Kentucky Balance of State Continuum of Care (KY BoS CoC)

Coordinated Entry Policies and Procedures v. 3.0

The current version of this document will be published on Kentucky Housing Corporation's (KHC) website and on the KHC Housing Contract Administration (HCA) Help Desk.

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24 CFR Part 578.7

Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act
Responsibilities of the Continuum of Care

In consultation with recipients of Emergency Solutions Grants (ESG) program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-Victim Service Providers (VSPs). This system must comply with any requirements established by the Department of Housing and Urban Development (HUD) by Notice.

Current Notices/Rules in effect for KY BoS CoC Coordinated Entry System

CPD Notice 17-01 regarding implementation of a Coordinated Entry system
CPD Notice 16-11 regarding prioritization of chronically homeless persons, supersedes 14-012
CPD Notice 14-012 regarding recordkeeping requirements
HEARTH Act Homeless Definition Final Rule
CoC Program Interim Rule
ESG Program Interim Rule
HUD Equal Access Final Rule
Coordinated Entry Policy Brief

KY BoS CoC Governance Structure

CoC Membership

Membership in the CoC shall be comprised of individuals and agencies who are working to end homelessness and concerned with the development and coordination of homeless assistance programs in Kentucky.

CoC Advisory Board

The leadership of the BoS CoC shall reside with a minimum of 12 directors and a maximum of 15. These 12-15 individuals collectively shall be known as the Advisory Board for the BOS Continuum of Care. The Advisory Board will convene at least quarterly, at a date and time convenient to the majority of board members.

The directors are elected as follows:

- Two representatives from each of the six geographic regions of the state for a total of twelve (12) directors.
- Three (3) members shall be nominated by a majority vote of the current Advisory Board and approved by a majority vote of the BOS CoC membership. These three (3) members must meet and serve within one of the following categories:
- 1 director shall be an individual who is homeless or formerly homeless
- 1 director shall be from relevant subpopulations

- 1 director shall be from a non-profit/government organization representing the public interest
- The goal of the BOS CoC Advisory Board is to have representation of these relevant organizations and projects serving homeless subpopulations within the geographic area including: Emergency Solutions Grant funded agency, persons with substance use disorders, persons with HIV/AIDS, veterans, the chronically homeless, families with children, unaccompanied youth, persons with serious and persistent mental illness, and victims of domestic violence.
- Two (2) non-voting Ex-officio members shall include representatives from the Homeless and Housing Coalition of Kentucky (1) and the Kentucky Coalition Against Domestic Violence (1).

CoC Collaborative Applicant

Through an annual Memorandum of Understanding, the Advisory Board designates the Collaborative Applicant to staff the Continuum of Care process for the geographic area. The Collaborative Applicant is Kentucky Housing Corporation.

CoC Coordinated Entry Committee

The Coordinated Entry Committee will be a standing committee of the Advisory Board responsible for developing and implementing a coordinated assessment process for the entire CoC region, which works to meet the needs of clients from all jurisdictions in the CoC and which prioritizes local, state and federal efforts. This committee, which reports to the Advisory Board at each Board meeting, will strive to have government and/or non-profit representation from each jurisdiction within the Continuum as well as coverage of all the subpopulations served by the regional CoC. The Chair is appointed by the Chair of the CoC Advisory Board.

Local Prioritization Communities

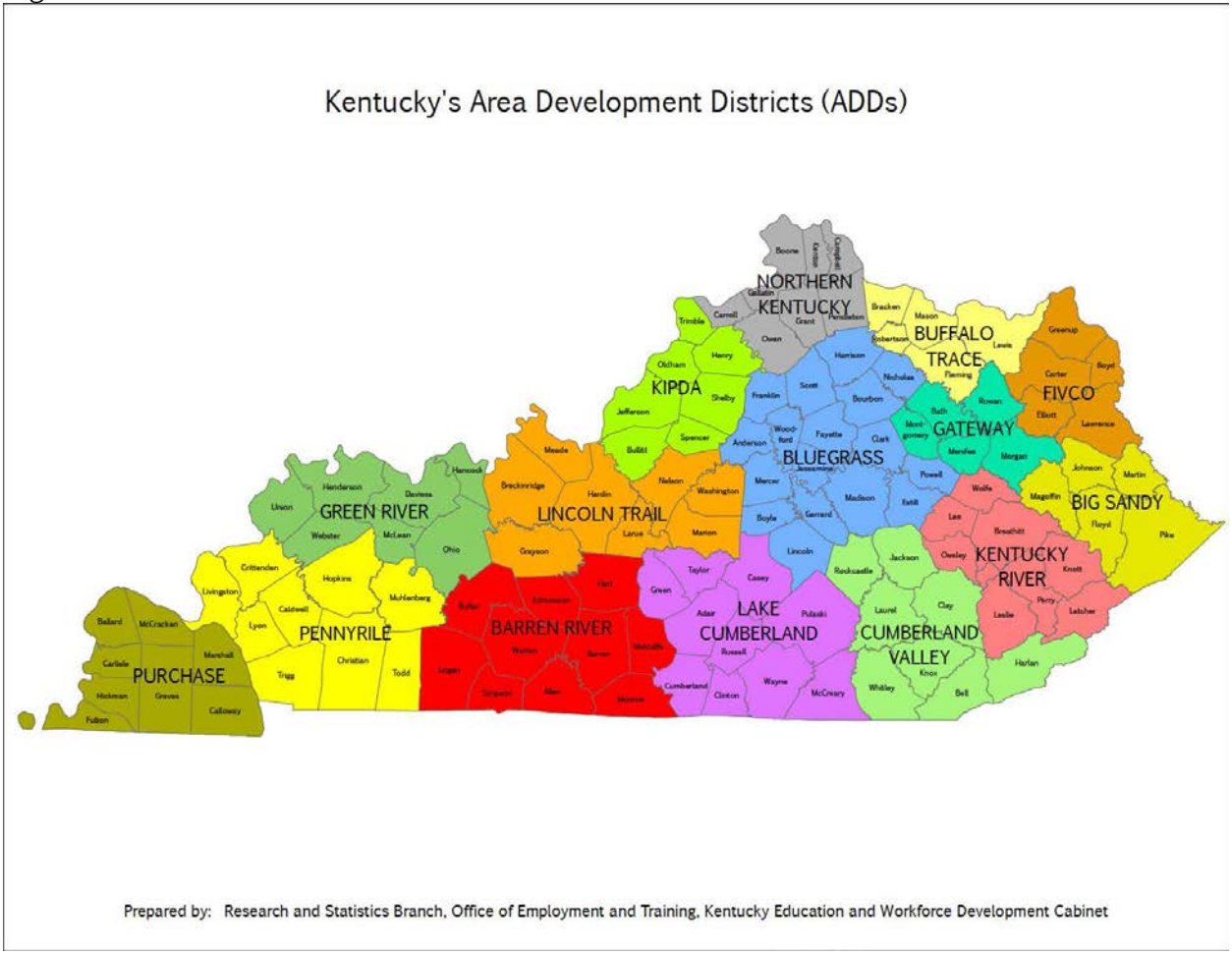
The Local Prioritization Community (LPC) operates the coordinated entry system in regions designated by the CoC. All agencies receiving CoC and/or ESG funding are required to actively participate in the LPC. Each LPC has a Lead Agency responsible for maintenance of the regional coordinated entry system. The Lead Agency's designee reports its progress to the CoC Coordinated Entry Committee by serving as a member of the committee.

LPC Lead Agencies

These agencies will serve as the point of contact for the regional LPC. They are responsible for communicating any policy changes to the regional LPC, and conversely, for reporting any issues with the LPC to the CoC Coordinated Entry Committee. The LPC Lead Agencies are responsible for ensuring that the Coordinated Entry process is working as intended within the designated region. To that end, the Lead Agency in each LPC will facilitate the meetings of the LPC and maintain the Coordinated Entry/Prioritization List of people assessed within the geographic area.

Geographic Area Covered by the BoS CoC

Figure 1



The BoS CoC covers 118 counties – all counties in Kentucky except for the urban areas of Lexington/Fayette County and Louisville Metro/Jefferson County. Figure 1 shows how Kentucky is divided into Area Development Districts (ADD). For the most part, each LPC covers one ADD.

Approval and Amendment Process for the Policies and Procedures

These policies have been created by the Coordinated Entry Committee and approved by the BoS CoC Advisory Board. The Coordinated Entry Committee will review and revise the document as necessary by HUD Notice and/or at the request of the CoC Advisory Board, on an annual basis at minimum.

KY BoS CoC Values, Priorities, and Goals

We value:

- Programs with outcomes that demonstrate progress toward reducing and ending homelessness as quickly as possible with an ultimate goal of no more than 30 days

- Housing First principles, including commitment to serve people regardless of criminal background, rental history, and/or lack of income
- Innovative and diverse programming that addresses gaps in community services
- Quality programming that is accountable to the community through outcomes measurement
- Effort to access the maximum amount of funding available to KY BoS CoC
- Commitment to serve all people who are in need of assistance regardless of age, race, color, creed, religion, sex, handicap, national origin, familial status, marital status, sexual orientation, or gender identity
- Commitment to make the Coordinated Entry system accessible to those least likely to apply for homeless assistance
- Client choice and decisions among those who find themselves homeless and seek to optimize self-sufficiency.
- Program accountability to individuals and families experiencing homelessness, specifically those who are experiencing chronic homelessness or are high-acuity
- Program compliance with current HUD rules and regulations
- System access, prioritization, and housing placement uniformity
- Adequate program staff competence and training to create an environment, locally and throughout the BoS CoC, of coordination, uniformity, and speed in housing placement

Priorities

In accordance with CPD Notice 16-11, the BoS CoC Advisory Board has established the following order of priority for homeless assistance:

1. Chronic Homelessness + Highest Acuity + Disability
2. Highest Acuity + Longest Time Homeless + Disability
3. Acuity Score + Homeless + Disability
4. Exiting Transitional Housing (Category 1 and 4 prior to TH entry) + Disability

Priority for Households Recommended for Permanent Supportive Housing

1. Chronic homeless status (including disability) + Highest Acuity
2. Severe service needs + Disability
3. Disability
4. Exit from Transitional Housing

Priority for Households Recommended for Rapid Re-Housing Range

1. Acuity/Severe Service Needs (VI-SPDAT score)
2. Length of time homeless
3. Date VI-SPDAT was conducted

In the event of "tie-breaking" among priorities, the referral that has all required documentation will be offered the resource first.

Goals

- To create a system where homelessness is brief, rare, and nonrecurring
- To strive for reducing the length of time a household is homeless to 30 days or less

Coordinated Entry

The terms Coordinated Access, Centralized Intake, Coordinated Intake, Common Assessment, and Coordinated Assessment are often used interchangeably, and mean the same thing (more or less): transitioning from a "first come, first served" standard operating procedure at the program level to a system of prioritizing highest need households first. For the purposes of implementation, the BoS CoC has chosen to refer to its system as Coordinated Entry.

Coordinated Entry (CE) is defined as a process to coordinate program participant intake, assessment, and provision of referrals. It covers the geographic area, is easily accessed by individuals and families seeking housing and services, is well advertised, and involves a comprehensive and standardized assessment tool.

The CE process can be implemented regardless of geography, housing stock, service availability, or unique community makeup. Almost any model applied to any community or situation with patience, persistence, testing, and tweaking, can be successful.

CE, when implemented correctly, can help prioritize individuals and families who need housing the most across communities. CE can create a collaborative, objective environment across a community that can provide an informed way to target housing and supportive services to:

1. Divert people who can solve their own homelessness away from the system
2. Quickly move people from street to permanent housing
3. Create a more defined and effective role for emergency shelters and transitional housing
4. Create an environment for less time, effort, and frustration on the part of case managers through the targeting of resources
5. Use the correct housing intervention the first time for the household, particularly for chronic and high-acuity populations
6. Reduce the length of time homeless by moving people quickly to the correct housing intervention
7. Increase housing stability by targeting the appropriate intervention to corresponding needs
8. End homelessness across communities, as opposed within individual programs

Traditionally, the system of entry and referral to housing and service supports was based on a "first come, first served" approach, and in some places, still is. But years of research and evidence-based practice has shifted the way we operate.

Historic Practice is Program-Centric	Coordinated Entry is Client-Centric
Should we accept this family into our program?	What housing and service intervention is the best fit for each family and individual?
Unique entry, assessment forms, and eligibility requirements for each program	Standardized forms, assessment, and eligibility requirements
Uneven knowledge about existing programs, eligibility, and purpose in communities	Accessible information about housing and service options in the CoC

Applying CE to a community or region brings together the strength of the programs across a community. Each program realizes success in a myriad of ways:

- Programs receive eligible clients
- Case managers can concentrate on case management
- Communities see which additional resources they need most
- Time, red tape, and barriers are significantly reduced
- Community success in ending homelessness is significantly increased. Targeting limited resources as a community leads to fast and effective interactions that lead to long-term housing stability.

Types of CoC Housing and Populations Targeted

Permanent Supportive Housing (PSH)	Rapid Re-Housing (RRH)	Transitional Housing	Joint Component
Long-term assistance	Temporary assistance (up to 24 months)	Temporary assistance (up to 24 months)	Combination of temporary/long-term assistance
	Should be aligned with ESG RRH – to be determined in 2018		
▪ **Chronically homeless (CH)** ▪ **High-acuity** ▪ **Documented disability** ▪ **Supportive services offered**	▪ Mid-acuity ▪ Can be used as bridge for CH/high-acuity until a PSH unit is available ▪ Considered a homeless episode for the purposes of documenting CH status		

Tools

Several tools are available in the successful implementation of a CE process.

Tool or Concept	Specific Solutions Adopted by KY BoS CoC
Common Assessment Tool	Individual, Family, and Youth VI-SPDATs
Privacy protections for CE participants	Kentucky Homeless Management Information System (KYHMIS)
Adherence to HMIS Data Standards and Technical Standards	KYHMIS
Common process for prioritizing for housing referral and placement	LPC Prioritization List
Common referral mechanism across programs	LPC Meetings, KYHMIS CE Project, and

	Basecamp
Common regional-level process for housing placement	LPC Meetings
Common tool for housing-focused case management and housing stabilization	Full SPDAT – choose tool appropriate to population
Common method to measure results of CE process	KYHMIS, BoS CoC Advisory Board's System Performance Measures Committee

Accessibility, Advertising, and Marketing of the CE System

All marketing materials and outreach strategies utilized by the BoS CoC must ensure that all people in different Category 1 or 4 homeless populations and subpopulations in each of the LPCs, 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, regardless of the location or method by which they access the system.

The BoS CoC will partner with the statewide United Way 2-1-1 initiative to ensure that all Lead Agency contact information is up to date with each Area Development District 2-1-1 call navigator. This partnership will ensure that those experiencing homeless in each LPC region will be directed to the correct local access point of the Coordinated Entry System, no matter their location.

Additionally, the CE Committee will maintain an inventory of CoC- and ESG-funded agencies to promote on KHC's website for CE marketing in a no-wrong-door approach.

Each LPC is required to advertise, conduct outreach activities, and provide appropriate accommodations 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.

LPCs must go one step further and ensure that they are affirmatively marketing the system in areas known to be frequented by people experiencing homelessness in the region through culturally competent methods. Additionally, LPCs must identify and promote the way persons can access the CE system outside of regular business hours.

What Is the VI-SPDAT?

The Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) is the common assessment, prescreen, and triage tool adopted by the BoS CoC and designed to be used by all providers within the BoS CoC to quickly assess the health and social needs of homeless persons and match them with the most appropriate and available support and housing interventions.

The VI-SPDAT allows homeless service providers to similarly assess and prioritize the universe of people who are homeless in their community and identify or treat first based on the acuity

(severity) of their needs. It is a brief survey that service providers, outreach workers, and volunteers can use to determine an acuity score for each literally homeless person who participates. The scores can be compiled and used to identify and prioritize people for housing interventions based on acuity. Using the VI-SPDAT as scripted, providers can move beyond only assisting those who present at their particular agency and begin to work together to prioritize all homeless people in the community, regardless of where they are assessed, in a consistent and transparent manner.

Training Requirements

Before using the VI-SPDAT as a triage tool with clients, program staff members in the BoS CoC are required to complete OrgCode's training module[1], which can be used online. By submitting a household into the regional CE project, staff members are acknowledging that they have completed the required training.

What Is the Full SPDAT?

The SPDAT is an evidence-informed approach to assessing an individual's or family's acuity. The tool, across multiple components, prioritizes who to serve next and why, while concurrently identifying the areas in the person/family's life where support is most likely necessary in order to avoid housing instability.[2] It is used as a full assessment/progressive case management tool among trained providers and also provides an acuity score.

Training Requirements

Program staff members must be trained by OrgCode prior to implementation. By requesting permission to use a Full SPDAT score in the prioritization process, staff members are acknowledging that they have completed the required training.

Comparing the VI-SPDAT and SPDAT

- The VI-SPDAT is a triage tool; the SPDAT is a complete assessment.
- VI-SPDAT usage requires online training; SPDAT usage requires training provided by OrgCode.
- Each question in the VI-SPDAT ties into the components of the SPDAT.
- The VI-SPDAT is a self-reported tool; the SPDAT uses multiple methods for capturing information.
- Do not use the terms interchangeably or as a verb.
- Do not change the script of either tool.
- Do not change the order of the questions.
- The BoS CoC requires the use of the VI-SPDAT among providers.
- The BoS CoC recommends but does not require the use of the SPDAT as part of CE.

[1] http://orgcode.nationbuilder.com/vi_spdat

[2] http://orgcode.nationbuilder.com/tools_you_can_use

VI-SPDAT and Coordinated Entry Consent

Agencies must obtain informed consent from participating households prior to completing the VI-SPDAT, which means:

- Obtain a verbal or written Release of Information (ROI). Oral ROI is sufficient for data collection, but written is required to share the information.
- Do not complete the VI-SPDAT without the respondent's knowledge and explicit agreement.
- Do not complete the VI-SPDAT through observation or other non-self-reported information.
- If you cannot obtain a ROI as directed below, do not conduct the VI-SPDAT.

For general population providers conducting the VI-SPDAT face-to-face: complete the KY Homeless Management Information System (KYHMIS) ROI[3].

For general population providers conducting VI-SPDAT over the phone: complete the verbal ROI[4]. Oral ROI is sufficient for data collection, but written is required to share the information.

For Victim Service Provider agencies (VSP): VSPs do not include client information in any shared database (i.e. KYHMIS) and as such should NOT utilize the standard KYHMIS ROI. Kentucky Coalition Against Domestic Violence (KCADV) Member Program Service Standards state that, "In the event of the use of computer-generated case notes or client records, it is the responsibility of each domestic violence program to assure confidentiality of information. Each program must maintain a written policy and accompanying procedures that reflect security measures."

ROIs are kept on file by the referring agency for one (1) year upon execution.

Administering the VI-SPDAT for CE Purposes

When to Administer the VI-SPDAT

The CE process requires eligible referrals of people experiencing Category 1 or 4 of the HEARTH homeless definition (experiencing homelessness on the street or in shelter, or fleeing/attempting to flee domestic violence). Categories 2 and 3 are not eligible.

- Emergency shelters should administer the appropriate VI-SPDAT with residents who have not solved their own homelessness approximately 2 weeks after shelter entry.
- Other providers (including but not limited to street outreach, self-referrals to housing agencies, non-HUD-funded providers) should administer the appropriate VI-SPDAT immediately for people who are unsheltered.
- Any provider conducting the appropriate VI-SPDAT for CE inclusion should begin documentation for chronic homelessness (or homelessness) and disability immediately.

[3] https://kyhmis.zendesk.com/hc/en-us/articles/215780623-Client-Release-of-Information-English
[4] https://kyhmis.zendesk.com/hc/en-us/articles/215780643-Verbal-Release-of-Information

Which VI-SPDAT to Use?

All three versions of the triage tool are available in KYHMIS and online[5].

VI-SPDAT Individuals

Recommended Intervention	Prescreen Score
PSH/Housing First	8+
Rapid Re-Housing	4-7
Diversion	0-3

- Providers should use the Individual VI-SPDAT as the appropriate assessment for any single adult.
- Providers should use the Individual VI-SPDAT when a childless couple presents; providers complete 2 separate VI-SPDATs and take the highest score as the acuity for prioritization purposes.

VI-F-SPDAT Families

Recommended Intervention	Prescreen Score
PSH/Housing First	9+
Rapid Re-Housing	4-8
Diversion	0-3

- For pregnant individuals, use the VI-SPDAT (Individual), unless woman has additional children in the household.
- Providers should only administer a Family VI-SPDAT if there are minor children (under the age of 18) who are currently in the household at the time assignment.
    - If the state has removed children from parental custody, the provider should perform an Individual VI-SPDAT. If the children are returned to the household while awaiting housing referral, the provider would then administer the Family VI-SPDAT.

VI-TAY-SPDAT Youth for singles <24

Recommended Intervention	Prescreen Score
PSH/Housing First	8+
Rapid Re-Housing	4-7
Diversion	0-3

- Providers should use the Youth VI-SPDAT for the any single adult under 24 years of age.
- The tool can be used by non-youth providers.
- The Youth VI-SPDAT has the same scoring schedule as the Individual VI-SPDAT; the two prioritization lists can be combined into one.

How to Use the Full SPDAT

To provide a safety net and deeper assessment for vulnerable households but score relatively low on the VI-SPDAT, referring providers may request permission from the LPC to conduct a full SPDAT. The LPC must grant permission, achieved by consensus, to use the full SPDAT for prioritization. This is the exception, rather than the rule. The Full SPDAT should only be utilized in extenuating circumstances for purposes of prioritization.

[5] http://orgcode.nationbuilder.com/spdat

Once the referring provider completes the appropriate full SPDAT, the new score will be included in the LPC Prioritization List according to the following guidelines:

Full SPDAT Acuity Scale for Individuals

Recommended Intervention	**Score**
PSH/Housing First	35-60
Rapid Re-Housing	20-34
Diversion	0-19

Full SPDAT Acuity Scale for Families

Recommended Intervention	**Prescreen Score**
PSH/Housing First	54-80
Rapid Re-Housing	27-53
Diversion	0-26

Full SPDAT Acuity Scale for Youth

Recommended Intervention	**Score**
PSH/Housing First	35-60
Rapid Re-Housing	20-34
Diversion	0-19

It is important to note that all Full SPDAT scores can be converted to VI-SPDAT scores for easy prioritization.

Use the Correct and Required Introductory Script

Once you have obtained the correct ROI, using the language in the respective forms, you can conduct the VI-SPDAT, beginning with:

My name is [_____], and I work for a group called [name of organization]. I have a 7-minute survey that I would like to complete with you. The answers will help us determine how we can best support you with available resources. Most questions only require a Yes or No. Some questions require a 1-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any questions. The information collected goes to the Kentucky Homeless Management Information System. If you do not understand a question, let me know, and I would be happy to clarify. If it seems to me that you don't understand a question, I also will do my best to explain it to you without you needing to ask for clarification. One last thing we should chat about. I've been doing this long enough to know that some people will tell me what they want me to hear rather than telling me – or even themselves – the truth. It's up to you, but the more honest you are, the better we can figure out how best to support you. If you are dishonest with me, really you are just being dishonest with yourself. So please answer as honestly as you feel comfortable doing.

Specific Protocol for VSP Agencies

Before beginning the script above, please use the language below, which was developed by the Kentucky Coalition Against Domestic Violence in partnership with KHC and approved by the BoS Advisory Board.

"One thing I'd like to do before we begin is see if you'd like information about our local domestic violence program? So, for instance, if a partner has ever threatened to hurt you, or made you afraid, or hit, slapped, kicked, or otherwise physically hurt you or made you do something sexual you did not want to, it might be helpful for you to talk to someone confidentially. Our local domestic violence program can help you fill out this survey. The answers you give will be kept confidential and not become part of the shared database. This level of confidentiality could be really important at some point in the future, because some of these questions that must be asked are very personal.

Would you like to speak to someone at that program and perhaps fill out this survey with them? If the answer to question above is "yes," then the service provider will ask if they may make a referral to the regional domestic violence program so that the program can continue the assessment in a manner that is sensitive to survivors' needs and offer additional services. If the respondent declines, the service provider will continue the assessment.

How to Administer the VI-SPDAT

Providers Participating in KYHMIS: Whenever possible, the provider where the household sought assistance should complete the tool in KYHMIS, using the applicable LPC CE Project. When not possible, the provider should complete the tool on paper and transfer the information into the applicable LPC CE Project in KYHMIS.

VSPs and Other Non-KYHMIS Providers: The provider where the household sought assistance should complete the tool on paper, record the score and household type (single/family/youth) on the Local Prioritization Inclusion Form (Appendix A), and remit to the LPC Lead Agency for inclusion into CE.

Step-by-Step Protocol for KYHMIS Participating Agencies Making CE Referrals to the LPC

1. Obtain the applicable ROI.
2. Make an initial determination whether the household is Category 1 or 4 of the homeless definition.
3. Choose the appropriate VI-SPDAT to conduct.
4. Enter the household into the LPC CE Project in KYHMIS within 3 days of screening.
5. KYHMIS User will access the Coordinated Entry-OTH-BOS project by using Enter Data As (EDA) in the upper left hand corner of ServicePoint.
6. Navigate to the ClientPoint tab on the left hand side of ServicePoint to search for client and/or add new client into KYHMIS.
7. Ensure all Client Profile and Household tab data is complete and accurate.
8. Input the Release of Information obtained in Step 1 on the ROI tab.

9. Navigate to the Entry/Exit tab to add the Entry (The Entry type should be HUD).
10. Fill out **all** information for the client that is asked in the assessment.
11. Complete the VI-SPDAT or VI0FSPDAT depending on selection from step 3.
12. Save & Exit – client will then show up on the list until exited, or marked as inactive.

Step-by-Step Protocol for VSP or Non-KYHMIS Agencies Making CE Referrals to the LPC

1. Obtain the applicable ROI.
2. Make an initial determination whether the household is Category 1 or 4 of the homeless definition.
3. Choose the appropriate VI-SPDAT to conduct.
4. Enter the household into the LPC CE Project by completing the LPC Prioritization Inclusion Form and remitting to the LPC Lead Agency.

Operating CE within the LPC

Responsibilities of all CoC/ESG projects within the LPC are as follows:

1. Serve as an access point to the CE system. The CE Committee will maintain an inventory of current CoC- and ESG-funded agencies for promotion as access points.
2. Be present (virtually or face-to-face) for a majority of LPC meetings scheduled by the Lead Agency.
3. Submit households assessed with the appropriate VI-SPDAT through the LPC CE Project in KYHMIS or Local Prioritization Inclusion Form to the LPC as people present at individual programs; this action generates the LPC's Prioritization List.
4. Take referrals for their housing programs solely from the LPC's /Prioritization List.
5. Eliminate an agency waiting list for housing.[6]
6. Honor client choice in making and taking referrals.

Responsibilities of the agency submitting the household to the LPC CE Project:

1. Document the household's eligibility for homeless assistance using KHC's required program Toolkits[7].
2. Update the household's information as necessary between CE Project submission and housing referral/placement, using KYHMIS or other method designated by the LPC Lead Agency.
3. Maintain the ROI and privacy of all pertinent client information through KYHMIS or secure office location.

Responsibilities of the agency accepting the referral from the LPC CE Project are:

1. Work with referring agency to ensure eligibility is documented.

[6] This does not refer to the hypothetical wait list for crisis/emergency shelter beds; rather, it is intended to ensure that agencies with PSH and RRH are not maintaining an internal waiting list for assistance.

[7] https://kyhmis.zendesk.com/hc/en-us

2. Minimize or, to the extent possible, eliminate barriers to participation in the agency's program. This includes:
    - Income
    - Rental history
    - Criminal background
    - Sex offender status[8]
3. Provide or arrange for the provision of housing-focused case management and voluntary supportive services.

Housing Search and Placement Referrals

Each LPC Lead Agency will contact local providers, including but not limited to CoC/ESG projects, Veterans Affairs, Supportive Services for Veteran Families, Community Mental Health Centers, to participate in the CE process. Other non-funded providers are encouraged to participate in the process in order to increase access to the CE system. Each LPC Lead Agency will facilitate regular meetings (at least monthly) for housing referrals. CoC and ESG projects are required to place all available housing resources in the CE process. The steps of the process are outlined below:

1. Identify the type of housing: PSH; RRH (CoC or ESG); joint component; other types (i.e. HOME TBRA).
2. The receiving agency or housing provider will notify the LPC Lead Agency of their eligibility requirements (i.e. subpopulations served).
3. The receiving agency or housing provider will notify the LPC Lead Agency when housing resources become available.
4. The LPC Lead Agency will maintain a housing inventory and provide that information to meeting attendees at the beginning of each LPC meeting.
5. The referring agency will be responsible for documenting the household's eligibility for CoC/ESG housing resources during the referral process. The receiving agency or housing provider commits to completing any remaining required housing documentation needed for project entry.
6. Referrals are then made from the order of priority (i.e. chronic homeless/high-acuity/disabling condition) first.
7. Referrals should be made during the meeting using the KYHMIS LPC Prioritization List in the order of priority; referral updates between meetings can be made on the Basecamp platform or designated platform of the Collaborative Applicant's choice.
8. The housing provider or receiving agency communicates with the LPC when a household is successfully housed, including the move-in date.
9. The housing provider or receiving agency communicates with the LPC when the referral is unsuccessful so that the client can be reassigned to the LPC Prioritization List.

Client Choice in Housing Search and Placement

Process

[8] Programs may disqualify registered sex offenders from the program if the housing location will place the client in violation of KRS 17.545, which prohibits registered sex offenders from living within 1000 feet of a school, publicly owned playground, or child care facility.

When housing resources are available, the project will provide safe, affordable housing that meets participants' needs in accordance with CE values and based on acuity and eligibility. Both referring and receiving agencies will work with clients to honor client choice in location and type of assistance.

Steps

1. In providing or arranging for housing, the project considers the needs of the household experiencing homelessness.
2. The project receiving the referral provides assistance in accessing suitable housing, guided by client choice.
3. Projects agree to accept 3 out of every 4 referrals made through the LPC Prioritization List. **The LPC Lead Agency will monitor this and report noncompliance to the Coordinated Entry Committee of the BoS CoC.**

Unsuccessful Housing Placement

When a household refuses the housing resource offered (i.e. does not want to relocate), the housing provider will contact the LPC Lead Agency. The household will be placed back onto the LPC Prioritization List for consideration for the next available resource. The household may reject up to three (3) housing referrals before being moved to the Inactive Prioritization List. The referring agency may consider providing counseling to the household on a voluntary basis to increase chances of successful housing placement.

Referral Transfers

When a household wants to transfer from one CoC to another, or from one LPC of the KY BoS CoC to another, the following steps will be taken:

1. The referring agency contacts the LPC Lead Agency.
2. The LPC Lead Agency contacts the other region's Lead Agency or CoC Lead for inclusion into the other region's CE process.
3. The first LPC Lead Agency moves the household to the Inactive Prioritization List.
4. The other Lead contact informs the first LPC Lead Agency when the client has been housed.

Veteran Provider Referrals

LPCs will make housing placement referrals to various veteran providers in the community through the LPC Meeting. Veteran referrals identified will be referred to veteran providers prior to being offered CoC/ESG housing resources. If a veteran referral is not eligible for the resource due to program eligibility requirements, then the household will remain on the LPC Prioritization List for the next available resource.

Inactive Prioritization List

Referring agencies shall strive to maintain regular contact with households placed on the LPC Prioritization List for documentation and referral updates. When a referring agency is unable to contact the household for 90 consecutive days, the LPC Lead Agency will move the household to inactive status on the LPC Prioritization List until such time as contact is made.

Housing Stabilization

The CE process shall provide a continuity of Housing-Focused services to all participants once housed and their subsequent exit from the LPC Prioritization List. These services may be provided by the housing provider or through partnerships with other agencies. The full SPDAT may be used as a long-term case management tool (once staff have been trained by Orgcode) for participants housed through the CE process. Providers may wish to use additional tools made available by OrgCode.[9] Additionally, when clients are ready to exit CoC PSH, the project may provide up to 6 months of follow-up case management after the rental financial support ends and the client is exited from KYHMIS.

Project Accountability

All HUD Homeless Assistance (CoC, ESG) and Veterans Administration programs are required to participate in the CE process. Participation will be measured by the LPC Lead Agency and communicated to the Coordinated Entry Committee of the BoS CoC Advisory Board. Application rounds of CoC and ESG beginning in 2018 will incorporate CE System Performance Measures in ranking and funding awarded to individual projects.

Other Components of the CE System

Diversion

Households whose acuity in the VI-SPDAT falls in the diversion range (0-3) should be directed to mainstream housing resources and family supports by the referring agency. LPC agencies conducting the VI-SPDAT are responsible for informing these households that they will not be prioritized for CoC/ESG-funded permanent housing.

Prevention

Projects with ESG Prevention resources will prioritize persons experiencing Category 2 of the homeless definition using the written standards developed by the CoC.

Non-Discrimination in the CE Process

All recipients of Federal and state funds are required to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program Funding must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 CFR 5.15(a), including, but not limited to, the following:

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

[9] http://orgcode.nationbuilder.com/products

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

HUD's Equal Access Rule
at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility
determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

Grievance Protocol

This protocol covers referral/system utilizer grievances regarding the Coordinated Entry System only. If a referral has a grievance regarding an agency or representative of that agency, they should follow that agency's grievance procedure. The provider completing the VI-SPDAT and Prioritization List inclusion process should address any complaints by referrals as best as they can in the moment. Ideally, the person and the provider will to try to work out the problem directly as a first step in the process. If this does not resolve the issue, the person may begin the grievance procedure. The person has the right to be assisted by an advocate of his/her choice (e.g., agency staff person, co-worker, friend, family member, etc.) at each step of the grievance process. The person has the right to withdraw his/her grievance at any time. Any grievance paperwork filed by a participant should note his/her name and contact information so the LPC Leadership Agency can contact him/her to discuss the issues.

Level 1
The first person to review the grievance is the LPC Leadership Agency. The person with the grievance should contact the LPC Leadership Agency with a written statement describing the alleged violation of the Coordinated Entry System policies and procedures, and any actions taken on behalf of the person or agency to resolve the issue. The LPC Leadership Agency will contact the KHC Coordinated Entry TA Specialist in order to jointly contact agency in question to request a response to the grievance. Once the LPC Leadership Agency and KHC Coordinated

Entry TA Specialist have gathered relevant information about the situation, they will decide if the grievance is valid and determine what, if any, action needs to be taken. If both the person and the provider agree, the process ends, and the resolution is implemented. If the person or the provider disagrees, the grievance moves to the next level.

Level 2
The KY BoS CoC Advisory Board Chair reviews the grievance if there is dissatisfaction with resolution. The Advisory Board Chair may designate one or more Board members or other entity to review the situation. After gathering relevant information, the KY BoS CoC Advisory Board Chair or designated Board member(s) or other entity will inform the person and provider what will happen to resolve the grievance. This is the final step in the process and the decision of the KY BoS CoC Advisory Board is final.

Provider Grievances
It is the responsibility of all boards, staff, and volunteers of CoC-funded and ESG-funded projects to comply with the rules and regulations of the KY BoS Continuum of Care Coordinated Entry System. Anyone filing a complaint concerning a violation or suspected violation of the policies and procedures must be acting in good faith and have reasonable grounds for believing an agency is violating the Coordinated Entry System policies and procedures.

To file a grievance regarding the actions of an agency, contact the KY BoS CoC Advisory Board with a written statement describing the alleged violation of the Coordinated Entry System policies and procedures, and the steps taken to resolve the issue locally. The KY BoS CoC Advisory Board will work in tandem with the Collaborative Applicant to contact the agency in question to request a response to the grievance. Once the KY BoS CoC Advisory Board and Collaborative Applicant have received all documentation they will decide if the grievance is valid and determine if further action needs to be taken. If the individual or agency filing the grievance, or the agency against whom the grievance is filed, is not satisfied with the determination they may file an appeal with the KY BoS CoC Advisory Board Chair. This must be done by providing a written statement regarding the reasons for the appeal. The KY BoS CoC Board Chair will bring the matter to the Board of Directors for discussion and a final decision.

Continuing Education

The BoS CoC will provide CE training on an annual basis through KHC. The LPC Lead Agency will arrange for recurring continuing education to LPC members on a quarterly basis to account for regional issues, staff turnover, and updates to the Policies and Procedures.

Evaluation of the CE System

Provider Evaluation

The LPC Lead Agencies will consult informally with participating projects to evaluate the CE prioritization, referral, and housing processes and inform the Coordinated Entry Committee of its findings. The System Performance Measures Committee of the BoS CoC Advisory Board will evaluate the CE System and LPC performance on an annual basis at a time to be designated by

the Board Chair using data from KYHMIS. The System Performance Measures Committee will evaluate each LPC and the BoS CoC as a whole on the following measures:

1. Length of time persons remain homeless
2. Extent to which persons who exit homelessness to permanent housing destinations return to homelessness
3. Number of homeless persons
4. Number of persons who become homeless for the first time
5. Successful housing placement

Evaluation from Participants

The Coordinated Entry Committee will solicit perceptions of CE quality and effectiveness by surveying a systematic random sample of participants drawn from KYHMIS.

Privacy Protections

In its annual implementation of the Memorandum of Understanding with the HMIS Lead, the BoS CoC Advisory Board will ensure the privacy protections of CE participants.

Appendix A: Local Prioritization Inclusion Form

Local Prioritization Inclusion Form

Kentucky Housing Corporation (KHC), the Kentucky Coalition Against Domestic Violence (KCADV), and the KY Balance of State CoC Advisory Board recognize the highly sensitive nature of information gathered from individuals experiencing domestic or intimate partner violence. These groups have worked together to develop the following protocols that ensure Victim Service Providers (VSPs) and their clients are included in the Coordinated Entry/Assessment process while adhering to the strict confidentiality requirements mandated by federal laws protecting victims of intimate partner violence.

- A statement is read to clients at the point of entry into the housing/ homeless services system in order to offer referrals to regional VSPs for individuals who may be experiencing domestic violence. (For more information on this topic please see the Kentucky Balance of State Program Standards for Coordinated Access/Entry/ Assessment located on KHC's HCA Help Desk.)
- Housing referrals from VSPs will be handled differently by regional Coordinated Assessment teams. DV clients will be given one VI-SPDAT at entry, and the assessment is completed on paper. After the VI-SPDAT is completed by VSP, a Client/Family Identifying Number should be assigned, and this form should be completed and submitted for inclusion on the local/regional prioritization list. The acuity score from the VI-SPDAT must be verified as accurate by at least two employees of the VSP.
- When the Coordinated Assessment Team determines that a VSP referral is the next appropriate match for available housing, the referring agency and housing provider will coordinate services using the time-limited Release of Information used by the VSP.

Additionally, this form may be used by any provider not participating in KYHMIS for inclusion into the LPC Prioritization List.

Client/Family Unique Identifying Number:_____

Is this an Individual or Family VI-SPDAT score?_____

Pre-Screen Total VI-SPDAT (or F-VI-SPDAT) Score:_____

Program Entry Date:_____

Is the client or head of household a (please check all that apply):

☐ **Disabled** ☐ **Chronically Homeless** ☐ **Veteran**

VSP Provider Name:_____

Employee Performing VI-SPDAT/F-VI-SPDAT Signature:_____

Employee attesting to accuracy of the VI-SPDAT/F-VI-SPDAT Pre-Screen Total Score

Signature:_____

Appendix B: Definitions

References: HUD; Corporation for Supportive Housing; Building Changes

Acuity – When utilizing the VI-SPDAT Prescreens (triage tool), acuity speaks to the presence of a presenting issue based on the prescreen score. In the context of the Full SPDAT assessments, acuity refers to the severity of the presenting issues. In the case of an evidence-informed common assessment tool like the VI-SPDAT (Single), Family VI-SPDAT, Full SPDAT, *acuity* is expressed as a number with a higher number representing more complex, co-occurring issues that are likely to impact overall housing stability.

Case Management – The overall coordination of an individual's use of services, which may include medical and mental health services, substance-abuse services, and vocational training and employment. Although the definition of case management varies with local requirements and staff roles, a case manager often assumes responsibilities for outreach, advocacy and referral on behalf of individual clients.

Common Assessment Tool – A comprehensive and standardized assessment tool used for the purposes of housing prioritization and placement within a CoC Coordinated Entry System. The BoS CoC has adopted the VI-SPDAT (Vulnerability Index Service Prioritization Decision Assistance Tool) as the Common Assessment Tool.

Chronically Homeless (Final Definition 24 CFR 578.3, effective January 15, 2016) –

(1) A "homeless individual with a disability," who: (i) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months
   - Occasions separated by a break of at least 7 nights
   - Stays in an institution of fewer than 90 days do not constitute a break

(2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Disability is described as: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 USC 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability 24 CFR 578.3.

Coordinated Entry – "A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals across a geographic area. The system covers the geographic area (designated by the CoC), is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool." 24 CFR Section 578.7. It is the responsibility of each CoC to implement Coordinated Entry in their geographic area.

Disabling Condition – (1) a condition that: (i) is expected to be long-continuing or of indefinite duration; (ii) substantially impedes the individual's ability to live independently; (iii) could be improved by the provision of more suitable housing conditions; and (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or (2) a development disability, as defined above; or (3) the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV). 24 CFR 583.5.

Diversion – Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program prioritization lists. The main difference between diversion and other permanent housing-focused interventions centers on the point at which intervention occurs. Prevention targets people at imminent risk of homelessness, diversion targets people as they are applying for entry into shelter, and rapid re-housing/permanent supportive housing targets people who are already homeless.

Family - includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) A group of persons residing together, and such group includes, but is not limited to: (i) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (ii) An elderly family; (iii) A near-elderly family; (iv) A disabled family; (v) A displaced family; and (vi) The remaining member of a tenant family. 24 CFR 5.403.

Harm Reduction – A model of substance-use intervention that focuses on helping people who use substances to better manage their use and reduce the harmful consequences to themselves and others.

Homeless – means

1. **Category 1: Literally Homeless→** An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
   - (i) an individual or family 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, including a car, park, abandoned building, bus or train station, airport, or camping ground;
   - (ii) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low- income individuals);
   - or (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

2. **Category 2: Imminent Risk of Homelessness→** An individual or family who will imminently lose their primary nighttime residence, provided that:

- The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
- (ii) No subsequent residence has been identified; And
- (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;

3. **Category 3: Homeless Under Other Statutes→** Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
   - (i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e 2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
   - (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
   - (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
   - (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

4. **Category 4: Fleeing or Attempting to Flee Domestic Violence→** Any individual or family who:
   - Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
   - (ii) Has no other residence; and
   - (iii) Lacks the resources or support networks, e.g., family, friends, and faith- based or other social networks, to obtain other permanent housing.

   24 CFR 578.3

Housing First – An approach to **quickly and successfully connect** individuals and families experiencing homelessness **to permanent housing *without preconditions* and barriers to program/housing entry**, such as sobriety, treatment or service participation requirements. Supportive services such as housing-focused case management are **offered** to maximize

housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Kentucky Homeless Management Information System (HMIS) - The Kentucky Homeless Management Information System (KYHMIS) uses a software program from Bowman Systems called ServicePoint. The KYHMIS is a Client information database that provides a standardized assessment of Client needs, creates individualized service plans, and records the use of housing and services. Communities can use the data to determine the utilization of services of participating agencies, identify gaps in the local service continuum, and develop outcome measurements. The KYHMIS is designed to collect data and provide information on persons in compliance with all federal and state requirements regarding Client confidentiality and data security. The KYHMIS will meet the data collection specifications mandated by HUD, KHC, and/or other funders. The KYHMIS will provide a system for the collection of information on services and programs provided to Clients statewide, as well as provide referral capabilities and Client historical data. The KYHMIS can improve the services and programs offered to Clients in Kentucky by providing documented assurances of what service levels are met and in demand throughout the various types of agencies and programs in the state.

Local Prioritization Community (LPC) – Regional and/or geographical committees comprised of all CoC and ESG funded agencies designated by the BoS CoC Advisory Board. It is best practice to invite as many service providers and non CoC and ESG funded agencies to the table in order to identify and serve as many individuals and families experiencing homelessness as possible, (i.e community mental health providers, veteran providers, law enforcement, non HUD funded shelters, faith based organizations, McKinney-Vento school district representatives, etc.). The regional LPC **makes and takes referrals** to/from the Prioritization List of eligible, high acuity individuals and families seeking CoC and ESG funded housing interventions (such as Rapid Re-Housing and Permanent Supportive Housing). LPCs must adhere to priorities set forth by HUD and this document.

No Wrong Door Approach – Describes the experience of accessing the housing assistance and service system in a Continuum of Care from the client's perspective and is a system that is designed so that the client only has to go one place for a housing referral to the appropriate housing assistance. Any service or housing provider administering the VI-SPDAT Common Assessment Tool to eligible community members presenting for housing and services must be trained online as outlined in this manual. Presently, agencies who receive CoC and/or ESG funds serve as agents of the Coordinated Entry system by administering the Common Assessment Tool to those experiencing homelessness who present for housing and/or services. It is the goal of the KY BoS Continuum of Care to work toward a strategy to achieve a state-wide access to a Common Assessment initiative (such as a call system), however currently the No Wrong Door Approach will be utilized through each LPC across the CoC.

Permanent Supportive Housing (PSH) – means community-based housing without a designated length of stay. Permanent supportive housing means long term permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently, as referenced in 24 CFR Part 578.3. The definition of rapid re-housing appears below.

Prioritization List – A list generated by VI-SPDAT entry into the Kentucky Homeless Management Information System (KYHMIS) and managed by the LPC Lead Agency. The prioritization list is thought of as a universal registry within KYHMIS. Each LPC will receive access via KYHMIS to enter completed VI-SPDATs for inclusion on the list for purposes of LPC

prioritization and housing placement. CoC and ESG funded agencies must make and take referrals off of this list for their programs.

Progressive Engagement – In a progressive engagement (PE) approach, a family seeking housing receives a small amount of assistance, tailored to their most critical need, with a keen focus on quickly resolving the housing crisis. The family keeps in regular contact with their provider, mutually monitoring whether the initial support was successful. If needed, the provider can adjust the amount and intensity of tailored service until the family has obtained permanent housing. With PE, the family and provider work together to get the family into housing first, and then may identify additional goals.

Rapid Re-Housing (RRH) –An intervention designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve stability in that housing. Rapid re-housing assistance, operating in a Continuum of Care and/or Housing First model, is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household. The core components of a rapid re-housing program are housing identification and relocation, short-and/or medium term rental assistance and move-in (financial) assistance, and case management and housing stabilization services. This assistance is subject to the definitions and requirements set forth in 24CFR§576.2 "Homeless" paragraph (1) and paragraph (4) who are residing in a place set forth in (1), 24CFR§576.105, 24CFR§576.106 and 24CFR§576.400. (24CFR§576.104 *& Core Components of Rapid Re-Housing,* National Alliance to End Homelessness).

SPDAT – (Service Prioritization Decision Assistance Tool) the evidence-based assessment utilized by all trained CoC providers in either enacting more detailed determinations of acuity for housing placement and/or ongoing use in case management to ensure housing stabilization. **This is an ongoing case management tool suggested for your use.** The SPDAT (or "Full SPDAT") has an individual and family tool. **Staff must be trained by OrgCode Consulting prior to administering the tool.** The SPDAT can be completed on paper or in HMIS and attached to a client record.

Severity of Service Needs - (a) For the purposes of HUD Notice (CPD-16-11), this means an individual for whom at least one of the following is true:

i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or

ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.

iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.

iv. When applicable, CoCs and recipients of CoC Program-funded PSH may use an alternate criterion used by Medicaid departments to identify high-need, high cost beneficiaries.

(b) Severe service needs as defined in paragraphs i.-iv. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a).

Transitional Housing (TH) – housing to facilitate the movement of individuals and families experiencing homelessness into permanent housing within 24 months. 24 CFR 578.3.

Voluntary Services – The term "supportive" in supportive housing refers to voluntary, flexible services designed primarily to help tenants maintain housing. Voluntary services are those that are available to, but not demanded of, tenants/participants, such as service coordination/case management, physical and mental health, substance use management and recovery support, job training, literacy and education, youth and children's programs, and money management.

VI-SPDAT – (Vulnerability Index-Service Prioritization Decision Assistance Tool) the evidence-based Common Assessment or Prescreen Triage Tool utilized by all projects in the KY Balance of State Continuum of Care to determine initial acuity (the presence of an issue) and utilized for housing triage, prioritization and housing placement. Note there are three versions of VI-SPDAT, the Individual, Family and Youth, all of which are available in KYHMIS.

Appendix C: Required Signage for CE Access Points

[Insert marketing materials in .jpg format as recommended by committee here.]