordinating CAAS policies and procedures governing assessment, eligibility determinations, and prioritization with its written standards for administering CoC and ESG Program funds. Written standards for prioritizing CoC and ESG assistance are included in Appendix XX of this document.
- B. The NHC Governance Committee is responsible for reviewing and updating the written standards for prioritizing assistance. The NHC Governance Committee will include at least one CoC and ESG recipient in its membership. Written standards for prioritizing assistance will be reviewed biennially by the Governance Committee in consultation with CoC and ESG funded agencies.

### IV. Terms and Definitions

Terms & Definitions	
<b>Case Conferencing</b>	Local process for CAAS 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.
<b>Chronically Homeless</b>	<p><u>HUD's definition:</u></p> <p>Chronically homeless means: (1) A "homeless individual with a disability," as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who:</p> <ol style="list-style-type: none"> <li>i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND</li> <li>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.</li> </ol>
<b>Continuum of Care (CoC)</b>	Group responsible for the implementation of the requirements of <u>HUD's CoC Program interim rule</u> . 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. For the LA-506 region, the CoC is the organizations and individuals that comprise the NHC Providers and Stakeholders Association.
<b>Continuum of Care (CoC) Program</b>	HUD federal 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 effective utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.
<b>Diversion</b>	Services that assist households in identifying stable, permanent housing, wherein recipients are diverted from entering the homeless service system at all. Services include provision of financial, utility, and/or rental assistance; short-term case management; conflict mediation; connection to mainstream services (services that come from agencies outside of the homeless assistance system, such as welfare agencies) and/or benefits; and housing search.
<b>Emergency Shelter</b>	Temporary housing facilities/programs designed to keep people from residing in places unintended for human habitation. Shelter beds are often accessed on a first come, first served basis. Stays can be as short as a single night or can extend for much longer periods of time. Meals and other supportive services, such as counseling, transportation, abuse intervention, may be provided. In communities where facilities are full or unavailable, motel vouchers may be issued as emergency shelter.
<b>Emergency Solutions Grant (ESG) Program</b>	HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.
<b>Homeless Management Information System (HMIS)</b>	Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD’s data collection, management, and reporting standards.

<b>Homeless Prevention (HP)</b>	Services that aid households in preserving their current housing situation and strive to target people who have the highest risk of becoming homeless but who also have a strong chance of remaining housed if they receive emergency financial assistance. Services include rental assistance, utility assistance, legal services for landlord negotiations and eviction prevention, budgeting and credit repair, housing search, mediation for landlord conflict.
<b>Permanent Supportive Housing (PSH)</b>	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 achieve housing stability.
<b>Providers and Stakeholders Association</b>	The Providers and Stakeholders Association (PSA) represents persons experiencing or at risk of homelessness, providers of homeless services, and other relevant organizations and community stakeholders that make up the Continuum of Care.
<b>Public Housing Authority (PHA)</b>	Local entity that administers public housing and Housing Choice Vouchers (HCV) (aka Section 8 vouchers).
<b>Rapid Re-Housing (RRH)</b>	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.
<b>Release of Information (ROI)</b>	Written documentation signed by a participant to release his/her personal information to authorized partners.
<b>Transitional Housing (TH)</b>	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 in place when residing in transitional housing.

## V. Roles

Roles	
<b>CAAS Committee</b>	The CAAS Committee is comprised of CAAS Staff and representatives of CAAS participating projects. The Committee meets on a bi-weekly basis to discuss the prioritization list, available

	openings and client referrals. The CAAS Committee is responsible for approving referrals for available openings and case conferencing.
<b>CAAS Coordinator</b>	Staff position responsible for managing day-to-day functions of the coordinated entry system, 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 CAAS activity, and preparing CAAS monitoring and evaluation reports. The NHC Agency Administrator serves as the CAAS Coordinator.
<b>CAAS Management Entity</b>	Responsible for the day-to-day operations of the CAAS System. The NHC is the CAAS Management Entity for the region.
<b>CAAS Oversight Committee</b>	Responsible for the general oversight of the CAAS system. Serves as the policy oversight and evaluation entities for the coordinated entry system. Reviews CAAS Policies and Procedures and makes recommendations for updates to the NHC Board. Evaluates CAAS data on a quarterly basis and performance on annual basis. Responsible for addressing grievances and appeals.
<b>Collaborative Applicant</b>	Entity that applies for HUD funding for coordinated entry, including planning grants. The NHC is the Collaborative Applicant for the region.
<b>HMIS Lead Agency</b>	Operates the Homeless Management Information System on the CoC's behalf. Ensures the CAAS 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 Agency designated by the CoC may apply for CoC Program funds to establish and operate its HMIS. Beginning in 2019, the NHC will serve as the HMIS Lead Agency for the region.
<b>Mainstream System Provider</b>	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.
<b>Outreach Navigator</b>	Outreach Navigators identify and build rapport with homeless individuals and families living in emergency shelters, on the streets, in vehicles or in other places not meant for human habitation. The Navigators are responsible for conducting assessments with clients to be used by the CAAS Committee to prioritize individuals and families for housing.
<b>Participating Project</b>	Agency or organization that has agreed to provide homelessness supports/services on behalf of the CoC. A participating project must execute a CAAS MOU Agreement with the CoC. The MOU Agreement outlines the standards and expectations for the project's

	participation in and compliance with the policies and procedures governing CAAS operations. Projects that receive HUD CoC and/or ESG funding are required to participate in coordinated entry.
<b>U.S. Department of Housing and Urban Development (HUD)</b>	Federal agency responsible for administering housing and homelessness programs including the CoC and ESG Programs.
<b>U.S. Department of Veteran Affairs (VA)</b>	Federal agency responsible for providing health care and other services, including assistance to end homelessness, to veterans and their families.
<b>VI-SPDAT</b>	The Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) is conducted by CAAS Outreach Navigators trained to administer the tool Scores derived from administering the VI-SPDAT inform housing interventions, with prioritizations for those persons with highest acuties.

**VI. Geographic Coverage**

- A. The Coordinated Access and Assessment System covers the full geographic area of the LA-506 Continuum of Care, which is inclusive of Livingston, St. Helena, St. Tammany, Tangipahoa and Washington Parishes.
- B. CAAS Outreach Navigators conduct assessments at community outreach locations throughout the geographic area on a weekly basis. These locations are strategically chosen for accessibility by persons who are homeless or at risk of homelessness. If a client is unable to attend a community outreach location, the Outreach Navigator will locate the client during weekly street outreach hours, which are targeted to unsheltered homeless clients.
- C. Additional information regarding CAAS access and community outreach locations can be found in Appendix XX of this document.

**VII. Affirmative Marketing and Outreach**

- A. All persons participating in any aspect of CAAS such as access, assessment, prioritization, or referral shall be afforded equal access to coordinated entry 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

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

### **VIII. Nondiscrimination**

- A. The CAAS system must adhere to all jurisdictionally relevant civil rights and fair housing laws and regulations.
- B. The CoC has designated the CAAS Oversight Committee as the entity responsible for monitoring participating agencies on their compliance with all coordinated entry 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.

### **IX. Safety Planning and Risk Assessment**

- A. The CAAS system will include a local domestic violence hotline, which is staffed 24 hours a day, seven days a week, to ensure that all persons who are fleeing or attempting to flee domestic violence or sexual assault have immediate access to crisis response



services. All persons will have access to this hotline regardless of how they access the coordinated entry system (e.g. phone, web, in-person).

- B. All clients who report a history of domestic violence will be screened for risk or potential harm perpetrated on participants because of domestic violence, sexual assault, stalking, or dating violence. In the event defined risk is deemed to be present, CAAS Staff will administer the Campbell danger assessment tool and the participant shall be referred or linked to available specialized services and housing assistance, using a trauma-informed approach designed to address the service needs of survivors of abuse, neglect, and violence.

## 2. Access

### I. Access Model

- A. The CoC utilizes a single coordinated entry provider (Northlake Homeless Coalition) with multiple access points disbursed throughout the geographic coverage area to ensure that no matter where a homeless client is located, he/she will have access to the same resources, referrals, assessment and prioritization processes. The CoC utilizes specialized access points for domestic violence survivors as detailed in Section 2.III.A of this document.

### II. Access Points

- A. Clients may access the CAAS System in the following ways:
  - 1. NHC CAAS Hotline: The NHC office is open Monday – Friday, 8:30 am – 4:30 pm. Initial client assessments and referrals for emergency resources are conducted by telephone during normal business hours. Clients are scheduled to meet with an outreach navigator during community outreach or street outreach. After regular business hours and on weekends, clients are instructed to contact 211 for emergency assistance.
  - 2. 211 Hotline: During regular business hours, 211 refers clients who are homeless or at risk of homelessness to the NHC Hotline. After business hours, 211 serves as the emergency resource for homeless referrals in the region.
  - 3. Community Outreach: The Northlake Homeless Coalition operates in a largely rural geographic area that does not have access to public transportation. To ensure that clients can access CAAS, the NHC works with a variety of partners to hold weekly community outreach hours in locations where clients typically present for services (community action agencies, food banks, mainstream resource providers etc.). The community outreach locations and hours are posted on the NHC website at <http://northlakehomeless.org/outreach> and in Appendix XX of this document.

4. Street Outreach: Outreach Navigators conduct street outreach on a weekly basis across the geographic area to ensure that the most vulnerable unsheltered homeless clients who may not have telephone or internet access and/or the ability to attend one of the community outreach locations can be identified, assessed and prioritized.
5. Emergency Shelter/Transitional Housing Providers: NHC Outreach Navigators conduct assessments and provide emergency case management services to homeless persons residing in homeless shelters upon entry into the program. CAAS Staff communicate regarding new shelter client entries on a weekly basis and conduct initial assessments within 7 business days of notification of a new client entry.

### **III. Specialized Access Points for Domestic Violence Survivors**

- A. The CAAS System has identified separate access points for domestic violence survivors. DV Survivors may access the coordinated entry system in any one of the methods listed in 2.II.A1-5 or they may present for services with the following Domestic Violence providers in the region: Safe Harbor and Southeast Advocates for Family Empowerment (SAFE). If a client presents for services at one of the approved DV access points, the DV provider can provide housing resources immediately, if available. Otherwise, DV provider staff are trained and will administer the CAAS assessment so that the client may be prioritized for services with any available program that can meet their housing needs.

### **IV. Access Coverage**

- A. The CoC's entire geographic area is accessible to CAAS processes, either through defined location-specific community outreach access points, weekly street outreach, the CAAS Hotline, or the 211 community information and referral hotline that is accessible throughout the entire CoC geography.
- B. The 211 hotline provides access to basic CAAS services 24 hours a day and can be contacted from any location within the CoC.

### **V. Accessibility of Access Sites**

- A. The CoC will ensure that CAAS services are physically accessible to persons with mobility barriers. All CAAS communications and documentation will be accessible to persons with limited ability to read and understand English.
- B. The CoC designates the Northlake Homeless Coalition in its role as the CAAS Management Entity to serve as the primary point of contact for ensuring that all coordinated entry materials are accessible to clients with limited ability to read and understand English. CAAS Staff will, to the greatest extent practicable, provide communication accommodation through translation services to effectively and clearly communicate with persons who have disabilities, as well as with any person with limited

English proficiency. The NHC will provide visually and audibly accessible coordinated entry materials when requested by agencies or participants in CAAS.

## **VI. Emergency Services**

- A. CAAS initial screening and assessment services may only be available during business hours—8:30 am to 4:30 pm, Monday - Friday. When prospective participants present for services during non-business hours – between the hours 4:30 pm to 8:30 am on weekdays and on weekends – participants will still be able to access emergency services, including emergency shelter, when those emergency services are available.
- B. In the event prospective participants attempt to access designated access points during non-business hours, those persons will still be able to access emergency referral resources; the emergency shelters in the LA-506 region are privately funded and do not require a CAAS referral for entry. CAAS Staff work closely with each of the shelters to ensure that screening and assessment will be completed on all emergency shelter participants within 7 days after entry to emergency shelter.

## **VII. Prevention Services**

- A. The CAAS system will ensure that all potentially eligible homeless prevention (HP) participants will be screened for homelessness prevention assistance, regardless of the access point at which they seek assistance.
- B. Once a client is identified by CAAS staff as potentially eligible for homeless prevention services, a referral is generated via the Homeless Management Information System (HMIS) and sent to the appropriate homeless prevention service provider on the same business day. CAAS staff do not collect eligibility documentation for clients who are referred for prevention services; to expedite the process, homeless prevention providers are responsible for collecting all client eligibility documents for program intake and notifying the CAAS Coordinator of referral outcome.

## **VIII. Street Outreach**

- A. The NHC Outreach Navigators comprise the street outreach team and functions as an access point to the CAAS process. Outreach Navigators seek to engage persons who may be served through coordinated entry but who are not seeking assistance or are unable to seek assistance via projects that offer crisis housing or emergency shelter.
- B. The CAAS Outreach Navigators function as the street outreach team for the region and as such will have the ability to offer CAAS access and assessment services to participants they contact through their street outreach efforts. Street outreach teams will be considered an access point for coordinated entry.

## 3. Assessment

### I. Standardized Assessment Approach

- A. The CAAS process will provide a standardized assessment process to all coordinated entry participants, ensuring uniform decision-making and coordination of care for persons experiencing a housing crisis.
- B. All persons served by CAAS will be assessed using the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT). There are three versions of the VI-SPDAT, one for single adults, one for families with children and one for youth. All access points must use these tools to ensure that all persons served are assessed in a consistent manner, using the same process. The VI-SPDAT documents a set of participant conditions, attributes, need level, and vulnerability to identify an initial service strategy for the client and placement on the prioritization list for housing. The VI-SPDAT Tools can be found in Appendix XX of this document.

### II. Assessment Phases

- A. CAAS staff will progressively collect only enough participant information to prioritize and refer participants to available CoC housing and support services.
- B. The CoC has adopted the following phased approach to engage and appropriately serve persons seeking assistance through the CAAS system:
  1. *Initial Triage (Immediately)*: The triage tool is administered to identify the immediate housing crisis and determine if the CoC crisis response system is the appropriate system to address the potential participant's immediate needs. The Triage Tool can be found in Appendix XX of this document.
  2. *Diversion or Prevention Screening (Immediately)*: The second phase of assessment occurs immediately upon engaging with a client. During this phase, CAAS staff examines existing community and participant resources and options that could be used to avoid the participant entering the homeless system of care.
  3. *Crisis Services Referral (Immediately)*: The third phase also occurs immediately. While a CAAS referral is not required for emergency shelter entry, CAAS Staff works closely with the emergency shelters in the region to identify available crisis services for clients.
  4. *Initial Assessment (Within ten business days)*: During the fourth phase, CAAS Staff will administer the VI-SPDAT identify a participant's housing and service needs with the intent to resolve that participant's immediate housing crisis. For clients who contact the CAAS Hotline, the VI-SPDAT is administered immediately and an appointment is

scheduled with an Outreach Navigator for the following week to determine an immediate housing strategy. Clients who first present at an emergency shelter are assessed within seven business days of CAAS notification by emergency shelter staff. Clients who enter the CAAS System via community outreach locations or street outreach are assessed immediately upon presentation.

5. *Comprehensive Assessment (Within 45 business days after initial assessment)*: In the fifth phase, CAAS Staff 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. *Follow Up Assessment*: This phase will collect information revealed after an Initial Assessment is conducted when that new information might suggest a revised referral strategy. For clients who have received a comprehensive assessment but have not been housed within six months, CAAS Staff will conduct a follow up assessment to gather updated information on housing and service needs.
7. *Move On Assessment*: This final phase will re-evaluate clients who have been stably housed for some time and who might be ready for less-intensive housing and service strategies.

### **III. Assessment Screening**

- A. In accordance with HUD Coordinated Entry Notice: Section II.B.4, the CAAS assessment process will not screen clients out due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.
- B. The CAAS process may collect and document clients' membership in federally protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to referral options.

### **IV. Assessor Training**

- A. The CoC utilizes a single coordinated entry provider (Northlake Homeless Coalition) to conduct all assessments, except for domestic violence survivors presenting at the specialized access points. The NHC ensures that all CAAS staff and DV access point staff receive sufficient training to implement the CAAS system in a manner consistent with the vision and framework of coordinated entry, as well as in accordance with the policies and procedures of the system.
- B. The CoC will provide at least annual training for staff who manage access point processes and conduct assessments for coordinated entry. Training will be offered at no

cost to the agency or staff and will be delivered by an experienced and professional trainer who is identified by the CoC. Topics for training will include the following:

- Review of CoC's written coordinated entry policies and procedures, including variations adopted for specific subpopulations;
- Requirements for use of assessment information to determine prioritization;
- Intensive training on the use of the VI-SPDAT tool; and
- Criteria for uniform decision-making and referrals.

## **V. Client Autonomy**

- A. It is crucial that persons served by the CAAS system have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process, or to refuse a referral that has been made to them. In both instances, the refusal of the participant to respond to assessment questions or to accept a referral shall not adversely affect his or her position on the CAAS prioritization list.
- B. Some funders require collection and documentation of a client's disability or other characteristics or attributes as a condition for determining eligibility. Clients who choose not to provide information in these instances could be limiting potential referral options.

## **VI. Nondiscrimination Complaint and Appeal Processes**

- A. The 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.
- B. The CAAS client information packet includes a form that details the point of contact for filing and addressing any client grievances, which can be filed by clients if they believe the nondiscrimination policy has been violated in their case during the CAAS process.
- C. The grievance acknowledgment form describes and provides contact information on how to access the appeal process if they are not satisfied with or have any questions regarding how their complaints are handled. This form must be reviewed at the access point by CAAS staff and must be signed by each participant. The grievance acknowledgment form can be found in Appendix XX of this document.

## **VII. Privacy Protections**

- A. CAAS staff are required to notify and obtain participant consent for the collection, use, and disclosure of participants' personally identifiable information (PII).

- B. 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 PII collected via phone or email. CAAS staff shall obtain written client consent from the participant when he or she comes in and additional data are collected during an in-person assessment via the CAAS Release of Information (ROI) form. CAAS Staff will also provide each client with a copy of the LSNDP Privacy Notice at the point of assessment. The LSNDP Privacy Notice and CAAS Release of Information (ROI) forms can be found in Appendices XX and XX of this document.

### **VIII. Disclosure of Disability of Diagnostic Information**

- A. Throughout the assessment process, clients must not be pressured or forced to provide CAAS staff with information that they do not wish to disclose, including specific disability or medical diagnosis information.
- B. 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.

### **IX. Assessment Updates**

- A. Participant assessment information should be updated every six months, if the participant is served by CAAS for more than 6 months. Additionally, staff may update participant records with new information as new or updated information becomes known by staff.
- B. Clients 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. Client data in HMIS can be updated after an initial CAAS data collection period and throughout project enrollment to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. The CoC will continuously work to improve participant engagement strategies to achieve completion rates of required HMIS data elements that are as high as possible.

## **4. Prioritization**

### **I. Standardized Prioritization**

- A. The CoC will use data collected through the CAAS process to prioritize homeless persons within the CoC's geography.

- B. Permanent Supportive Housing (PSH): The prioritization for PSH is consistent with *HUD Notice CPD-16-11: Notice on Persons Experiencing Chronic Homelessness and other Vulnerable Homeless Persons in Permanent Supportive Housing*. Persons eligible for PSH will be prioritized for available units based on the following criteria
1. First Priority: Chronically homeless individuals and families with the longest history of homelessness **and** with the most severe service needs as determined by documented homeless history and the VI-SPDAT assessment (Score of 8+).
  2. Second Priority: Chronically homeless individuals and families with the longest history of homelessness **but** without severe service needs as determined by documented homeless history and the VI-SPDAT assessment (Score of <8).
  3. Third Priority: Homeless individuals and families who are not chronically homeless **but** do have a disability and severe service needs as determined by the VI-SPDAT Assessment (Score of 8+).
  4. Fourth Priority: Homeless individuals and families who are not chronically homeless **but** do have a disability and a long period of continuous or episodic homelessness.
  5. Tie Breaker: When two households in the same priority are equally scored on the Prioritized List, the following tiebreakers will be used in this order:
    - a. Longest length of homelessness
    - b. Veteran household
    - c. History of domestic violence
    - d. Households with the most members
- C. Transitional Housing (TH): Transitional Housing is utilized to serve client populations with specific needs. Clients will be referred to transitional housing on the following criteria:
1. First Priority: Client meets program-specific eligibility criteria (i.e. clients reporting a history of domestic violence will be referred to a DV TH program).
  2. Second Priority: Clients with the highest VI-SPDAT score.
  3. Third Priority: Clients with the longest length of time homeless.
  4. Fourth Priority: Households with the most members.
- D. Rapid Rehousing (RRH): The CoC recognizes that there is substantially less Permanent Supportive Housing (PSH) available than those individuals and families who score greater than 8 on the VI-SPDAT and have a documented disability. As such, the NHC has adopted a progressive engagement approach to the administration of RRH resources, with RRH referrals prioritized with the greatest needs based on the following criteria:
1. First Priority: Clients with the highest VI-SPDAT score.
  2. Second Priority: Clients with the longest length of time homeless.



3. Third Priority: Clients with a history of domestic violence
4. Fourth Priority: Active duty US Military Veterans who are not eligible for the SSVF RRH Program.
5. Fourth Priority: Households with the most members.

## **II. Emergency Services**

- A. Emergency services are a critical crisis response resource and access to such services will not be prioritized. CAAS Referrals are not required for emergency shelter entry.

## **III. CAAS Prioritization List**

- A. 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 CAAS prioritization list is organized according to participant need, vulnerability and risk. The prioritization list provides an effective way to manage an accountable and transparent prioritization process.
- B. The CAAS Prioritization list is managed by the Northlake Homeless Coalition. New Participants' rank order on the prioritization list will be managed according to the written standards for prioritizing assistance as detailed in section 4.I.A.-D of this document.

# 5. Referral

## **I. Notification of Vacancies**

- A. All CAAS participating providers will enroll all new participants from the coordinated entry process. To facilitate prompt referrals and to reduce vacancy rates, participating providers must notify NHC of any known and anticipated upcoming vacancies according to the timeline as outlined in the CAAS Memorandum of Understanding (MOU).
- B. When a housing vacancy occurs or is expected to occur in the immediate future, the provider agency with the vacancy must alert the NHC Agency Administrator via email within five business days of the vacancy. The notification must include specific details of the vacancy, including project name, unit size, location and any funder-defined eligibility requirements. The NHC CAAS team will work to identify a prioritized household and submit a proposed referral to the CAAS Committee to fill the vacancy.

## **II. Participant-Declined Referrals**

- A. One of the guiding principles of CAAS is participant choice. This principle must be evident throughout the CE process, including the referral phase. Clients served through CAAS can reject service strategies and housing options offered to them, without repercussion.
- B. Individuals and families will be given information about the programs available to them and be provided choices whenever feasible, based on assessment information, vulnerability and need scores, preliminary eligibility pre-determinations, and available resources. Of the options available, participants will be afforded their choice of which project to be referred to. If an individual or family declines a referral to a housing program, they remain on the prioritization list until the next housing opportunity becomes available.

### **III. Provider-Declined Referrals**

- A. There may be instances when a participating provider agency decides not to accept a referral from the CAAS system. When a provider agency declines to accept a referred prioritized household into its project, the agency must notify the NHC Agency Administrator of the denial and the reason for the denial. CAAS Provider Agencies must adhere to the referral acceptance requirements outlined in the CAAS MOU and work with CAAS staff to identify alternative arrangements for the client via case conferencing through the CAAS Committee.
- B. Refusals by projects are acceptable only in certain situations, including:
  - 1. The person does not meet the project's eligibility criteria.
  - 2. The person would be a danger to self or others if allowed to stay at this project.
  - 3. The services available through the project are not sufficient to address the intensity and scope of participant need.
  - 4. The project is at capacity and is not available to accept referrals currently.
- C. The provider agency must communicate declination of the referral to the NHC Agency administrator via HMIS and email within five business days of the rejection decision. The agency must include 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. This information will then be shared with the CAAS Committee so that alternative options can be determined for both the project and the participant.

## **6. Data System**

### **I. Data System**

- A. In its role as the CAAS Management Entity, the NHC is responsible for ensuring all participants' data are secured regardless of the systems or locations where participant data are collected, stored or shared, whether on paper or electronically. Additionally, participants must be informed how their data are being collected, stored, managed, and potentially shared, with whom, and for what purpose.
- B. CAAS participants must receive and acknowledge the LSNDNC Privacy Notice and the CAAS Release of Information (ROI) form prior to the collection of data for CAAS. The form identifies what data will be collected, stored and managed; how the data will be used for the purposes of helping the participant obtain housing assistance and for other administrative purposes; and what data will be shared with others (if the participant consents to such data sharing). The LSNDNC Privacy Notice and CAAS Release of Information (ROI) forms can be found in Appendices XX and XX of this document.

## **II. Data Collection Stages and Standards**

- A. CAAS Staff must collect all data required for coordinated entry as reviewed by the CoC, including the universal data elements listed in HUD's HMIS Data Standards Data Manual.

## **III. Participant Consent Process**

- A. Data must not be collected without the consent of participants, in accordance with the defined privacy policies adopted by the Louisiana Services Network Data Consortium (LSNDNC). The LSNDNC Privacy Policy can be found in Appendix XX of this document.
- B. As part of the assessment process, participants will be provided with a written copy of the LSNDNC Privacy Notice and the CAAS ROI Form. These identify what data will be collected and shared, which agencies data will be shared with, and the purpose for the data sharing. The LSNDNC Privacy Notice and CAAS Release of Information (ROI) forms can be found in Appendices XX and XX of this document.

# 7. Performance Monitoring and Evaluation

## **I. Performance Monitoring**

- A. The CAAS Oversight Committee will utilize HMIS data to conduct quarterly performance monitoring of the CAAS system. The CAAS Oversight Committee has selected the following as key outcomes for coordinated entry:
  - 1. Reduction in length of time homeless

2. Reduction in the number of persons experiencing first-time homelessness
  3. Increase in the number of placements into permanent housing
  4. Returns to homelessness
- B. Results of performance monitoring will be posted to the NHC website and distributed via the NHC mailing list after review by the CAAS Oversight Committee.

## II. CAAS Evaluation

- A. The CAAS Oversight Committee will conduct an annual evaluation of the coordinated entry system, utilizing a three-year review cycle as follows:
1. Year 1: The CAAS Oversight Committee will conduct a compliance evaluation utilizing the Coordinated Entry Self-Assessment, a tool that evaluates both required and recommended coordinated entry elements. The CAAS Oversight Committee will identify any compliance-related issues and implement and monitor a compliance improvement action plan, if necessary. The outcomes resulting from the action plan will be reviewed at the end of the year, with additional action items created and reviewed in Year 2 if necessary. The Coordinated Entry Self-Assessment can be found in Appendix XX of this document.
  2. Year 2: The CAAS Oversight Committee will conduct an effectiveness evaluation in Year 2 to determine how effective the coordinated entry process is in connecting people experiencing homelessness to appropriate referrals. The effectiveness evaluation will incorporate data from a variety of sources, including provider interviews, focus groups, surveys and HMIS data. The effectiveness evaluation will evaluate the following components of the coordinated entry system:
    - a. Access
    - b. Assessment and Prioritization
    - c. Referral
    - d. Cost Effectiveness
    - e. Gaps in Services

Once all the data points have been analyzed, the CAAS Oversight Committee create an effectiveness improvement action plan and monitor implementation of the plan in Year 2 and 3.
  3. Year 3: The CAAS Oversight Committee monitor outcomes from the compliance and effectiveness improvement plans in Year 3 and identify any ongoing trouble spots that should be monitored more intensively in the following three-year review cycle.