

**KS-505 Johnson County Coordinated Entry System
Policies and Procedures Framework**

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KS-505's Coordinated Entry System

A Coordinated Entry System (“CES”) represents a collaborative and structured approach to coordination and management of a Continuum of Care’s housing crisis response system. The CES system for Johnson County (KS-505) will enable CoC providers and homeless assistance staff to make consistent decisions from available information. CoC services providers will efficiently and effectively connect people in crisis to interventions that will rapidly end their homelessness. The CES approach also aligns with KS-505’s goals to transform crisis response systems to improve outcomes for people experiencing a housing crisis.

In 2009, the McKinney-Vento Homeless Assistance Act was amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. Among other actions, the HEARTH Act consolidated several of HUD’s separate homeless assistance programs into a single grant program, the Continuum of Care Program, and it codified into law the CoC planning process.

PLANNING

Background: HUD requires that CoCs establish and operate a “*centralized or coordinated assessment system,*” hereafter referred to as a coordinated entry system (CES). All projects operated by recipients and subrecipients of CoC or ESG grant funds must participate in the established coordinated entry process. The rule defines coordinated entry as:

a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. [Such a] system covers the [CoC’s] geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. (24 CFR part 578.3)

Policy 1:

KS-505 adopts a coordinated entry process that meets HUD requirements. Specifically, the KS-505 system: covers the entire geographic area claimed by CoC KS-505; is easily accessible by individuals and families seeking housing or services; is well-advertised; uses a comprehensive and standardized assessment tool, and; provides for the needs of individuals and families impacted by domestic violence, dating violence, sexual assault or stalking, including people who are seeking assistance from non-victim specific providers.

Planning Core Requirements:

Geographic area: The CES system includes the entire geographic area claimed by KS-505. The geographic area covers all of Johnson County Kansas and includes the cities of Overland Park, Lenexa, Shawnee, and Olathe. A single coordinated entry system planning group made up of KS-505 leadership and community stakeholders met monthly to assure that the system is effectively covering the full geographic area and meeting HUD’s guidelines during the planning process. Meeting of the planning group will continue bi-monthly during the initial year of implementation to assure it is meeting HUD’s requirements for CES.

Accessible: The CES system uses a no wrong door approach. KS-505 identifies agencies to provide advertised access points called Hubs, but all CoC and ESG member agencies have trained staff who conduct a standardized triage assessment process. The process includes use of a triage screen and diversion protocol, a standardized DESC Vulnerability Assessment Tool for permanent housing prioritization, and entering data for households identified as HUD defined literally homeless into an HMIS

that meets HUD's requirements.

Advertising The CES system is advertised through: websites (www.ucsjoco.org, <http://www.unitedwaygkc.org/find-support/united-way-2-1-1>, <http://ims.jocogov.org/rc/default.aspx>); provider outreach, flyers and posters displayed at CoC, ESG and DV provider sites; outreach to mainstream service providers, and; coordination with marketing efforts in contiguous CoCs. Marketing strategies are designed to engage all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the absence of special outreach.

KS-505 coordinated entry written policies and procedures include a strategy to ensure the coordinated entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. 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, have fair and equal access to the coordinated entry process.

Standardized Assessment Tool: Following an initial triage screen (KS-505 Initial Triage Screen and Diversion Tool) to assess whether households presenting as homeless can be diverted successfully to alternate housing, staff at access points are trained in the use of a standardized HMIS intake assessment that will enable them to appropriately refer each household that cannot be diverted to a safe and stable housing option. After basic shelter needs are met or options are declined by the household, certified assessors will conduct the DESC Vulnerability Assessment Tool (VAT) question and scoring paradigm to assess and document each households' needs and prioritize services. Vulnerability will be defined by the head of household's score on the DESC Vulnerability Assessment Tool. If an organization trained in the triage screen only provides emergency assistance and does not use HMIS, they will refer households meeting HUD's definition of homeless to a KS-505 Hub for HMIS intake and assistance in identifying safe shelter.

Housing and Services Assessment: The KS-505 progressive assessment approach within its HMIS Intake focuses on program and related service enrollment and prioritization decisions necessary to move the participant to the next stage of assessment or determine a referral to a service strategy, including assessment of housing and service needs and preferences.

Needs of special populations: CES operations, including marketing strategies, are designed to engage individuals and families affected by domestic violence, sexual assault, and dating violence. The triage screen offers immediate referral to local domestic violence hotlines for triage with a DV specialist if desired. Access points have capacity to assess all different populations and subpopulations within the geographic area, ensuring fair and equal access to the CES.

Written Standards and procedures for Providing CoC assistance includes guidance for:

- guidance for evaluating individuals' and families' eligibility for assistance
- guidance for determining and prioritizing which eligible individuals and families will receive transitional housing assistance.
- guidance for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance.
- guidance for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance.

- guidance for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.
- KS-505's Written Standards for Assistance can be reviewed as attachment 1.

Full Coverage: The full geography of the CoC is covered by CES services including access to crisis response services, assessment of clients and referral options. Given that there are no emergency shelter beds for single males in KS-505 at this time, other than inclement weather shelters, single males in a housing crisis will be referred to shelter resources in contiguous counties. KS-505 retains responsibility for these individuals, who will be identified as Johnson County residents at the point of initial triage screening. If appropriate, clients will go through HMIS intake, assessed for vulnerability, and placed on KS-505's by-name list for permanent housing. A parallel response will be put in place for single females in similar circumstances given beds are extremely limited. Service gaps are monitored and addressed through referral to mainstream crisis services within the geographic area and/or referral to crisis services in contiguous counties (Wyandotte and Douglas Counties, KS; Jackson County, MO)

Marketing:

KS-505 affirmatively markets housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the absence of special outreach. This includes materials in languages other than English (which languages are most relevant for your CoC). CES is available to all eligible persons through websites, outreach and assessment conducted by all CoC and ESG recipients, and through CoC emergency assistance partners. All people in different populations and sub-populations have fair and equal access to KS-505's CES.

Nondiscrimination: CoC and ESG recipients and sub-recipients are required by local agreement and HUD regulations to comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws, including Catholic Charities of Northeast Kansas, SAFEHOME, Hillcrest Transitional Housing of Kansas, Johnson County Mental Health Center, Mid-America Regional Council, Johnson County Community Development, and United Community Services of Johnson County (as of January 2018 adoption of the CES policies and procedures).

ACCESS

Background: HUD requires the CES system to be accessible and usable for all individuals and families seeking assistance.

Households who present as in a housing crisis or as homeless can enter the CES in three ways initially: to non-service providers such as law enforcement, a hospital's ER, or the CoC's lead agency; by phone to the region's 2-1-1 system (866-320-5764) or Johnson County's OneAssist (913-715-8989); or to emergency assistance or homeless services providers in Johnson County. (See attached workflow to visually track how households will move through the CES). If households present to either non-direct services providers or by calling 2-1-1 or OneAssist, they will be directed to one of four Hubs based on their current location or preference who will conduct the initial triage screen. The four Hubs are:

The four CES Hubs are:

- Catholic Charities of NE Kansas – Overland Park office (9806 W 87th St Overland Park KS 66212)
- Catholic Charities of NE Kansas – Olathe Office (333 E Poplar St, Olathe KS 66061)
- Salvation Army – Olathe Corp (420 E Santa Fe, Olathe KS 66061)
- Johnson County Mental Health Center – Shawnee office (11120 W 65th St, Shawnee KS 66203)

Additionally, those who are unable to access one of the four Hubs described above due to issues related to transportation or safety concerns will be connected to street outreach teams in addition to Hub staff. Together the household and staff will meet at a place of the household's choice. Finally, KS-505's lead agency staff for the CoC is listed on HUD's website as the homeless referral contact and thus received direct calls and emails regarding housing crises. If the CoC lead agency receives a direct phone or email contact, trained staff will either conduct the triage screen to assess the household's current crisis and refer as appropriate, or will refer the household to one of the four Hubs for screening and appropriate referral.

After-hours emergency contact will be provided by United Way of Greater Kansas City's 24/7/365 2-1-1 phone line (2-1-1 or toll-free 866-320-5764), where callers will be conferred with regarding their immediate needs and get information about where to go at that time or the next business day based on their current location for assistance and shelter and choice. 2-1-1 staff are capable of providing information in Spanish and through relay services for those who have hearing and/or speech disabilities (1-800-766-3777).

Policy 2:

KS-505 offers the same assessment approach at all access points – first welcoming the household, conducting the KS-505 CES triage screen and diversion protocol, and then prioritizing meeting immediate needs and safe shelter. A vulnerability assessment tool is conducted if the household is unable to regain housing once they have stabilized or the household remains unsheltered in the community. All access points may be used to enter the CES by any household regardless of characteristics contributing to their homelessness or risk of homelessness.

Standardized Access and Assessment

The CoC provides the same assessment approach, including standardized decision-making at all access points. The CoC ensures participants may not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking. The CoC's access point(s) are easily accessed by individual and families seeking homeless or homelessness prevention services.

Homeless service providers will administer the KS-505 CES Triage Screen and Diversion Protocol and HMIS intake (when appropriate) as defined by the KS-505 CES Planning Process Group. The assessment process is standardized across the CoC, with uniform decision-making across all assessment locations and staff. If an assessment process is conducted or managed by providers who do not receive HUD funds or do not participate in the CoC's HMIS, those providers must still abide by assessment standards and protocols defined by the CoC in conducting the Triage Screen and Diversion protocol. If the household cannot be prevented or diverted from homelessness, the non-HMIS provider refers households to KS-505 Hub's for HMIS intake and DESC VAT assessments. CES will operate using a client-centered trauma informed approach, allowing clients to refuse to answer assessment questions and/or refuse referrals.

To ensure transparency in client care coordination and decision making, all CES participants completing an HMIS intake, subsequent VAT assessment, and related referrals to a CoC project are offered written documentation of the assessment and referral. This "receipt" of CES assessment and referral process includes a description of the CES screening and assessment results and indicate how the CES participant's prioritization for the referral intervention is offered, explaining why the assessment tool was conducted and how KS-505 prioritizes housing resources for those who are most vulnerable.

No household presenting for housing may be denied entry into the CES because of active or a history of

domestic violence or sexual assault.

Fair and Equal Access

KS-505 ensures fair and equal access to CES system programs and services for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, sexual orientation, or domestic violence status. Participants are not be denied services due to their status of fleeing domestic violence or sexual assault.

All CoC and ESG program-funded projects agree to take full accountability for complying with applicable civil rights and Fair Housing laws and requirements

If an individual's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program will make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual's needs. Clients are enrolled in housing and services based on their self-identified gender.

Emergency Services

Households who present as with a housing crisis or as homeless seeking emergency services can enter the CES in three ways initially: to non-service providers such as law enforcement, a hospital's ER, or the CoC's lead agency; by phone to the region's 2-1-1 system (866-320-5764) or Johnson County Government's 913-715-8989 Assistance Line; or to emergency assistance or homeless services providers in Johnson County. (See attached workflow to visually track how households will move through the CES). If households present to either non-direct services providers or by calling 2-1-1 or Johnson County Government, they will be directed to one of four CES Hubs based on their current location or preference for their initial triage screen.

The four CES Hubs are:

- Catholic Charities of NE Kansas – Overland Park office (9806 W 87th St Overland Park KS 66212)
- Catholic Charities of NE Kansas – Olathe Office (333 E Poplar St, Olathe KS 66061)
- Salvation Army – Olathe Corp (420 E Santa Fe, Olathe KS 66061)
- Johnson County Mental Health Center – Shawnee office (11120 W 65th St, Shawnee KS 66203)

Additionally, those who are unable to access one of the four Hubs described above due to issues related to transportation or safety concerns will be connected to street outreach teams in addition to Hub staff and together the household and staff will meet at a place of the household's choice. Finally, KS-505's lead agency staff for the CoC is listed on HUD's website as the homeless referral contact and thus received direct calls and emails regarding housing crises. If the CoC lead agency receives a direct phone or email contact, trained staff will either conduct the triage screen to assess the household's current crisis and refer as appropriate or will refer the household to one of the four Hubs for screening and appropriate referral.

After-hours emergency contact will be provided by United Way of Greater Kansas City's 24/7/365 2-1-1 phone line (2-1-1 or toll-free 866-320-5764), where callers will be conferred with regarding their immediate needs and get information about where to go at that time or the next business day based on their current location for assistance and shelter and choice. 2-1-1 staff are capable of providing information in Spanish and through relay services for those who have hearing and/or speech disabilities (1-800-766-3777).

Prevention Services

Prevention Services will be offered by KS-505 emergency assistance and homeless services providers including the CES Hubs following the household's presentation and completion of the initial triage screen. The screen will assess their current housing crisis and whether focused emergency assistance resources or diversion to alternative housing will prevent their household from becoming homeless. Those seeking prevention services will be assessed through the CES using the KS-505 Triage Screen and Diversion tool as described earlier to connect them appropriately.

Full Coverage

KS-505 chose a no-wrong door entry model to maximize the possible number of access points in a large county with eighteen cities and multiple townships and extremely limited public transportation options. All of the Coordinated Entry System's Hubs can be accessed by any household presenting with a housing crisis regardless of their current location to maximize choice and agency over where they enter the system, although those receiving referrals will be offered the Hub closest to their current location in order to reduce transportation barriers.

Advertising/Marketing

The CES system is advertised through: websites (www.ucsjoco.org, <http://www.unitedwaygkc.org/find-support/united-way-2-1-1>, <http://ims.jocogov.org/rc/default.aspx>); provider outreach, including flyers and posters displayed at CoC, ESG and DV provider sites; outreach to mainstream service providers; and coordination with marketing efforts in contiguous CoCs. Marketing strategies are designed to engage all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the absence of special outreach.

KS-505 coordinated entry written policies and procedures include a strategy to ensure the coordinated entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status. 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, have fair and equal access to the coordinated entry process.

Fair and Equal Access

KS-505 CoC's written policies and procedures establishes protocols for fair and equal access to CoC housing and services. All Hubs are accessible for those with physical disabilities as is consistent with the ADA, and include staff that speak languages other than English and/or can employ translation services as needed. CoC and ESG recipients can provide appropriate auxiliary aids and services necessary to ensure effective communication. Hubs and other homeless service providers acting as access points for KS-505's coordinated entry system will offer CES related materials and prioritization explanations in both Spanish and English with phone contacts for additional information to meet the needs of those entering the CES.

If an individual's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual's needs.

Safety Planning

KS-505 CES provides necessary safety and security protections for persons fleeing or attempting to flee family violence, stalking, dating violence, or other domestic violence situations. Safety planning guidelines and examples of trauma-informed approaches to care coordination were developed via a partnership with SAFEHOME Inc in 2017, KS-505's local domestic violence services provider. SAFEHOME

offer annual training at KS-505 meetings on DV related issues, provides the safety training, and participates in the by-name list for permanent housing in the CoC in a way that assures confidentiality for households. The first question of KS-505's initial triage screen regardless of where the triage screen is conducted asks whether the household is in its current crisis due to domestic violence, sexual assault, and/or stalking and asks if they would like to be screened by SAFEHOME staff (913-262-2868). This enables CoC members to immediately identify those fleeing domestic violence and offer them a referral to specialized services and supports. SAFEHOME staff practice trauma-informed approaches and offer a wide variety of supportive services in addition to emergency shelter, transitional housing and rapid re-housing options.

Safety planning training will be offered annually along with the point in count survey training in January.

Street Outreach

Providers of Street Outreach services funded through ESG or CoC programs seek out unsheltered homeless individuals and families, meaning those with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. Households are offered the same standardized process to enter the CES as those who access the CES through the Hubs or other homeless service provider organizations. Examples of these types of accommodations not designed for or ordinarily used for regular sleeping include a car, public park, abandoned building, bus or train station, airport, or camping ground.

Accessibility

While Johnson County Kansas has extremely limited public transportation, all three Hubs are located either on or very near bus lines that service the county, in addition to being located either on or close to main thoroughfares in the cities of Olathe, Overland Park and Shawnee. These factors make these organizations accessible and easy to find in a county that is very spread out with 18+ municipalities. Additionally, these offices have the capacity to either themselves offer community based emergency assistance and/or support households' applications to mainstream resources and supportive services or partner with other organizations to do the same.

ASSESSMENT

Policy 3:

KS-505 applies a standardized assessment and process which is used for uniform decision-making across the CoC's. No projects operated by recipients and subrecipients of CoC or ESG grant funds can screen households out of the coordinated entry process due to perceived barriers to housing or services. Perceived barriers include but not limited to, too little or no income, active or history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a 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.

Procedure 3.1: Standardized Assessment Tools and Process

KS-505's CES system uses a no wrong door approach. KS-505 selects agencies to provide advertised access points called Hubs, but all agencies have trained staff who conduct a standardized triage screen and diversion protocol with presenting households. The CoC provides the same assessment approach, including standardized decision-making, at all access points. The CoC ensures participants may not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking. CoC access point(s) are easily accessed by individuals

and families seeking homeless or homelessness prevention services.

Homeless services providers administer the KS-505 CES Triage Screen and Diversion Protocol upon a household's initial presentation for a housing crisis. If the household's crisis can be addressed or averted through emergency assistance resources or if the household can be diverted to safe housing temporarily, they will be referred for emergency assistance and other mainstream resources to stabilize their current housing or assist in identifying new housing. If the household is literally homeless and cannot identify temporary safe housing, those administering coordinated entry screening and diversion protocol will complete an HMIS intake as defined by the KS-505 CES Planning Process Group and refer them to immediate safe and stable shelter.

Following either entering temporary housing such as emergency shelter or refusing temporary housing, certified DESC vulnerability assessment tool (VAT) assessors will administer the VAT to assess the household's level of vulnerability, and enter the household into KS-505's by-name list for eligibility for permanent housing supports. The assessment process is standardized across the CoC, with all organizations recognizing the VAT score as how households' vulnerability is assessed and how permanent housing openings are filled. This is a uniform decision-making across all assessment locations and staff. (See attached visual workflow for reference)

Permanent housing (CoC and ESG rapid re-housing and permanent supportive housing grant funds) for households experiencing literal homelessness in Johnson County Kansas can only be accessed through the KS-505's Coordinated Entry System by-name list. The by-name list (BNL) will sort households by their VAT scores – from highest to lowest – with the top 30% generally recommended for PSH supports and those below top 30% for rapid re-housing.

If an KS-505 Triage Screen and Diversion Protocol is conducted or managed by providers who do not receive HUD funds or do not participate in the CoC's HMIS, those providers will still abide by assessment standards and protocols defined by the CoC in conducting the Triage Screen and Diversion protocol and if appropriate, refer households to Hub's for HMIS intake and DESC VAT assessment. CES will operate using a client-centered trauma informed approach, allowing clients to freely refuse to answer assessment questions and/or refuse referrals.

To ensure transparency in client care coordination and decision making, all CES participants completing an HMIS intake, subsequent VAT assessment, and related referrals to a CoC project are offered written documentation of the assessment and referral. This "receipt" of CES assessment and referral process includes a description of the CES screening and assessment results and indicate how the CES participant's prioritization for the referral intervention is offered, explaining why the assessment tool was conducted and how KS-505 prioritizes housing resources for those who are most vulnerable.

Households presenting for housing may not be denied entry into the CES because of active or a history of domestic violence or sexual assault.

Low Barrier Policy

The term "low barrier" refers to minimal eligibility and enrollment obstacles resulting in homeless persons being engaged and enrolled in homeless assistance projects regardless of perceived barriers such as lack of income, lack of sobriety, presence of criminal records, or historical non-compliance with program requirements. No households may be screened out of the CES due to perceived barriers to housing and services including but not limited to lack of income, lack of employment, disability status, domestic violence status, or substance use unless a project's primary funder or local government jurisdiction

requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Funders restricting access to projects based on specific client attributes or characteristics will need to provide documentation to the CoC providing a justification for their enrollment policy.

Procedure 3.2 **Assessor Training**

CoC member organizations who serve those who are in a housing crisis will be trained annually on the KS-505 CES Triage and Diversion Protocol including the process by which households presenting in a housing crisis are triaged, diverted or prevented from homelessness if possible, and if not, entered into HMIS intake, safely stabilized and then assessed for vulnerability with the DESC VAT in order to be placed on the by-name list for permanent housing options. This will be done to assure that all persons involved in responding to households in need will clearly understand the methods by which triage, diversion and subsequent assessments of vulnerability will be progressively used to move households most quickly to permanent housing. Annual training will be held along with the annual PIT count survey training session each January, and then as needed throughout the year for new staff and organizations.

Training curricula will include:

- Review of CES – why we do it, its goal, main components and where it fits into our overall response to homelessness in Johnson County, the importance of standardized responses and prioritizing the most vulnerable
- Workflow of CES – where households are likely to present, how they are triaged to determine their needs and either prevented or diverted from homelessness if possible, entry into HMIS through a common intake and referral to an emergency shelter, subsequent vulnerability assessment process and use for permanent housing options, goal of re-establishing and supporting permanent housing for all households
- Collecting initial information through the KS CES Triage and Diversion Protocol – distribution of the screening and diversion tool, how to administer the screening protocol including examples of different responses, how to encourage a creative housing conversation when exploring possible diversion options, understanding the importance of each agency’s ability to support each household with their resources and case management capacity regardless of housing supports, priority to move households to safe and stable shelter space option
- Protocol once no safe place can be identified by the household – completing HMIS intake and referral to safe shelter, referral protocol for those organizations who do not use HMIS when a literally homeless household presents to their agency, completing a safety plan with households who refuse safe shelter, arranging for a vulnerability assessment to be conducted with each household that is identified as literally homeless with certified DESC VAT-trained assessors, enrolling households on the by-name list, prioritization of populations if VAT scores are identical, regular meetings of PH providers and VAT assessors to review by-name list and status of those identified for housing.
- Opportunity to practice use of triage and diversion tool, propose possible scenarios and troubleshoot organization-specific practices and resources that might act as barriers to fidelity to the CoC’s policy and procedures for CES.

Procedure 3.3-3.5 – **Assuring a Client-Centered Approach, with Participant Autonomy and Privacy**

Assessment staff will always engage households respectfully and appropriately and will only collect necessary information based on the triage screen, diversion protocol, and vulnerability assessment.

Assessment staff recognize that some participants may choose not to answer some questions for a variety

of reasons. Each household presenting with a housing crisis has the right to refuse to answer assessment questions and reject any and all housing options offered to them without fear of retribution or limiting their access to assistance. If by not answering some questions, the staff are unable to direct the household to possible appropriate referrals, the household will be informed of how their lack of response limits their referral options so they understand the process. Assessment staff will make every effort to the best of their ability to refer a household such that their needs are met regardless of limited responses.

Once a household has been determined to be literally homeless and assessed with the DESC VAT and placed on the by-name list for permanent housing and related services, they will not be removed from the by-name list unless they ask to be removed because they have independently identified permanent housing, have been successfully placed in permanent housing with the assistance of the CoC, or it has been confirmed that they have moved out of the area. Households that are offered a housing placement and choose not to take it are not removed from the by-name list and will maintain their place on the list based on their VAT score. If after 12 months they have still not been placed, they will be re-assessed and maintained on the by-name list with the most recent VAT score.

If a household feels that they have not been treated respectfully and/or was discriminated against resulting in not gaining access to services or housing or being removed from consideration for referral, they may file a complaint with KS-505's CoC lead agency for review. All households that are assessed will be informed of their ability to file a nondiscrimination complaint.

The assessment process includes questions needed to gather information to: resolve a housing crisis, identify the appropriate supports and systems to best address the household's immediate needs, and explore options to prevent their entering the homelessness system of care.

Standardized Access and Assessment

Following either entering temporary housing or refusing temporary housing, certified DESC vulnerability assessment tool (VAT) assessors will administer the VAT to assess the household's level of vulnerability and enter the household into KS-505's by-name list for eligibility for permanent housing supports. Those organizations that do not have a certified DESC VAT assessor in house will partner with the Hubs to arrange for an assessment in a timely manner. The assessment process is standardized across the CoC, with all organizations recognizing the VAT score as how household vulnerability is assessed and how permanent housing openings for those experiencing homelessness are filled. This is a uniform decision-making across all assessment locations and staff. (see attached visual workflow for reference)

All permanent housing (rapid re-housing and permanent supportive housing grant funds) for households experiencing literal homelessness in Johnson County Kansas can only be accessed through the KS-505's Coordinated Entry System by-name list. The by-name list (BNL) will sort households by their VAT scores – from highest to lowest – with the top 30% generally recommended for PSH supports and those below top 30% for rapid re-housing.

Once a CoC and ESG permanent housing provider receives a referral off the by-name list, they reach out to the clients by all means available to them including but not limited to: phone, email, and street outreach. If a client is not responsive, local data bases are reviewed to determine if the client has recently engaged with local agencies or organizations to determine if they are still in the area. If so, representatives from that agency are contacted and asked for assistance in connecting. Following referral, the subsequent practices are implemented if the client cannot be contacted or is not responsive to caseworkers' contacts:

- In general, if in the 30 days since receiving a referral, contact is initially made and appointments set up at an agreed upon time and place BUT meetings are not attended and follow up phone calls and emails are not answered, the organization may request the household be returned to the list and receive another referral.
- In general, if in the first two weeks of a referral, all attempts to contact the household (multiple phone calls and left messages, texts, emails, tracking through the HMIS, street outreach if appropriate) get no response at all, the organization may request the household be returned to the list and receive another referral.
- By request, if a household decides after an initial case management meeting that they are not ready for permanent housing and/or have challenges or opportunities they plan to explore first, the client can request they be returned to the list.
- ALL reasons to return a household to the BNL other than by their own request can be set aside by an organization if they state that they would like to continue working with the household to get housed.
- Households returned to the list will be referred out again after 60 days if they again come to the top of the list.

Households currently on the Coordinated Entry System by-name list will be moved off the by-name list under the following circumstances:

- A household will be moved off the BNL if they request that they be taken off.
- A household will be moved off the BNL if they become permanently housed either with CoC or ESG support or independently.
- A household will be moved off the BNL if they have been out of contact for an extended time and their VAT was completed over 12 months ago. Households still on the BNL after 12 months will be sought out to be re-assessed for their current housing needs.
- A household will be moved off the BNL if it becomes clear that they misrepresented their living situation and are not eligible for the VAT or PH supports (e.g. they were not literally homeless by HUD's definition).

When a household is moved off the by-name list, their information will be transferred to another list in case their circumstances change in less than 12 months and they request to be returned to the list and for the purpose of examining housing trends among KS-505 clients served through the Coordinated Entry System.

If an assessment process is conducted or managed by providers who do not receive HUD funds or do not participate in the CoC's HMIS, those providers will still abide by assessment standards and protocols defined by the CoC in conducting the Triage Screen and Diversion protocol and if appropriate, refer households to Hub's for HMIS intake and DESC VAT assessment. CES will operate using a client-centered trauma informed approach, allowing clients to freely refuse to answer assessment questions and/or refuse referrals.

To ensure transparency in client care coordination and decision making, all CES participants completing an HMIS intake, subsequent VAT assessment, and related referrals to a CoC project are offered written documentation of the assessment and referral. This "receipt" of the CES assessment and referral process includes a description of the CES screening and assessment results and indicate how the CES participant's prioritization for the referral intervention is offered, explaining why the assessment tool was conducted

and how KS-505 prioritizes housing resources for those who are most vulnerable.

PRIORITIZATION

Policy 4: Prioritization:

KS-505 uses the CES to support and assist households in a housing crisis, by quickly identifying their current needs and situation, attempting to divert them to or prevent their literal homelessness, and if unable to prevent their loss of housing, establishing safe shelter of their choice and connecting them to permanent housing supports.

For those who become literally homeless by HUD's definition and are unable to regain housing, these households will be assessed using the DESC's vulnerability assessment tool (VAT) and placed on KS-505's by-name list for CoC and ESG permanent housing options (RRH and PSH). All households regardless of protected household characteristics (e.g., including but not limited to race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identification or marital status) will be served by CoC providers. Data collected in the assessment process related to these characteristics will not be used to discriminate or prioritize certain household over others

Procedure 4.1 CES Prioritization; Factors and Assessment Information: KS-505 CoC uses the DESC vulnerability assessment tool (VAT) to assess household's vulnerability across 10 domains and uses the score to populate a prioritized by-name list of literally homelessness households seeking permanent housing. Prioritization is based first on the household's VAT score, with those households who are most vulnerable being prioritized for available permanent housing spaces (RRH and PSH) as they become available and for which they are eligible.

In general, the top 30% of the by-name list will be referred for permanent supportive housing options and the bottom 70% will be referred for rapid re-housing options as they become available. In practice and using the DESC VAT as the assessment tool, this results in those households with scores above 20 being referred to a permanent housing provider, and all others being referred for rapid re-housing vouchers. Bi-monthly case management meetings among those organizations who offer permanent housing in KS-505 and VAT assessors provide an opportunity to regularly discuss the status of those households who have been referred to housing, make new referrals, and continually refine the efficiency and effectiveness of the by-name list referral system and share lessons learned. The CoC has set the goal of no household on the by-name list waiting longer than 60 days for a referral to housing. Gaps in housing options and policies that make this goal a challenge will be reviewed and addressed so as to assure that household with the most needs and highest vulnerabilities gain housing in a timely manner.

Factors and Assessment Information used for Prioritization. KS-505 will use the following protocols to prioritize households for housing options available as follows:

1. The DESC-VAT score provided.
2. If more than one eligible household has the same DESC-VAT score and are both eligible for the housing option available, KS-505 will prioritize those with equal DESC-VAT scores based on their verified prioritization categories, which are validated by HUD and the DESC-VAT system (categories listed below) as reflecting severity of service needs and vulnerability of households experiencing homelessness. Prioritization categories are separated by a system with two tiers. *Tier 1 categories have higher priority than Tier 2 priorities.*

Tier 1 includes the following categories:

- Veteran

- Chronically Homeless
- Attempting or fleeing Domestic Violence
- Unsheltered

Tier 2 includes the following categories:

- Disability
- Elderly (individuals 60 and above)
- Transitional Aged Youth (individual ages 18 – 24)
- Household with minor children

These secondary categories will be used to prioritize households **only** if more than one household has the same VAT score **AND** is eligible for the housing option available. For example, a household that is *unsheltered* (Tier 1) with minor children would be prioritized over a household with minor children that has shelter.

3. If two clients have the same score **AND** the same weight of criteria (i.e. one Tier 1 and one Tier 2 factor), **then** length of current episode of homelessness will be used.

Once referred, if the household declines the housing placement when offered, the organization will return the household to the by-name list to get a referral for the next eligible household, and so on. The returned household will remain on the list and will be eligible for referral again after 60 days; after 60 days, future housing options will be offered to that household based on their priority at that time.

Data collected for the assessment process is used solely to prioritize households for housing and subsequently determine if they are eligible for the housing option that is available. Data collected related to race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identification or marital status will not be used to discriminate or prioritize households for housing and services. Those projects that use disability status or other protected class information to limit enrollment as allowed by Federal or State statute (e.g. HIV +/AIDS status), will only use this information to determine eligibility for housing.

If a household feels that they have been discriminated against based on a protected class of characteristics, they may file a complaint with KS-505's CoC lead agency for review and resolution. All households that are assessed and subsequently prioritized will be informed of their ability to file a nondiscrimination complaint.

Procedure 4.2 Services not included in prioritization: Prevention, diversion and emergency services including street outreach services, emergency shelter and transitional housing are not prioritized based on the VAT in order to offer the most immediate crisis response to a household needing safety and shelter. Prioritization based on severity of service needs or vulnerability, as measured by DESC's vulnerability assessment tool (VAT) will be reserved for permanent housing options only.

Procedure 4.3-5 Nondiscrimination and the prioritization list. The prioritization list is managed by the CoC lead agency and extends the same HMIS data privacy and security protections prescribed by HUD for HMIS practices in the HMIS Data and Technical Standards. The list is maintained on a secure server and accessible through only one computer that is password protected. For those on the list that are currently homeless because they are fleeing domestic violence or are clients of the mental health center, codes are entered onto the list that those organizations maintain to assure that their privacy and confidentiality are maintained.

REFERRAL

Policy 5:

The KS-505 CES includes a uniform and coordinated referral process among participating projects within Johnson County Kansas, KS-505's geographic area for housing and services for those who are in a housing crisis and/or experiencing literal homelessness.

Procedures 5.1 Referrals to Participating Projects: KS-505 CoC member organizations work together to respond in a timely manner to households who present with a housing crisis. CoC member organizations that provide referrals for households presenting with a housing crisis include but are not limited to those providers of: permanent supportive housing, rapid re-housing, emergency shelter, transitional housing, street outreach, and emergency assistance/homelessness prevention services. Together, these organizations work to first and foremost prevent or divert households from homelessness. If they are unable to prevent a household's homelessness, they work together to meet their basic needs for shelter and safety.

Household's housing status is assessed by KS-505's CES Triage Screen and Diversion Protocol, which is conducted with all households presenting with a housing crisis. If unable to divert them to safe and stable housing, assist them to maintain their current housing. If they are already literally homeless (as defined by HUD), households will be referred to emergency or transitional housing options as available. If none are available or the household refuses the referral, organizational staff will work with each household to put in place a safety plan that meets their basic needs until they have identified other options.

When a household meets the criteria for literal homelessness per HUD guidelines, service providers will enter them into the HMIS intake and workflow so all referrals to housing and services can be made through HMIS in a coordinated fashion. The CoC members and projects that participate in the coordinated entry process do not screen potential participants out of assistance based on perceived barriers related to housing or services. Instead staff work with a household to identify its strengths and resources and identify the best option for stable and safe housing, services and supports needed to assist them in maintaining it.

All CoC and ESG program recipients and subrecipients will use the CES' referral and assessment process with accompanying placement on the by-name list as the only referral sources from which to fill vacancies in housing and related services funded by CoC and ESG program dollars.

Procedure 5.2 Nondiscrimination Member organizations comply with the equal access and nondiscrimination provisions of the Federal civil rights laws. The CoC's referral process is informed by Federal, State and local Fair Housing laws and regulations and complies with equal access and nondiscrimination provisions of Federal civil rights laws. Households are offered all referrals for which they are eligible and their choice is supported.

DATA MANAGEMENT

Background: KS-505 uses an HMIS to manage its coordinated entry data for those households who are determined to be literally homeless by HUD standards, using it to collect, use, store, share, and report household data associated with the coordinated entry process.

Policy 6:

CES data is managed with proper attention to privacy, consent, security, sharing and efficiency.

Procedures:

KS-505's CoC and ESG recipients and subrecipients use HMIS to manage coordinated entry data for those households meeting HUD's definitions of homeless and chronically homeless. Once a triage screen and diversion process has been completed and it is determined that a household's homelessness cannot be prevented or diverted, the household is informed about how and why information is collected about their household, how it will be used, and asked if they are willing to sign a release of information to enter that data in to a community-wide homeless management information system (HMIS). The CoC only shares household information and documents if the head of household has provided written consent. KS-505's HMIS is both secure and confidential and enables local organizations to work together to best meet households experiencing homelessness' needs on a timely basis.

KS-505's ensures adequate privacy protections for all households whose data is entered into KS-505's HMIS per the HMIS Data and Technical Standards (CoC Program Interim Rule 24 CFR 578.7 (a)(8)) and including compliance with all HIPAA guidelines. Participants are informed of their privacy protections. KS-505's HMIS is a HUD compliant database that meets federal HMIS data standards and is updated regularly in order to assure it continues to meet current requirements. Domestic violence service providers maintain a separate coordinated entry process that any household presenting with a housing crisis to a CoC organization can be referred after answering yes to the first question in the KS-505 Triage Screen (Are you experiencing your housing crisis because of domestic violence, sexual assault, and/or stalking? And if yes, would you like to be screened by SAFEHOME staff?). Domestic violence providers participate in the by-name list by registering all households who complete a VAT with certified DESC VAT assessors housed at SAFEHOME with only a numeric code, VAT score, and contact person.

Following an unsuccessful attempt at preventing or diverting a household's homelessness and gaining a household's permission to enter their data into KS-505's HMIS, the household completes an HMIS intake with all Universal Data Elements and Program Specific Data Elements enabling the service provider to connect them to appropriate and responsive referrals that will meet their needs.

All households may refuse to allow their data to be shared in whole or partially through the HMIS and they will not be denied services due to their choice to not share their information. If appropriate, households are informed that their choice to refuse to provide or share information may have an impact on the service provider's ability to refer them to some housing and supportive services based on their eligibility criteria but that it will not result in them being denied services. Prior to beginning HMIS intake, they are informed of their right to refuse to answer any or all of the questions. That is, a household that refuses to provide or share information may still be referred, but information will not be shared. This means that the household members may have to provide information directly to the provider, as they have elected not to participate in the HMIS information sharing. KS-505 ensures that all users of HMIS are informed and understand the privacy rules associate with collection, management, and reporting of household data and works with its HMIS lead agency to incorporate this information into all new user and refresher trainings.

The CoC can only deny services to households refusing to allow their data to be shared and stored if Federal statute requires the collection, use, storage, and reporting of household members' personally identifiable information (PII) as a condition of program participation.

EVALUATION

Background: KS-505 is committed to ongoing quality improvement efforts around its coordinated entry system in order to assure that the CES and participating CoC organizations can effectively and efficiently meet the needs of households in a housing crisis.

Policy 7:

At least annually, KS-505 will consult with participating project and project participants to evaluate the CES.

Procedures:

KS-505's CoC member organizations directly participating in the CES including all CoC and ESG recipients and subrecipients will meet at least annually beginning in 2018 to evaluate the intake, assessment and referral processes associated with the coordinated entry system. CoC lead agency and HMIS lead agency staff will solicit feedback regarding the quality and effectiveness of all processes from a household's initial presentation with a housing crisis to their placement into permanent housing with supportive services if needed, both from the perspective of participating organizations and the households that are served.

Households served by organizations participating in the CES and who had been either prevented from becoming homeless, diverted from homelessness or re-housed after becoming homeless in the past through the CES process will be solicited for feedback on their experience, where the process worked well and where it didn't meet their needs, their experience of respect and confidentiality, and what changes or additional supports are needed to improve the CES' effectiveness and responsiveness. A representative sample of households identified through the HMIS and organizations' triage screen and diversion records will be asked to provide feedback, especially focusing on those who entered into the system because they were not prevented or diverted from homelessness. All perspectives and data collected through solicited feedback will be confidential and participating households will be assured that their feedback will in no way affect current or future services and supports.

Similar feedback will be sought from participating organizations in addition to how the HMIS intake and workflow is meeting their needs to capture data elements and effectively refer households to needed shelter, housing and related services, and any reporting needs. Again, all perspectives and data collected through solicited feedback will be confidential and staff at participating organizations will be assured that their specific feedback will be aggregated and used for improvements. Together with the CoC and HMIS lead agencies' staff, solicited feedback will be used to modify or expand CES processes and supports to more effectively meet the need of households in a housing crisis, improve data collection and quality, and promote more effective collaboration across organizations. CES organizations' staff will be invited to review the feedback, propose workable solutions to challenges or provide input into priority changes that would benefit their clients.

Changes proposed and prioritized based on solicited feedback and subsequent discussions will be used to implement updates to existing CES policies and procedures, CES workflow steps and components, and HMIS capacities in addition to identify gaps in services and relationships.