

COORDINATED ENTRY POLICIES AND PROCEDURES

Durham Continuum of Care

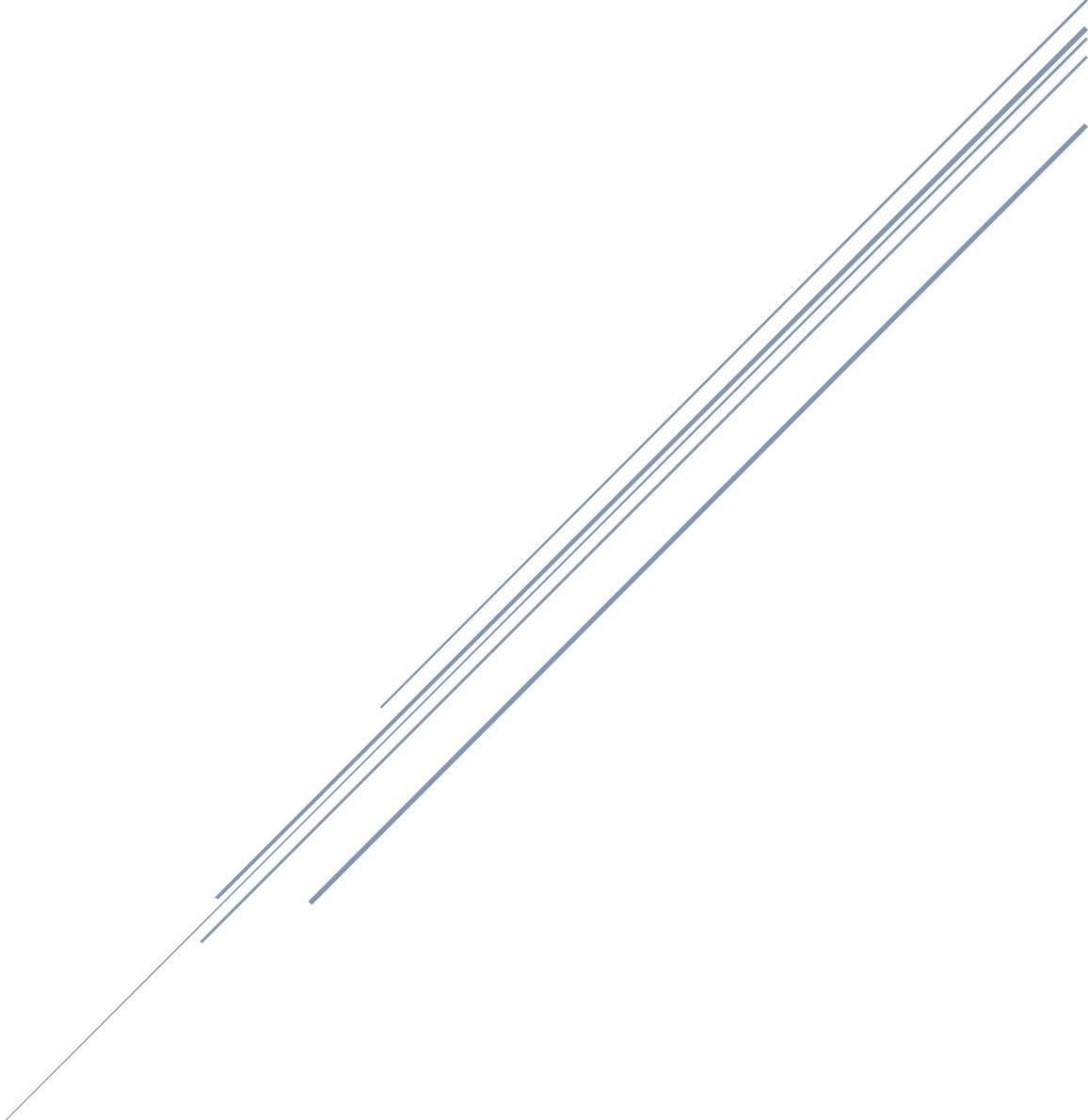


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Overview

Background and Purpose of Coordinated Entry

In July 2012, HUD published the Continuum of Care (CoC) Program interim rule. The CoC Program interim rule requires that the CoC establish and consistently follow written standards for providing CoC assistance. The CoC Program interim rule (24 CFR 578) and the ESG interim rule (24 CFR 576) require the CoC to establish and operate a coordinated entry process and consistently follow written standards for providing CoC assistance, in consultation with recipients of the ESG program. As such, all programs operating in Durham, North Carolina that receive funding from either the Continuum of Care grant program or the Emergency Solutions Grant (either as a sub-grantee of the City of Durham or through the State of North Carolina) are required to participate in Durham’s coordinated entry processes.

The Coordinated Entry System is Durham, North Carolina's approach to organizing and providing services and assistance to people experiencing a housing crisis throughout the Durham Continuum of Care (CoC). People who are seeking homeless or homelessness prevention assistance are directed to defined entry points, assessed in a uniform and consistent manner, prioritized for housing and services, and then linked to available interventions in accordance with the intentional service strategy defined by CoC Lead Agency staff. Each service participant's acuity level and housing needs are aligned with a set of service and program strategies that represent the appropriate intensity and scope of services needed to resolve the housing crisis.

History of this Document

In 2017, the City of Durham, North Carolina initiated a process to improve the delivery of housing and crisis response services and assistance to/for people experiencing homelessness or at imminent risk of homelessness by refining the community's process for access, assessment, eligibility determination and referrals across the Continuum of Care.

This process, the Coordinated Entry System, institutes consistent and uniform access, assessment, prioritization, and referral processes to determine the most appropriate response to each homeless person's immediate housing needs. This system of Coordinated Entry is not only mandated by the U.S. Department of Housing & Urban Development (HUD) and many other funders, but is recognized nationally as a best practice. A Coordinated Entry System can improve efficiency within systems, provide clarity for people experiencing homelessness, and can help serve more people more quickly and efficiently with assistance targeted to address their housing needs.

Building upon the local expertise in Coordinated Entry implementation for families experiencing homelessness since 2012, the City of Durham formalizes and codifies the policies and procedures to ensure compliance with the mandate from the Department of Housing and Urban Development (HUD) that every Continuum of Care establish and operate a coordinated entry process (24 CFR 578). This Coordinated Entry System Policies and Procedures document is an operational manual, providing guidance and direction for the day to day operations, management, oversight, and evaluation of Durham's coordinated entry implementation. This manual will be updated and revised on an ongoing basis as the actual application and practical experience of Coordinated Entry System design principles are refined and improved.

In October, 2018 a work group of key members of the Continuum of Care was formed to plan for a new project that would serve as the central point of entry into Durham's coordinated entry system for families and singles. Out of this planning process, a new vision from the Front Door of Durham's coordinated entry system was developed. Based on the vision developed by this Work Group between October 2018 and April 2019, major revisions to the Coordinated Entry Policies and Procedures were drafted. These new

proposed Policies and Procedures were presented to the full CoC in June 2019 and approved by the Homeless Services Advisory Committee June 26, 2019.

Guiding Principles

The Durham CoC's Coordinated Entry System standardizes connection to the most critical resources in our community, and expedites permanent housing for people experiencing homelessness. The guiding principles for the Coordinated Entry System include:

- **Housing First:** When a person experiences homelessness the service priority shall be to reconnect them with housing, and then to other services in the community which will help them maintain their housing. Services should be low barrier in terms of initial and ongoing access and should focus on housing as the primary goal of services.
- **Client-centered:** Services should be client directed and determined from client's self-identified needs on goals, based on the idea that a person is the expert in their own circumstances.
- **Prioritizing the Hardest to House:** Providers will prioritize those households that appear to be the hardest to house or serve for program beds and services. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all.

Fair Housing, Tenant Selection, and Other Statutory and Regulatory Requirements

All CoC projects in the Durham Coordinated Entry System must include a strategy to ensure CoC resources and Coordinated Entry System resources are eligible to all people regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Special outreach to people who identify with one or more of these attributes ensures the Coordinated Entry System is accessible to all people.

All CoC projects in Durham's Coordinated Entry System must ensure that all people in different populations throughout the 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, regardless of the location or method by which they access the crisis response system.

All CoC projects in Durham's Coordinated Entry System must document steps taken to ensure effective communication with people with disabilities. Access points must be accessible to people with disabilities, including physical locations for people who use wheelchairs, as well as people in Durham who are least likely to access homeless assistance.

Providers must also take reasonable steps to offer Coordinated Entry process materials and instruction in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP).

Consistent with Federal Guidance from HUD published on January 22, 2007, those receiving funding for homeless services from the CoC, ESG, City of Durham, or County of Durham, must have a written policy in place regarding fair access to services for clients who do not wish to or are not able to communicate in English. This policy must establish reasonable steps that will be taken to provide meaningful access to services for non-English speaking clients. The CoC, in reviewing HUD guidance, interprets meaningful access to mean that clients who do not speak English do not experience substantial differences in their access to homeless services or housing.

Key Terms

Defining Homelessness

Homeless

In most cases, refers to a state in which a person is experiencing Category 1, Category 2 or Category 4 Homelessness.

Category 1 Homelessness (Literal Homelessness): A state in which a person lacks a fixed, regular, and adequate nighttime residence, as defined by one of the following conditions:

- a. An individual or household has 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, camping ground; or
- b. An individual or household is 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 program for low-income individuals); or
- c. An individual or household 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.

Category 2 Homelessness: When a person or household will imminently lose their housing (within 14 days), no subsequent residence has been identified, and the person or household lacks the resources or support networks needed to obtain other permanent housing.

Category 4 Homelessness: When an individual or household is fleeing, or attempting to flee domestic violence, has no other residents; and lacks the resources or support networks to obtain other permanent housing.

Homeless Under Other Federal Statutes

Per HUD Standards, programs receiving CoC or ESG funding for homeless services should not include Category 3 Homelessness under their definition of homelessness to determine eligibility criteria for services.

Category 3 Homelessness (Homeless Under Other Federal Statutes): A state in which an unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless per the definition used by the CoC given above, but who:

- a. Are defined as homeless under the other listed federal statutes;
- b. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
- c. Have experienced persistent instability as measured by two moves or more in the preceding 60 days; and
- d. Can be expected to continue in such status for an extended period of time due to special needs or barriers.

Chronically Homeless

A homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

Chronically homeless also includes families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless.

At Risk of Homelessness

Refers to a state in which a person is experiencing Type 1, Type 2, or Type 3 At Risk for homelessness.

Type 1 At Risk: A person who

- a. has an annual income below 30% of median income for the area; AND
- b. does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; AND Meets one of the following conditions:
 - i. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR
 - ii. Is living in the home of another because of economic hardship; OR
 - iii. Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR
 - iv. Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for people with low-income; OR
 - v. Lives in an “Single Room Occupancy” (SRO) or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR
 - vi. Is exiting a publicly funded institution or system of care; OR
 - vii. Otherwise lives in housing that has characteristics associated with` instability and an increased risk of homelessness, as identified in the recipient’s approved consolidated plan.

Type 2 At Risk: An unaccompanied child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute

Type 3 At Risk: A family with child(ren) or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) of that child or youth if living with him or her.

Coordinated Entry Components

Coordinated Entry Central (CE Central): A Front Door Unit that serves as the primary access point into Durham’s homeless system. CE Central is comprised of DSS Homelessness Staff and staff from an

organization contracted by the City of Durham for this purpose (known as the Diversion/Coordinated Entry Organization or DivCoE Org).

Coordinated Entry Administrator: Refers to a staff member of an organization contracted to provide full-time support to the Durham CoC by planning, evaluating, and supporting system-wide homelessness coordinated entry in Durham.

Coordinated Entry Front Door (CE Front Door): The process and policies that govern how a person seeking entry into the homeless system in Durham is diverted, assessed, and referred into the homeless system.

Coordinated Entry Hub (CE Hub): An additional point of entry into Durham's Homeless System intended to provide coordinated entry and diversion services to a specific sub-population of clients in Durham who may experience specific barriers to accessing CE Central.

Emergency shelter: Means any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

Front Door Unit: A service provider, agency, or team serving as an initial access point into Durham's Coordinated Entry System. This include CE Central, organizations approved by the Coordinated Entry Administrator to serve as Coordinated Entry Hubs, and street outreach providers contract by the City of Durham.

Front Door Services: refers to intakes, assessments, prioritization, Diversion, and referral of people experiencing homelessness in Durham County who are actively seeking entry into Durham County's homeless system either by seeking emergency shelter services or seeking Housing assistance for those who are currently experiencing unsheltered homelessness.

Planning, Oversight, and Governance Roles

Homeless Services Advisory Committee

The Homeless Services Advisory Committee (HSAC) gave initial approval for these Policies and Procedures and designates the committee with the responsibility and authority to review and approve future changes to the Coordinated Entry Policies and Procedures on a quarterly basis. Such changes may be piloted through leadership of the Coordinated Entry Administrator to address emerging challenges with Coordinated Entry implementation before they are voted on by the designated committee. This designated committee is given the authority to bring changes to the full HSAC should changes be considered sufficiently substantial as to require approval of the full HSAC. The designated committee also provides direction to the CoC Lead Agency and to the Coordinated Entry Administrator regarding policies that need to be changed or developed.

Coordinated Entry Administrator

Serves as the lead entity overseeing implementation of coordinated entry for the Durham CoC.

Serves as the primary entity responsible for evaluating implementation of the Coordinated Entry Policies and Procedures. The Coordinated Entry Administrator receives direction on evaluation priorities from the Performance Management Sub-Committee as well as the committee designated by the HSAC to review, develop, and modify the Coordinated Entry Written Standards. The Coordinated Entry Administrator consults with the CoC Lead Agency on the development of specific evaluation strategies and methods, which will include soliciting feedback from homeless service providers and currently or formerly homeless households. The Coordinated Entry Administrator reports to the HSAC and its sub-committees on the results of evaluation. At least annually the Coordinated Entry Administrator produces a coordinated entry progress report for the CoC.

Develops and delivers training necessary for implementation of the Coordinated Entry Policies and Procedures. The Coordinated Entry Administrator coordinates with the HMIS Lead Agency to plan training content related to implementation of data standards for coordinated entry.

Manages several governance and coordination processes for Durham Coordinated Entry. These include by-name list meetings and other coordinated entry coordination meetings as listed in the Policies and Procedures, the CoC Housing Vouchers prioritization and referral process, the referral suspension request process, and the CE Hub creation review and determination process.

As needed and as determined by the Coordinated Entry Administrator, provides individualized technical assistance to providers to address coordinated entry implementation challenges.

Coordinates with the HMIS Lead Agency to address implementation challenges specifically related to data standards for coordinated entry.

Produces informational and outreach materials as needed to inform providers, clients, and community partners about coordinated entry. The Coordinated Entry Administrator collaborates with the CoC Lead Agency and coordinated entry components as appropriate to develop and implement a communication and outreach strategy for coordinated entry.

Provides leadership, guidance, and coordination of efforts to further develop Coordinated Entry Policies and Procedures informed by the result of evaluations that seek input from broad CoC membership including homeless service providers and currently or formerly homeless households and with input on proposed policy changes from CoC members. Leads the development and piloting of changes to address emerging challenges with Coordinated Entry implementation. The Coordinated Entry Administrator works with the CoC Lead Agency and the committee designated by the HSAC to review and approve changes to the Coordinated Entry Policies and Procedures to develop proposed/revised Policies and Procedures.

CoC Lead Agency

Responsible for coordinating all other entities with planning, oversight, and governance roles.

Enters into and holds a contract with the agency staffing the Coordinated Entry Administrator Role on behalf of the CoC Lead Agency and as such monitors execution of the Coordinated Entry Administrator role.

Works in collaboration with the Coordinated Entry Administrator and the committee designated by the HSAC to write and modify Coordinated Entry Policies and Procedures to address concerns with existing policies and develop new or modified policies as needed.

HMIS Lead Agency

Provides front-line technical support and assistance related to HMIS, including setting up new users, supervising license allocation, and provide as-needed training and technical assistance to participating service providers and provider agencies.

Ensures that the Participating Agency's Provider Pages are set up correctly per the HUD Data Standards

Ensures proper visibility is established for the Provider Pages for both internal visibility groups and external visibility groups, per sharing agreements.

Provides localized training for participating service providers and provider agencies related to HMIS and data entry.

Provides reports to the CoC to assist with coordinated entry evaluation and planning including but not limited to, demographics, performance outcomes, and data quality.

Oversees and assesses participating provider agency alignment with relevant local and HUD policies and procedures related to data entry.

Assisting with securing client data when data sharing in HMIS presents a safety concerns for the client.

Performance Management Sub-Committee

Works with the Coordinated Entry Administrator on activities related to evaluation of Coordinated Entry implementation. The Sub-Committee provides direction to the Coordinated Entry Administrator regarding evaluation activities.

Makes decisions regarding action steps to be taken as a result of findings made regarding implementation during evaluation and/or grievance review.

Provides information regarding these findings to the committee designated by the HSAC to make coordinated entry policy changes in order to inform their work writing and/or modifying the Coordinated Entry Policies and Procedures.

CoC Ombudsman Panel

Reviews client grievances per the CoC client grievance policy.

Reviews Referral Suspensions.

Reviews provider appeals related to CE Hub decisions and other coordinated entry governance decisions.

Participation and Responsibilities

Participation

All homeless service providers in the Durham Continuum of Care are required to participate in Durham's Coordinated Entry System. Participation in coordinated entry means maintaining and adhering to these policies and procedures as they apply to each provider type per the description in this document.

Providers are required to participate in coordinated entry planning and coordination meetings as described in this document and as applicable per specific coordinated entry component.

Agencies receiving public funds for homeless services and all Front Door Units are limited to three absences per year for each meeting type for which their attendance is required.

Access

Coordinated Entry as Sole Pathway

Each bed, unit, or voucher that is required to serve someone who is homeless must receive their referrals through the prioritization criteria outlined below. Any agency filling homeless mandated units from alternative sources will be reviewed with funders for compliance.

Maintain Low Barriers

Providers serving people experiencing homelessness shall limit barriers to enrollment in services and housing. No person may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to people with a specific set of attributes or characteristics. Providers maintaining restrictive enrollment practices must maintain documentation from project funders, providing justification for the enrollment policy.

Eligibility Criteria not required by the funder should be reduced or eliminated wherever possible.

Non-Discrimination

Physical locations must be accessible to people with disabilities, including accessible locations for people who use wheelchairs, with a particular focus on people experiencing homelessness who are least likely to access homeless assistance.

CoC providers must ensure effective communication with people with disabilities, including provision of appropriate auxiliary aids and services necessary to ensure effective communication (e.g. Braille, audio, large type, assistive listening devices, and sign language interpreters) at the person's request.

Providers must also take reasonable steps to offer Coordinated Entry process materials and instruction in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP).

Fair and Equal Access

Coordinated Entry System participating providers shall ensure fair and equal access to Coordinated Entry System programs and services for all people regardless of actual or perceived race or ethnicity, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, veteran status, or sexual orientation.

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

Coordinated Entry System participating providers shall offer universal program access to all populations as appropriate, including chronically homeless people, veterans, youth, transgender people and people fleeing domestic violence.

Population-specific projects and those projects maintaining affinity focus (e.g. women only, veterans only, etc.) are permitted to maintain eligibility restrictions as currently defined and will continue to operate and receive prioritized referrals. Any new project wishing to institute exclusionary eligibility criteria will be considered on a case by case basis and receive authorization to operate as such on a limited basis from the Coordinated Entry System CoC Governance Board.

Communication with Clients

Notice of Rights

During the initial intake, projects must notify clients of their rights. If, subsequently and at any time a client requests this information, they shall be provided a written copy of the list of rights without restriction on the number of requests a client can make for this information. At a minimum, rights will include:

1. The right to be treated with dignity and respect;
2. The right to submit internal complaints;
3. The right to submit grievances through the CoC process;
4. The right to be treated with cultural sensitivity;
5. The right to have an advocate present during the complaint or grievance process;
6. The right to request a reasonable accommodation in accordance with the project's tenant/person selection process;
7. The right to accept housing/services offered or to reject housing/services;
8. The right to confidentiality and information about when confidential information will be disclosed, to whom, and for what purposes, as well as the right to deny disclosure.

Client Data

Release of Information

Service providers should collect a release of information from any client who does not have an active signed Release of Information in place before inputting the client's information into HMIS. If the provider is speaking with the client via phone, a verbal Release of Information should be obtained and documented. This release will remain active for one week. The next service provider who meets in person with the client, should collect a written Release of Information.

Safety Concerns

Whenever discussion or assessment with a client reveals a potential safety concern presented by sharing the client's data in HMIS, service providers should communicate this concern to the client and discuss the options for securing personal data. Whenever a client screens positive for intimate partner violence or sexual abuse, data safety concerns and options should be discussed with the client. These options include:

- a. Closing of the profile search screen so that only the serving agency may see the record.
- b. The right to refuse sharing if the agency has established an external sharing plan.
- c. The right to be entered as an unnamed record, where identifying information is not recorded in the system and the record is located through a randomly generated number (Note: This interface does allow for deduplication by looking at key demographic identifiers in the system.)
- d. The right to have client profile inactivated in HMIS. Security of hard copy files: Agencies may create a paper record by printing the assessment screens located within HMIS. These records must be kept in accordance with the procedures that govern all hard copy information.

Coordinated Entry Information

Providers shall post on their premises in a location clearly visible to program participants a notice stating participation in the CoC's Coordinated Entry System.

The script for administration of the coordinated assessment tool shall state that the reason that participants are surveyed is to provide entry to the system of services in a coordinated manner.

Information Sharing

Policies and Procedures

Any new homeless service provider or program joining the CoC shall create and share with the Coordinated Entry Administrator project policies and procedures that include program eligibility standards. Anytime policies and procedures that effect program eligibility or decisions related to provision of services are changed, providers will provide updated policies and procedures to the Coordinated Entry Administrator within two weeks of the change.

The Coordinated Entry Administrator will review policies and procedures for alignment with coordinated entry policies and procedures. Should any discrepancies be found, the Coordinated Entry Administrator will work with the agency to attempt to resolve them. If a resolution is not reached, the Coordinated Entry Administrator will report to the Performance Management Sub-Committee for further review. The Coordinated Entry Administrator will share eligibility criteria information among coordinated entry components.

Vacancies

Homeless service providers must communicate project vacancies, either bed, unit, or voucher, to the Coordinated Entry System CoC Lead Agency staff in a manner determined by and outlined in this document.

Homeless Management Information System

Each provider with homeless dedicated units will be required to participate in HMIS unless mandated by law or their funding source not to participate in HMIS.

Training, Technical Assistance, and Action Plans

Homeless service providers in the Durham CoC are required to participate in all mandatory trainings provided for the Durham CoC and in accordance with training expectations for specific coordinated entry component types. All mandatory training invitations will provide guidance on the number or proportion of project staff required to attend. Providers must notify the Coordinated Entry Administrator of staffing changes to address training needs.

Homeless service providers in the Durham CoC are required to work with the Coordinated Entry Administrator to develop and implement Coordinated Entry Implementation Action Plans (Action Plans) as deemed necessary through evaluation of implementation and as directed by the Performance Management Sub-Committee.

Coordinated Entry Key Components

The Front Door

The Front Door refers to the initial point of entry into Homeless Services in Durham. An intake and assessment by a service provider on a Front Door Unit is the first step for any client seeking services from a provider in the Durham CoC.

With the exception of programs run by Victims Service Providers, no client may be admitted into a shelter or housing program in the Durham CoC until a coordinated entry intake and assessment is completed by a service provider on a Front Door Unit. Whenever an individual or household contacts a CoC Service Provider seeking shelter or housing services in Durham they shall be referred to a Front Door Unit.

Clients may only enter emergency shelter (except victim service providers) after a same-day referral to said shelter was completed for that client by a Front Door Unit. This includes entry into emergency shelter under a being used during inclement weather to open up temporary additional shelter vacancies. An exception to this requirement may be made during severe weather emergencies in which safety concerns render Front Door Unit staff unavailable to conduct intakes.

Expectations of Front Door Units

Data and Information

HMIS

All Front Door Units shall enter data into HMIS. [Real-time data entry](#) in HMIS is required for service providers while providing Front Door Services.

When an emergency shelter or street outreach staff engages a person experiencing homelessness, they should update an existing HMIS record or create a new HMIS record and complete accompanying intake forms, including Releases of Information to disclose personally identifiable information. For families experiencing homelessness, the consent form should be signed by all adults in the household. The head of household or authorized representative should also sign the consent forms on behalf of children in the household who are below the age of eighteen (18).

All Front Door Units will use the Shelter Vacancy Database in real time to check and update shelter vacancy information. The Shelter Vacancy Database is a shared online data platform with real-time

information about emergency shelter vacancies. Front Door Units will use and enter data into the Shelter Vacancy Database as specified in the [Shelter Vacancy Data Management Guide](#).

Access

Regardless of initial access point(s), people experiencing homelessness or at risk of homelessness receive the same assessment approach, including standardized decision-making and assessment tool specific to each population (adults without children, adults accompanied by children, unaccompanied youth and people at risk of homelessness). An abbreviated version of the intake process may be used to enter clients into temporary shelter vacancies made available during inclement weather events under a White Flag Project.

Disclosure

Mandatory Reporting

All staff of Front Door Units that meet with clients are mandatory reporters for child abuse and neglect. Before beginning any client intake, Front Door Units must disclose that they are mandatory reporters and explain what this means. Clients should be specifically given information regarding mandatory reporting in cases in which a child is present during intimate partner violence or substance abuse.

Services

Diversion

Anytime a client experiencing homelessness ([Category 1](#), [Category 2](#), or [Category 4](#)) meets with a Front Door Unit, the Unit shall attempt to divert the client. Front Door Units will use open-ended conversation with probing questions to help the client identify their housing options and address barriers to realizing those housing options.

Clients who are successfully diverted should not be referred to emergency shelter or placed on the Shelter Waitlist.

Clients should be engaged in diversion conversations anytime there is contact between a Front Door Unit and a client seeking emergency shelter. There is no limit to the number of times a client can be diverted.

Assessment and Screening

Front Door Units should assess and record responses to all screening questions required as part of the Project Start Assessment for Durham Diversion.

Basic Assessments

Housing Status

Front Door Units shall assess and document the housing status of all clients with whom they meet in order to assess homelessness. Clients who are not currently homeless should be referred to other services as appropriate.

In a situation in which a client experiencing cognitive challenges is unable to report their housing status, the service provider should attempt to seek out the information in other ways.

Housing status should be re-assessed at each client interaction by asking where a client is currently sleeping and, if in a location meant for human habitation, how long they will stay there.

Special Population Screening

Intimate Partner Violence and Sexual Abuse

Front Door Units will attempt to screen all clients for intimate partner and family violence as well as sexual abuse using a modified version of the [HARK Screening Tool](#). Clients may decline to be screened. The results of all screenings will be documented in HMIS.

HOPWA Eligibility

HOPWA stands for Housing Opportunities for Persons with AIDS. HOPWA is a federally funded program dedicated to the housing needs of people living with HIV/AIDS. In Durham, the Durham County Department of Social Services delivers HOPWA.

Front Door Units should attempt to screen all clients for HOPWA eligibility by asking “Has a case worker ever referred you for a HOPWA-funded housing program?” If a client is unfamiliar with HOPWA, it should be explained that HOPWA offers housing assistance specifically to people who have an HIV or AIDS diagnosis.

If a client answers yes to the screening question or self-discloses that they have an HIV/AIDS diagnosis, the client’s HOPWA eligibility should be documented in HMIS.

As-Needed Assessments

VI-SPDAT

Front Door Units should, to the best of their ability, attempt to conduct a [VI-SPDAT](#) and a [SOAR Eligibility screening](#) with the client, act as the client’s short-term case manager in developing a housing plan, and refer the client to permanent housing resources as appropriate, in the following circumstances:

1. If a client with [Durham residency](#) is unsuccessfully diverted
2. If a client with Durham residency declines emergency shelter
3. If a client with Durham residency is ineligible for shelter referral and staff are unable to connect the client to a case manager

Child Safety

If a household with children is diverted into a housing plan that involves staying with people outside of the household, the Front Door Unit should access the Sex Offender Registry and other resources as

available to assess apparent risks to child safety posed by people who will be in the home to which the household is planned to be diverted.

Referral

Special Population Referrals

Front Door Units shall offer special population referrals in response to positive special population screenings. Clients may decline any offered referral. Emergency Shelter Referral is not contingent upon acceptance of a special population referral. The ability to decline any referral without affecting eligibility for other services should be explained verbally and in writing to all clients.

- a. Clients who screen positive for intimate partner or family violence or sexual abuse should be offered a referral to a victim service provider or providers appropriate for the client's stated needs. If client accepts the referral, the staff member should offer to sit with the client while they call. If a client declines the offer, the client should be offered the contact information for the victim service provider or providers. If the client accepts the offer of contact information, a staff member should discuss safety precautions with the client to ensure that the information does not further endanger the client.
- b. Clients who screen positive for veteran status should be offered a referral to the Homeless Program at Durham Veterans Affairs. Should the offer of referral be accepted, the staff member should make a [warm referral](#) for the client via the VA National Call Center for Homeless Veterans.
- c. Clients who screen positive for HOPWA eligibility should be either re-connected with the HOPWA case workers at DSS (for clients already connected) via warm referral or referred to HOPWA via warm referral.
- d. If a Front Door Unit believes, due to observed behavior or self-disclosed information by the client, that a client may have [behavioral health challenges](#), the staff member should offer to make a referral to or provide information for Alliance Health's 24-Hour Access and Information Line for assessment and assistance.
- e. If a client is [screened](#) as [SOAR](#) eligible, the eligibility should be recorded in HMIS.

Mandatory Reporting

All service providers in Front Door Units are mandatory reporters for child abuse and neglect. Workers are also required to make a referral to Adult Protective Services if they suspect that an adult with a disability or who is an older adult is experiencing abuse, exploitation, or neglect or that the individual is unable to care for themselves.

Responding to Mental Health and Substance Abuse Crises

Front Door Units must have a protocol in place for addressing situations in which a client is believed to be experiencing a mental health crisis or substance abuse crisis. If a Front Door Provider suspects, but is unsure whether the client presents an immediate safety threat to themselves or others, the case worker may call Alliance Health's 24-Hour Access and Information Line with the client for assessment and assistance. Regardless of the result of the call, this referral should not interfere with referral to emergency shelter.

Emergency Shelter Referrals

All Front Door Units offer referrals to emergency shelter for single adults and families experiencing homelessness. Assessment of referral eligibility, options, and availability will occur after a client/head of household has participated in a same-day diversion conversation that did not result in successful diversion and the client has been assessed and offered referrals for special population services as appropriate. Emergency shelter referrals should only be pursued for clients that express an interest in accessing emergency shelter. Clients are not required to accept an emergency shelter referral. Front Door Units will follow the following procedure for emergency shelter referral:

1. Assess whether the client/household meets [basic eligibility criteria for emergency shelter](#).
2. Determine appropriate shelter referrals based on household composition.
3. Assess eligibility for shelter-specific referral based on sex offender status and active [shelter referral suspensions](#).
 - a. Anytime a Front Door Unit is preparing an emergency shelter referral, the provider should check whether there are any active Shelter Referral Suspensions for the client. If the provider finds any, they will review the documents to verify that they are currently active and complete. If the Front Door Unit determines that the referral suspension notice documents are active and complete, they will refrain from referring the client to that shelter and will inform the client of the date that their suspension will be lifted.
4. Assess Shelter Options.
 - a. If eligible for shelter referral, check appropriate vacancies in the [Shelter Vacancy Database](#). If appropriate vacancy available, make referral in HMIS and document placement in the Shelter Vacancy Database. If no appropriate vacancy available, place client on Emergency Shelter Waitlist.
 - b. If a client/household who is not a [Durham resident](#) is not eligible for shelter referral, the client/household will be referred back to their CoC of origin.

Alternate Housing Option Referrals

In the event that a Front Door Unit is unable to refer a client experiencing homelessness to emergency shelter due to eligibility criteria described in this document, or in the event that a client experiencing homelessness declines a shelter referral, the Front Door Unit should, to the best of their ability, attempt to find an alternate housing option or pathway to housing for the client. A pathway to housing might include referral to a case manager who can help with housing plans, should one be available.

In the event that a Front Door Unit meets with a client who is not experiencing homelessness, they should attempt, to the best of their ability, to refer the client to the appropriate resource. Clients at risk of homelessness should be referred to Eviction Diversion if appropriate.

Waitlist and Follow-Up

All Front Door Units will add clients to the Emergency Shelter Waitlist as needed and according to [eligibility](#).

CE Central manages the Shelter Waitlist. In this role as manager of the Emergency Shelter Waitlist, CE Central:

1. Makes referrals to shelter off of the waitlist at the beginning of each shift based on appropriate vacancies and in accordance with the [Shelter Waitlist Prioritization Policy](#). Clients on the waitlist will be given referrals at the beginning of each shift before vacancies are opened up to referrals for clients completing intakes during that shift.
2. Make the referrals off of the Shelter Waitlist as updated vacancies become available throughout the day, making every effort to give clients on the waitlist priority for referrals over new clients completing intakes that day. Contact referred clients using all available contact methods listed in HMIS to notify them of their referral.
3. Follow-up with clients on the Shelter Waitlist at least once per week to assess their housing status and ongoing need for emergency shelter. Update the waitlist accordingly, removing clients who are no longer homeless.
4. Update the Shelter Waitlist according to the [Shelter Waitlist Management Policy](#) and the [Shelter No-Show Management Guide](#).

Designated Front Door Units

Coordinated Entry Central (CE Central)

This is the primary Front Door into Durham's Coordinated Entry System. This is a joint unit made up of DSS Homelessness Staff and staff from the City-funded DivCoE Org.

Front Door Services are provided by CE Central seven days a week.

Monday through Friday, except during County [emergency response episodes](#) and on County holidays, Front Door services are provided during normal business hours and extended evening and nighttime hours. Front Door Services will be available by phone during normal business hours for DSS.

On weekends, County holidays, and during emergency response episodes Front Door Services are provided during limited evening and nighttime hours.

To the extent possible given safety considerations, during inclement weather events in which emergency shelters open temporary vacancies under a [White Flag Project](#), CE Central staff will conduct intakes on-site at emergency shelters.

The specific locations and schedule of services can be found in the [CE Central Intake Schedule](#).

Street Outreach

The City-funded Street Outreach Project serves as an additional Front Door into Durham’s Coordinated Entry System. Front Door services are provided as needed by this provider in accordance with staff schedules. The primary focus of this Front Door Unit is to provide Front Door services to literally homeless people in Durham in a location and at a time that reflects the schedule and location of the person or people experiencing unsheltered homelessness in Durham.

Coordinated Entry Hubs (CE Hubs)

Additional Front Door Units may be added according to need. These additional Front Door Units are known as CE Hubs. The purpose of CE Hubs is to address gaps in the existing CE Front Door to provide Front Door Services to a specific homeless sub-population. CE Hubs must provide equivalent services to those provided by CE Central except that they are not expected to offer diversion financial assistance. New CE Hubs are subject to application, review, and approval by the Coordinated Entry Administrator described in the [CE Hub Development and Governance Policy](#).

Front Door and Emergency Shelter Pathway

Vacancy Information Sharing

All emergency shelters, with the exception of Victims Service Providers, shall enter data to provide accurate, regularly updated information on bed/unit availability in the [Shelter Vacancy Database](#). Shelters shall use and enter data into the Shelter Vacancy Database as specified in the [Shelter Vacancy Data Management Guide](#).

During inclement weather events, emergency shelters may open up additional temporary vacancies under a “White Flag Shelter Project”. In this event, using the process specified in the Shelter Vacancy Data Management Guide, the shelters will communicate to Front Door Units the number of white flag vacancies made available during the specific inclement weather episode.

Emergency Shelter Referral Eligibility

Basic Eligibility Criteria

In order to receive a referral to emergency shelter from the CE Front Door, clients must be:

1. Homeless ([Category 1](#), [Category 2](#), or [Category 4](#));
2. Have participated in a diversion conversation with a Front Door Unit that ended in the client being unsuccessfully diverted; and
3. Be a [Durham Resident](#), experiencing Category 4 Homelessness, being relocated by HUD due to a natural disaster, or be experiencing Category 1 Homelessness in Durham County (ie: without the intervention of homeless service providers the client will be unsheltered in Durham County for the coming night).

Additional Shelter-Specific Criteria

1. Referrals will be made in accordance with household composition and special population specifications at each shelter. Exceptions may be made at the discretion of the shelter before the referral is made by a Front Door Unit.
2. Referrals will not be made for registered sex offenders to emergency shelters that currently house minor children on the same premises where the client in question would be sleeping. Exceptions may be made at the discretion of the shelter before the referral is made by a Front Door Unit.
3. Referrals will not be made for a client to a shelter at which there is a [Shelter Referral Suspension](#) in place for that client as long as the Shelter Referral Suspension Notice was made in accordance with the aforementioned policy.

Emergency Shelter Waitlist

Shelter Waitlist

Eligibility

When an appropriate bed/unit is not available at the time of the client's intake, or an appropriate bed/unit is available but a client on the Shelter Waitlist has higher priority, clients will be added to the Shelter Waitlist.

Prioritization

Clients on the Shelter Waitlist will be referred to shelter as an appropriate bed/unit becomes available (based on household composition and gender identity if applicable) within the following priority categories based on the order in which they were seen for a CE intake:

Priority 1: Client/household is experiencing [Category 1](#) or [Category 4](#) homelessness, at least one household member has a [medical vulnerability](#), and client/household is a [Durham resident](#)

Priority 2: Client/household is experiencing Category 1 or Category 4 homelessness, and client/household is a Durham resident

Priority 3: Client/household is experiencing Category 1 or Category 4 homelessness, at least one household member has a medical vulnerability, and client/household is not a Durham resident

Priority 4: Client/household is experiencing Category 1 or Category 4 homelessness and client/household is not a Durham resident

Priority 5: Client/household is experiencing Category 2 Homelessness and client/household is a Durham resident

Clients experiencing Category 2 Homelessness who are not Durham residents should be referred back to their CoC of origin.

Follow-up and Contact

Using all available contact options provided by the client, CE Central staff will follow-up with clients on the Shelter Waitlist at least once per week to update their housing status and need for shelter.

Using all available contact options provided by the client, CE Central staff will contact clients when it is their turn for an emergency shelter referral and provide them with information about their Emergency Shelter Intake. Should CE Central be unable to reach the client to inform them of their referral and provide Shelter Intake information, the bed/unit will be held until two hours before CE Central closes for the day. At that time, if contact still has not been made with the client the bed/unit will be released for another client/household to be referred.

After at-least two unsuccessful attempts to contact a client using all available contact information with no returned contact within 72 hours, the client will be removed from the Shelter Waitlist. After a client is removed from the waitlist, their case can be re-opened and their spot on the waitlist renewed if they contact a Front Door Unit within 48 hours after their case was closed due to inability to make contact.

No-Shows and Shelter Waitlist Management

CE Central is responsible for following up on no-shows to shelter intakes communicated to them by emergency shelters before the end of the shift during which the no-show was communicated. CE Central will follow the procedure outlined in the [Shelter No-Show Management Guide](#).

Emergency Shelter Referral Process

Communicating Emergency Shelter Referrals

Front Door Units will make referrals to shelter in HMIS. Each Front Door Unit is responsible for documenting each emergency shelter referral made in HMIS in addition to updating the [Shelter Vacancy Database](#) accordingly.

Shelter Intakes

Intake Scheduling

Emergency shelter intakes for families will be made by appointment with the emergency shelter.

Emergency shelter intakes for single adults will occur daily during the time designated by the emergency shelter for clients referred during the Daytime Shift and by appointment for clients referred outside of the daytime shift or who have a conflict during the hour when emergency shelter intakes are usually conducted.

Policies Governing Shelter Intakes

As long as a client does not no-show to their scheduled shelter intake, emergency shelters are expected to complete the shelter intake on the same day that the referral was sent.

By 8:15 AM the day after a shelter referral was sent, the referred emergency shelter will document the result of the referral. The following are the possible referral results:

1. Referral fulfilled
2. Client declined referral
3. Shelter declined referral
4. No-Show

Declining a Shelter Referral

Emergency Shelters will accept referrals made by any Front Door Unit. The following are the only acceptable reasons for an emergency shelter to decline a referral made by a Front Door Unit:

1. The client is a registered sex offender AND the shelter currently has minor children residing on the premises where the client would be sleeping.
2. During the intake process, the shelter receives and documents information that the client does not fit the household type that the referred shelter serves.

- a. The client does not have in their custody a child under the age of 18 and the client would be sleeping in an emergency shelter specifically designated for families.
 - b. The client has in their custody a child under the age of 18 and the household would be sleeping in an emergency shelter specifically designated for single adults.
3. During the intake process, the shelter receives and documents information that the client has additional household members that were not documented during the initial coordinated entry intake process and the shelter does not currently have an available unit that can accommodate the updated household size, and the head of household is unwilling to enter shelter without the additional household members.
 4. During the intake process, the shelter receives and documents information that the client is not homeless.
 5. The client has an active [shelter referral suspension](#) in place for the referred shelter. Determination regarding the status of a shelter referral suspension as active or inactive should follow the [referral suspension governance process](#).
 6. During the intake process, the client makes a threat, attempts an action, or takes an action that fits within one or more of the Credible Safety Risk behaviors described in the shelter referral suspension policy, and the incident is documented in HMIS with an incident report.
 7. The client's presence at shelter would present an imminent threat to the safety of another client currently staying at shelter due to a record of intimate partner violence or family violence between the two clients with the referred client as believed perpetrator.

Client Declines Referral

It is possible that during the shelter intake process a client will decline entry into the emergency shelter to which they have been referred. In this situation, the shelter shall follow this process:

1. Attempt to collect and record information on the client's reason for declining and the client's planned sleeping location.
2. If a client does not have a planned sleeping destination in a location meant for human habitation and the client's stated or believed reason for declining is that they need shelter outside of Durham County OR would be unsafe at the shelter to which they have been referred, attempt to work with the client to identify a viable and safe shelter option for the night.
3. Advise the client that, unless an immediate safety concern has been identified, they may be removed from the waitlist and asked to begin the coordinated entry process again if and when they seek emergency shelter.

4. CE Central will follow-up with any family who declined shelter within 24 hours to discuss the reasons they declined. If the family remains homeless and declined due to a concern related to physical or psychological safety, CE Central may use their discretion to keep the client at the top of the Shelter Waitlist.

No Show to Shelter Intake

A no-show occurs when a client is referred by a Front Door Unit to shelter and the client does not arrive at shelter that same night to claim the bed(s). If a client referred to shelter does not show up to shelter that night to claim the shelter bed, the shelter will notify CE Central of the no-show using the procedure described in the [Shelter No-Show Management Guide](#). CE Central will then attempt to make contact with the client and follow the procedures outlined in the Shelter No-Show Management Guide after the attempt to make contact with the client who no-showed.

Shelter Referral Suspensions

If during intake or service of a client an incident occurs that is in violation of the Policies and Procedures of the emergency shelter the shelter may, in accordance with their policies and procedures discharge the client from the shelter. While in most cases, a shelter suspension will only apply to the shelter at which the qualifying incident occurred, exceptions may be considered in cases of egregious violence.

If the incident(s) triggering the discharge/suspension leads the shelter to believe that the client's future presence at shelter would threaten the safety of other clients or staff, the emergency shelter may enter a Shelter Referral Suspension Notice to suspend referrals for the specific client from any Front Door Unit to their shelter for a specific period of time.

Organizational Qualifications

In order to be eligible to place Shelter Referral Suspensions, the emergency shelter is expected to fulfill these requirements for qualifying organizations:

1. The organization has all staff trained in a type of conflict resolution and de-escalation method. A policy of providing this training to all staff is written into the organization's policies.
2. Shelters are expected to put policies and procedures in place to identify clients at risk for a shelter suspension and work with the client to develop risk mitigation plans.

Qualifying Incidents

The following is a complete list of all incidents eligible for a Shelter Referral Suspensions. Onsite shall refer to being located within the premises of the shelter that is submitting the shelter suspension.

During the client's intake or stay at shelter, the client in question:

1. Made a *credible* verbal threat to do physical harm to or stalk another shelter resident, staff member, or visitor.
2. Took action with the intention or result of doing physical harm to or stalking another shelter resident, staff member, or visitor.
3. Took action with the intention or result of destruction or theft of onsite property.
4. Brought an unauthorized guest onsite whose presence endangered the safety of other people on the premises.
5. Had a weapon in their possession onsite. Shelters should have a policy that specifically defines items banned as weapons on premises.
6. Engaged in sexual harassment of another person or engaged in sexually inappropriate behavior. Shelters should have a policy against sexual harassment that specifically describes banned behaviors.
7. Engaged in gang activity onsite.
8. Possessed illegal substances onsite.
9. Engaged in illegal activity with the intention or result of selling controlled substances onsite.
10. Has a history of intimate partner or family violence perpetration against another client (aka: survivor) currently in the shelter and serving the client in question would pose a credible and imminent threat to the survivor. In this circumstance, the shelter is expected to try to move the survivor to a shelter run by a victims service provider, if possible, and to remove the suspension after the survivor is moved.

Required Action by Staff

In order to be eligible for a Shelter Referral Suspension, the shelter shall follow and document the following steps for the incident in question:

1. A staff member attempt to de-escalate and/or mitigate (as applicable) the situation as quickly as possible. If a staff member not involved in the initial incident is on site, de-escalation/mitigation involves a staff member not involved in the initial incident.
2. A staff member not involved in the initial incident assesses whether mitigating circumstances caused the incident that could be addressed to safely allow the client ongoing use of the shelter without threat of harm to others. Such mitigating circumstances might include self-defense, problematic history with a specific staff member, cognitive limitations affecting a client's ability to understand shelter policies, or failure to take medications.

Length of Referral Suspension

This section lays out the policies and procedures for determining the length of a shelter referral suspension. A maximum suspension time period is given for each incident type, which is expected to be reserved for the most exceptional and serious circumstances. In some cases, as listed below, suspension periods over the maximum time may be placed due to exceptional circumstances.

Unauthorized Guest

This section deals with incidents involving bringing an unauthorized guest onsite who presents a threat to the safety of others.

Maximum Suspension Period

For incidents of this type, the maximum suspension period is two months.

Determining the Suspension Period

The specific period of suspension should be based on the level of threat posed by the individual, history of similar incidents, ability to prevent similar future incidents, and an assessment of the period of time for which the client will continue to pose a risk to others.

Credible Threats of Physical Harm and Verbal Sexual Harassment

For incidents involving a credible verbal threat of physical harm or stalking or verbal sexual harassment the maximum suspension period is three months.

Maximum Suspension Period

For incidents of this type, the maximum suspension period is three months.

Exceptions to this maximum may be requested in cases of particularly egregious, credible, specific, and serious threats.

Determining the Suspension Period

The specific period of suspension requested should be based on the level of specificity, severity and credibility of the threat/harassment, strength of evidence of the threat/harassment, and should consider any circumstances that could affect threat of future violence/harassment such as intoxication and psychotropic medications.

Destruction or Theft of Property

This section addresses incidents involving destruction or theft of property.

Maximum Suspension Period

For incidents of this type, the maximum suspension period is four months.

Exceptions to this maximum may be requested in cases of substantial evidence of pre-meditation and in which the cost of the damage/theft is sufficiently high as to place a serious threat to the ongoing functioning of the shelter.

Determining the Suspension Period

The specific period of suspension should be based on the cost of the damage/theft, evidence of premeditation, the shelter's ability to prevent the circumstances that led to the destruction/theft in the future, strength of evidence of the destruction/theft, and an assessment of the period of time for which the client will continue to pose a risk.

Non-Firearm Weapon, Gang Activity, Stalking, and Sexually Inappropriate Behavior

This section addresses incidents involving possession of a weapon other than a firearm, gang activity, or sexually inappropriate behavior.

Maximum Suspension Period

For incidents of this type, the maximum suspension period is six months.

Determining the Suspension Period

The specific period of suspension should be based on the severity of the assault, the type of assault, evidence of premeditation, the shelter's ability to prevent the circumstances that led to the assault in the future, strength of evidence of the assault, and an assessment of the period of time for which the client will continue to pose a risk to others.

Possession of Illegal Substances

This section addresses incidents involving possession of illegal substances.

Maximum Suspension Period

For incidents of this type, the maximum suspension period is two months.

Determining the Suspension Period

The specific period of suspension should be based on the extent to which the client's actions involving possession, storage, and use of illegal substances pose a threat to the safety of other clients, the shelter's ability to prevent the circumstances that led to the incident in the future, and an assessment of the period of time for which the client will continue to pose a risk to others.

Illegal Sale of Controlled Substances

This section addresses incidents involving illegal actions with the intention or result of selling controlled substances.

Maximum Suspension Period

For incidents of this type, the maximum suspension period is six months.

Determining the Suspension Period

The specific period of suspension should be based on the extent to which the client's actions involving sale of illegal substances pose a threat to the safety of other clients, the number of previous incidents of this type, the shelter's ability to prevent the circumstances that led to the incident in the future, and an assessment of the period of time for which the client will continue to pose a risk to others.

Physical Harm to Others, Stalking, and Possession of Firearm

This section addresses incidents involving assault or attempted assault or bringing a firearm into shelter.

Maximum Suspension Period

For incidents of this type, the maximum suspension period is one year.

Exceptions to this maximum may be requested in cases of particularly egregious and/or pre-meditated violent behavior. In the event that an exception is requested to allow for a suspension period over the maximum, an exceptional suspension request form will be completed when the referral suspension request is placed in HMIS.

Determining the Suspension Period

The specific period of suspension should be based on the severity of the assault, the type of assault, evidence of premeditation, the shelter's ability to prevent the circumstances that led to the assault in the future, strength of evidence of the assault, and an assessment of the period of time for which the client will continue to pose a risk to others.

Assessment and Prioritization for Housing Programs

Assessment

The Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) is used in the Durham CoC to assess the appropriate housing 'match' based on a specific client's characteristics and housing needs. All street outreach, emergency shelter, transitional housing staff, as well as day center, rapid re-housing and permanent supportive housing staff will work to ensure that as many of the people they engage with as possible:

1. will be assessed with the VI-SPDAT,
2. readily able to be located,
3. motivated to pursue housing,
4. in possession of the documentation required for potential housing options

5. and successfully engaged by Continuum of Care providers seeking to resolve their crisis of homelessness.

Providers should [screen](#) clients for [SOAR](#) Eligibility at the same time that the VI-SPDAT assessment is conducted. SOAR eligibility and appropriate referrals will be discussed during the by-name-list meeting process.

Assessment Timing

The VI-SPDAT should be completed as close to first engagement as possible with anyone residing in places not meant for habitation (“unsheltered”), and with people residing in an emergency shelter or transitional housing for at least seven days. The VI-SPDAT should be completed in one engagement (although not necessarily at first contact).

Standardized Communication

Before beginning a VI-SPDAT assessment with a client, all staff conducting assessments should communicate:

1. The name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
2. The purpose of the VI-SPDAT being completed
3. That it usually takes less than 10 minutes to complete
4. That only “Yes,” “No,” or one-word answers are being sought
5. That any question can be skipped or refused
6. That the information is going to be stored in the Homeless Management Information System
7. That other providers conducting assessments and the housing providers connected to the Coordinated Entry System will have access to the information so that the person does not need to complete the assessment multiple times, that housing providers can identify people to target for housing resources as they come available, and for planning purposes.
8. That if the participant does not understand a question, clarification can be provided
9. The importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Additional Population-Specific Considerations

Veterans

Providers serving veterans may require a Health Insurance Portability Accommodations Act (HIPAA)-compliant Release of Information to enable representatives from the Department of Veterans Affairs, the State, and other relevant stakeholders to ensure veterans are able to access the full spectrum of housing resources available for this population.

Survivors of Intimate Partner Violence or Sexual Abuse

A person who is or has been a victim of domestic violence, dating violence, sexual assault or stalking may not be denied access to the coordinated entry process if they are experiencing homelessness or are at risk of homelessness. The Violence Against Women Act (VAWA) prevents providers dedicated to serving survivors of domestic violence from inputting their personally identifiable information into a Homeless Management Information System (HMIS) because of the additional safety precautions specific for this population. While the VI-SPDAT is not a domestic violence-specific triage tool, providers dedicated to serving survivors of domestic violence can assess people who desire access to the broader range of housing options dedicated to people experiencing homelessness using the VI-SPDAT. Those results must be stored within a VAWA-compliant electronic system or in paper files secured according to the full requirements of the law.

Refusals

For limited instances when staff encounter people who do not provide a response to any of the first questions, they should stop and acknowledge that the assessment will not provide useful information if the person receiving assessment does not want to participate. Staff should utilize continued progressive engagement and rapport building with these people until they are willing to be assessed. The surveyor may request verbal consent to ask additional questions in order to utilize their conversation with the person, observation, documentation and information from other professionals.

People who respond better to a conversational approach may benefit from the more comprehensive full SPDAT, further described in Appendix C – Full SPDAT Process.

Additional Information and Documentation

Essential Documents

Once the VI-SPDAT is completed, and/or as part of the initial engagements for people already assessed, staff should quantify which essential documents the person currently possesses, and begin working with them to begin collecting missing documents, as staff time and resources allow.

Assessors should emphasize that specific documentation is required for many programs, including, but not limited to, government issued photo identification, Social Security card, birth certificate, proof of

income or lack of income, verification of homelessness, and DD-214 for people who have served in the United States Armed Forces (regardless of discharge status or length of service).

Contact Information

Staff should attempt to collect and document multiple means of getting in contact with a client. A minimum of two contact methods are recommended per client. In addition to contact methods, staff should collect information on whereabouts across a 24-hour period, beginning with where the person wakes up until they bed down at night, with notations for days when location patterns change, and record that information within the VI-SPDAT. This includes where meals are obtained, transportation methods and times to and from meal and shelter providers, cross streets of locations where they receive services, outside agency names and staff with whom they engage, etc.

Prioritization of Referrals

Upon successful VI-SPDAT completion, CoC providers including homelessness prevention, street outreach, transitional housing, rapid re-housing and permanent supportive housing projects will fill their case load (for services only programs) and/or beds (for shelter and housing programs) from the Coordinated Entry System according to the following prioritization criteria.

Providers will identify the eligibility requirements for each of their programs that they will be dedicating to the Coordinated Entry process and will be able to run a By-Name List report of VI-SPDAT results from people experiencing homelessness from within the HMIS. Once a referral is made following the prioritization criteria outlined below, the provider may contact the person directly, and may coordinate contact with the VI-SPDAT interviewer for further support if necessary. The housing provider commits to working with the assessor to locate the person and engage with them to verify if the housing referral provides a good match. The housing provider commits to communicating in writing with the CoC Lead Agency staff when 50% or more of matches do not lead to successful program entry in order to facilitate more successful referrals (further outlined below).

The Housing Provider will document any unsuccessful matches and provide the (A) reason(s) why they were not housed, (B) date of unsuccessful match/“unassignment” and (C) name of the project being unassigned within HMIS so that the person can be reassigned to additional providers (further outlined below). The housing provider will also document when each match does lead to successful program entry and provide the date the person moves into housing within HMIS.

Transitional Housing Prioritization

People experiencing homelessness may be referred to **Transitional Housing** per the following prioritization criteria (only proceeding to the next category when no one remains in the initial/previous category):

Priority Category 1: People not experiencing chronic homelessness

Priority Category 2: Highest VI-SPDAT score

Rapid Re-Housing Prioritization

People will be referred to **Rapid Re-Housing** per the following prioritization criteria (only proceeding to the next category when two or more people remain in the initial/previous category):

Priority Category 1: Same as *Permanent Supportive Housing* when not available

Priority Category 2: Highest *Rapid Re-Housing* recommended score (individuals: 4-7, families: 4-8)

Priority Category 3: Chronic homelessness

Priority Category 4: Length of time homeless

Priority Category 5: Overall wellness (domain D score of the VI-SPDAT)

Permanent Supportive Housing Prioritization

People experiencing homelessness will be referred to **Permanent Supportive Housing** per the following prioritization criteria (only proceeding to the next category when no people remain in the initial/previous category):

Priority Category 1: Highest VI-SPDAT score

Priority Category 2: Chronic homelessness

Priority Category 3: Length of time homeless

Priority Category 4: Overall wellness (domain D score of the VI-SPDAT)

Connection to Mainstream Resources

People who may benefit from a connection to a mainstream service provider, such as Goodwill, Department of Social Services, Legal Aid, income based housing or other services may be provided a referral to connect to these mainstream providers. All mainstream service referrals shall be documented in the HMIS and shall not prohibit the prioritization or matching into a supportive housing program for which the individual or household is eligible at the time a match is identified.

Unsuccessful Matches Process

By Person Experiencing Homelessness

People may reject a housing referral due to the health, safety or wellbeing of the person being compromised by the potential referral. Respecting choice and preference, people may also reject a housing referral due to not being willing to work with the housing provider to which they are referred. Rejections of housing referrals by people should be infrequent and must be documented in HMIS. Repeated rejections on behalf of staff, programs, and/or agencies may require case conferencing and additional consultation with or guidance from Continuum of Care Lead Agency staff.

By Housing Provider

Durham CoC housing providers may deny or reject referrals from the Coordinated Entry System, although service denials should be infrequent and must be documented in HMIS. The specific allowable criteria for denying a referral shall be published by each project and be reviewed and updated annually or as they change, whichever happens first. All participating projects shall provide the reason for service denial, and may be subject to a limit on the number of service denials.

Agencies who would like to deny a referral that is incompatible with their programming must include details about the reason for denial. Documentation should include communication attempts with the person, specific criminal or housing history that prevents acceptance of referral, or other similar details. Examples of denials that will need additional details or documentation include the following:

- Confirmed as doubled up/unhappily housed but not residing on streets/shelter
- Confirmed as relocating out of area
- Person unable to be located after multiple, documented attempts
- Ineligible for assigned provider
- Declined services from assigned provider
- Person confirmed as incarcerated
- Person confirmed as deceased

If the denial is the result of a third-party property management/landlord (private or partner of service provider) rejecting the person's application, the rejection will trigger a case conferencing meeting. If the household choose to appeal this decision, a new referral will not be provided to the housing program until the appeal process has reached its conclusion.

The Housing Provider will document any unsuccessful matches and provide both the (A) reason(s) why they were not housed and the (B) date of unsuccessful match/ “unassignment” within HMIS so that the person can be reassigned to additional providers. The housing provider will also document when each match does lead to successful program entry and providing the date the person moves into housing within HMIS.

Re-Screening

While people generally do not need to be surveyed multiple times with the VI-SPDAT, there are circumstances under which people who have been screened using the VI-SPDAT would qualify to be re-screened, including the following:

- a. Someone has not had contact with the homeless services system for one year or more since the initial VI-SPDAT screening.
- b. Someone has encountered a significant life change defined as one of the following items: an adult member added or removed to their household, re-unification with child, or SPMI identified by a credentialed professional.
- c. In rare occurrences, someone who is screened and referred to a housing program may be eligible for re-screening if the program identifies after extensive efforts the person needs a higher level of support than can be offered in that level of intervention.
- d. Someone who has known extensive history within the shelter and other emergency systems but whose acuity is not accurately depicted on their first screening.

Note: People who qualify under items C and D, listed above may benefit from the more comprehensive full SPDAT further described in Appendix C – Full SPDAT Process.

Prioritization for Outreach and Prevention Programs

Homelessness Prevention Prioritization

People experiencing homelessness may be referred to **Homelessness Prevention** according to the following prioritization criteria (the criteria must be met before proceeding to people who do not meet the priority category 1):

Priority Category 1: Imminent risk of eviction with documentation

Street Outreach Prioritization

People experiencing homelessness may be referred to **Street Outreach** per the following prioritization criteria (the criteria must be met before proceeding to people who do not meet the priority category 1):

Priority Category 1: People experiencing homelessness matched to transitional housing, rapid re-housing or permanent supportive housing

Governance

Emergency Shelter Referral Suspensions

Review Process

Within 5 business days that the suspension referral request is placed, the Coordinated Entry Administrator will review the request for 1) adherence to the policy and 2) reasonableness of the request.

Should a reason for rejection of modification be flagged as described below, The Coordinated Entry Administrator will attempt to address the concern with the agency and may place an interim stay or adjustment on the referral suspension. The Coordinated Entry Administrator will notify the submitting shelter should this occur. Anytime a referral suspension is flagged by the Coordinated Entry Administrator, the suspension will be reviewed by the CoC Ombudsman Panel for final determination.

Reasons for rejection or modification of a referral suspension request include:

- a. No [qualifying incident](#) was demonstrated to have occurred.
- b. The notice was placed after a significant lapse in time following the qualifying incident that cannot be explained by the time necessary for the agency to complete internal processes for making decisions regarding suspensions and processing client appeals.
- c. Failure to take and describe steps to attempt de-escalation and to evaluate mitigating circumstances with an unbiased third party.
- d. Failure to provide adequate rationale for the suspension period requested that demonstrates consideration of the necessary incident characteristics.
- e. Suspension period requested is beyond the maximum period for incident type and exceptional suspension rationale fails to demonstrate sufficient grounds for extended suspension period.
- f. Shelter referral suspension request form is incomplete.
- g. The shelter has not met the [organizational requirements](#) for shelters eligible to submit referral suspension requests.

The Coordinated Entry Administrator will update HMIS to reflect any interim or final modifications or denials of the request. Emergency shelters and Front Door Units will follow the most updated referral suspension notice when determining whether a client has an active referral suspension in place.

Appeals

Providers may appeal Coordinated Entry Administrator decisions regarding Referral Suspension Requests to the CoC Ombudsman Panel. The CoC Ombudsman Panel will provide a written response to the agency submitting the appeal within 14 days that the appeal is submitted.

Patterns of Staff-Involved Incidents

Retraining

If a staff member is the subject of an incident leading to a referral suspension three times within one year, the Coordinated Entry Administrator may, with consultation from the agency where the staff member works, determine that the staff member needs to be re-trained in de-escalation. In this case, the shelter will have the staff member re-trained before an additional suspension request involving that staff member is placed.

Mitigation Plan

If, after being re-trained, a staff member is the subject of two or more incidents in the three months following training, the shelter will develop a mitigation plan for that staff member. Examples of mitigation plans could involve modification of duties, changing hours, increased supervision, or disciplinary action. An explanation of the mitigation plan will be submitted to the Coordinated Entry Administrator before placing any additional suspension referral notices involving the staff member.

Coordinated Entry Hub Development and Governance

Governing Entity

The Coordinated Entry Administrator is the designated governing entity for Coordinated Entry Hub (CE Hub) development and governance.

New Hub Application and Review Process

The development of new coordinated entry hubs (CE Hubs) are permitted. Additional coordinated entry hubs may be established at a specific provider's request to the Coordinated Entry Administrator. It is the responsibility of the applying agency to demonstrate in their request:

1. The new CE Hub will help to address existing barriers to the coordinated entry system for a specific sub-population.
2. The agency has in place or plans to put in place an adequate procedure to address any potential conflicts of interest between the functions of the CE Hub and other agency-run programs.

The Coordinated Entry Administrator reviews and makes determination regarding new CE Hub requests. In addition to failure to demonstrate the above requirements, a New CE Hub Request may be denied if:

1. The applying agency has a pattern of repeated violations of CoC Policies and Procedures.

2. Evidence of previous program performance indicates the applicant does not have capacity to follow CE Policies and Procedures.

New Hub Development Process

Once a New CE Hub Request is granted, the following must be completed/in place before the new Hub may begin conducting coordinated entry assessments and referrals:

1. All staff who will be conducting CE intakes and their immediate supervisors have HMIS licenses.
2. All staff who will be conducting CE intakes and their immediate supervisors have completed all required trainings for new CE Hubs per the designation by the Coordinated Entry Administrator.
3. The agency has in place a Memorandum of Understanding with the CoC Lead Agency agreeing to follow all coordinated entry policies and procedures.
4. Agree to receive an in-person site-visit by the coordinated entry administrator twice annually and participate in all requests regarding evaluation of coordinated entry implementation.

CE Hub Elimination

Hubs that demonstrate a pattern of repeated violation of coordinated entry policies and procedures may be eliminated at the discretion of the Coordinated Entry Administrator. Dissolved Hubs may submit a written appeal for review to the CoC Lead Agency.

Appeals

If a New CE Hub Request is denied or an existing CE Hub is eliminated, the agency hosting the CE Hub that received that determination may submit a written appeal to the CoC Lead Agency. The CoC Lead Agency will work with the CoC Ombudsman Panel to make a final determination on the appeal. Appeal determination will be made within one month after the appeal is submitted.

Addendum 1

Glossary of Terms

At Risk of Homelessness:

Type 1 At Risk: A person who:

- c. has an annual income below 30% of median income for the area; AND
- d. does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; AND Meets one of the following conditions:
 - i. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR
 - ii. Is living in the home of another because of economic hardship; OR
 - iii. Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR
 - iv. Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for people with low-income; OR
 - v. Lives in an “Single Room Occupancy” (SRO) or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR
 - vi. Is exiting a publicly funded institution or system of care; OR
 - vii. Otherwise lives in housing that has characteristics associated with` instability and an increased risk of homelessness, as identified in the recipient’s approved consolidated plan.

Type 2 At Risk: An unaccompanied child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute

Type 3 At Risk: A family with child(ren) or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) of that child or youth if living with him or her.

Behavioral Health Challenges: Taking illicit or non-prescription mood altering substances or prescription medications in a way other than was prescribed or presenting with mental health symptoms.

Category 1 Homelessness: When, without the intervention of a service provider, an individual will, for the upcoming night, be without a primary nighttime residence in a location meant for human habitation designed for or ordinarily used as a regular sleeping accommodation for human beings.

Category 2 Homelessness: When a person or household will imminently lose their housing (within 14 days), no subsequent residence has been identified, and the person or household lacks the resources or support networks needed to obtain other permanent housing.

Category 3 Homelessness: See [Homeless Under Other Federal Statutes](#)

Category 4 Homelessness: A state in which an individual or household is fleeing, or attempting to flee domestic violence, has no other residence; and lacks the resources or support networks to obtain other permanent housing.

Chronically Homeless:

1. A homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.
2. Families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless.

CoC Standards: Refers to the Durham Continuum of Care (CoC) Written Standards, the governing written policies and procedures for the Durham Continuum of Care.

Coordinated Entry Administrator: Refers to a staff member of an organization contracted to provide full-time support to the Durham CoC by planning, evaluating, and supporting system-wide homelessness coordinated entry in Durham

Coordinated Entry Front Door (CE Front Door): The process and policies that govern how a person seeking entry into the homeless system in Durham is diverted, assessed, and referred into the homeless system

Coordinated Entry Central (CE Central): A Front Door Unit that serves as the primary access point into Durham’s homeless system. CE Central is comprised of DSS Homelessness Staff and staff from an organization contracted by the City of Durham for this purpose (known as the Diversion/Coordinated Entry Organization or DivCoE Org).

Coordinated Entry Hub (CE Hub): An additional point of entry into Durham’s Homeless System intended to provide coordinated entry and diversion services to a specific sub-population of clients in Durham who may experience specific barriers to accessing CE Central.

Coordinated Entry Implementation Action Plan (Action Plan): A plan developed per direction by the Performance Management Sub-Committee by the Coordinated Entry Administrator with a homeless service provider to address concerns and challenges with the provider’s implementation of the coordinated entry policies and procedures.

Coordinated Entry Liaison (CE Liaison): A staff member permanently or temporarily designated by a Homeless Service Provider to serve as the primary contact person receiving communications from CE Central regarding referrals. A homeless service provider may opt to have a staff member designated as the permanent CE Liaison or may designate a different staff member on a rotating basis (e.g. daily or weekly rotation). Once the CE Liaison receives information from CE Central it is their responsibility to distribute the information to staff as needed.

Department of Social Services Homelessness Staff (DSS Homelessness Staff): Direct service providers employed by the Durham County Department of Social Services Aging and Adult Services Division to provide front door intakes and services Durham’s Coordinated Entry System. Along with the DivCoE Org, these staff members make up CE Central.

Disability: a person with disabilities as a person who:

1. has a disability as defined in Section 223 of the Social Security Act (42 U.S.C.423), or
2. is determined by HUD regulations to have a physical, mental, or emotional impairment that:
 - a. is expected to be of long, continued, and indefinite duration;
 - b. substantially impedes his or her ability to live independently; and
 - c. is of such a nature that more suitable housing conditions could improve such ability, or
3. has a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 15002(8)), or
4. has the disease acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome (HIV).

For qualifying for low income housing under HUD public housing and Section 8 programs, the definition does not include a person whose disability is based solely on any drug or alcohol dependence.

Diversion/Coordinated Entry Organization (DivCoE Org): An organization contracted by the City of Durham to provide front door intakes and services for Durham’s Coordinated Entry System. Along with the DSS Homelessness Staff, these staff members make up CE Central.

Diversion: Refers to open-ended solution-focused conversations intended to help clients assess their own resources and options to prevent entry into shelter and to help clients overcome barriers to using these options through problem solving, mediation, and, as needed, flexible financial assistance.

Durham Resident: Refers to any person or head of household who, at the time that they are completing an intake with Coordinated Entry, 1) possesses a Durham ID, or 2) has slept within Durham County for the previous 30 days (including but not limited to institutional stays in Durham County) with interruptions of no more than 3 consecutive days, or 3) who had slept within Durham County for at least 30 days with interruptions of no more than 3 days immediately before an institutional stay of a member of the household outside of Durham County from which the client was released no more than 29 days previously.

Emergency Response Episodes: A period when the Durham County Department of Social Services Adult Crisis Services Division is closed in order to deploy staff to respond to a natural or manmade disaster.

Emergency shelter: Means any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

Institutional Stay: Time spent checked in to a prison, jail, hospital, halfway house, behavioral health treatment facility, inpatient mental health treatment facility, inpatient substance abuse treatment facility, or immigration detention center.

Follow-Up: Refers to efforts to make contact with a client in order to update their housing status information, assess whether they still need shelter, assess whether they are still eligible for shelter, and/or connect a client to shelter.

Front Door Services: refers to intakes, assessments, prioritization, Diversion, and referral of people experiencing homelessness in Durham County who are actively seeking entry into Durham County’s homeless system either by seeking emergency shelter services or seeking Housing assistance for those who are currently experiencing unsheltered homelessness.

Front Door Unit: A service provider, agency, or team serving as an initial access point into Durham’s Coordinated Entry System. This include CE Central, organizations approved by the Coordinated Entry

Administrator to serve as Coordinated Entry Hubs, and street outreach providers contract by the City of Durham.

Homeless: Refers to a state in which a person is experiencing Category 1, Category 2 or Category 4 Homelessness. Anytime the term homeless is used in this document, it refers to this definition of homelessness.

Homeless Management Information System: An electronic web-based data collection and reporting tool designed to record and store person-level information on the characteristics and service needs of people experiencing homelessness throughout a CoC jurisdiction. Usage of the HMIS is mandated by (HUD) for any person experiencing homelessness, with the exception of survivors of domestic violence.

Homeless Under Other Federal Statutes (Category 3 Homelessness): A state in which an unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless per the definition used by the CoC given above, but who:

- a. Are defined as homeless under the other listed federal statutes;
- b. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
- c. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
- d. Can be expected to continue in such status for an extended period of time due to special needs or barriers.

Limited Case Management: Refers to the services involved in both Limited Case Management, Type A and Limited Case Management, Type B.

Limited Case Management, Type A: Refers to ongoing contact, assessment problem-solving, and referral with a client necessary to address immediate threats to housing stability for clients successfully diverted with a temporary housing plan, with the goal of ending case management within 30 days by stabilizing the client's housing situation enough that the client no longer qualifies as homeless or by linking the client with services that can provide longer term, more comprehensive support needed to stabilize the client's housing status.

Limited Case Management, Type B: Refers to assessments, follow-up and referrals necessary to connect a person experiencing unsheltered homelessness to housing or to connect the client to more long-term and/or comprehensive services that can work to connect the client to housing, with the goal of ending follow-up within 60 days.

Literally Homeless (Category 1 Homelessness): A person who lacks a fixed, regular, and adequate nighttime residence

- d. An individual 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, camping ground; or
- e. An individual 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 program for low-income individual); or
- f. 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.

Mediation: A process for resolving disputes in which a neutral third party helps conflicting parties have a conversation to jointly resolve their concerns. It allows people to work things out directly with each other, helping those involved to diffuse emotion, correct misunderstandings, and be satisfied with outcomes because they created them directly.

Medical Vulnerability: Refers to an acute or chronic medical condition or age that puts the person at risk of hospitalization or death if exposed overnight to environmental conditions found in locations not meant for human habitation

Mental Health Crisis: A situation in which an individual poses an individual's thoughts, emotions, or behaviors present an imminent risk that the individual could harm themselves or others, including but not limited to situations in which an individual is experiencing active psychosis involving command hallucinations.

Substance Abuse Crisis: A situation in which, as a result of substance use, an individual is actively experiencing life threatening withdrawal symptoms.

Permanent Housing Solution: Refers to a diversion plan that will prevent a client from entering shelter for more than 120 days.

Real-Time Data Entry: Data entry conducted during or immediately following a client contact.

SSI/SSDI Outreach, Access, and Recovery (SOAR): A program designed to increase access to SSI/SSDI for eligible adults and children who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or co-occurring substance use disorder.

Temporary Housing Solution: Refers to a diversion plan that will prevent a client from entering shelter for up to 120 days.

Unsheltered: When an individual has 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, camping ground.

Victims Service Providers: A private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. Such term includes rape crisis centers, battered women’s shelters, domestic violence transitional housing and programs, and other programs.

Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT): Refers to Version 2 of the VI-SPDAT, a triage tool released in May 2015 that assists in informing an appropriate ‘match’ to a particular housing intervention to people based on their acuity in several core areas.

Warm Referral: A referral to another service provider in which the referring staff member contacts the agency on the client’s behalf, preferable while the client is present.

White Flag Project: A special emergency shelter project used at the discretion of emergency shelters to open up temporary additional shelter vacancies during inclement weather events. Clients staying at an emergency shelter under a white flag project are exited from the project when the inclement weather episode has ended.

Addendum 2

CE Central Intake Schedule

Weekday Daytime Shift

Hours

Monday through Friday 8:30 AM to 4:00 PM (except on County holidays and during [emergency response episodes](#))

Location

Durham County Human Services Building

Intake Methods

Intakes Available in-person by walk-in or appointment as well as by phone

Weekday Evening Shift

Hours

Monday through Friday 4:30 PM to 10:00 PM

Location

To Be Determined Offsite Location

Intake Methods

Intakes Available in-person by walk-in or by phone

Non-Business Day Shift

Hours

Weekends, on County Holidays, and during [emergency response episodes](#) 5:30 PM to 10:00 PM

Location

To Be Determined Offsite Location

Intake Methods

Intakes Available in-person by walk-in or by phone

Addendum 3

Modified HARK Screening Tool

	Yes	No
1. Within the last year, have you or a member of your household been humiliated or emotionally abused in other ways by a partner or ex-partner?	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the last year, have you or a member of your household been afraid of a partner, ex-partner, or anyone else you lived with?	<input type="checkbox"/>	<input type="checkbox"/>
3. Within the last year, have you been raped or has anyone forced you to have any kind of sexual activity?	<input type="checkbox"/>	<input type="checkbox"/>
4. Within the last year, have you or a member of your household been kicked, hit, slapped, or otherwise physically hurt by a partner, ex-partner, or anyone else you lived with?	<input type="checkbox"/>	<input type="checkbox"/>

Addendum 4

SOAR Eligibility Screening Questionnaire

1. Have you ever received a monthly check for Social Security disability or SSI? If so, are you still receiving checks? If not, when did they stop?
2. Tell us about any mental or physical health problems that make it difficult for you to work.
3. Have you received any treatment for these conditions in the past (in the past year)?
4. Have you been able to earn more than \$1,220* per month in the past 5yrs?
5. Are you currently applying for disability benefits?
6. Do you want to speak to someone about applying for benefits?
7. Are you interested in talking with someone about employment supports?

Assessor, please note any concerns you notice with this person in the following areas:

- A. Understand, remember or apply information (ability to learn, understand instructions, provide explanation, problem solve, use reason and judgment in work related decisions)
- B. Interact with others (ability to relate to and work with supervisors, co-workers and the public)
- C. Concentrate, persist or maintain pace (ability to maintain focus, complete tasks, attend appointments, remain on task at a sustained pace)
- D. Adapt or manage oneself (regulate emotions, control behavior, maintain well-being in the work setting, respond to demands, adapt to changes)
- E. Physical activities (walking, standing, sitting, lifting, etc.)

Addendum 5

Shelter No-Show Management Guide

Notice of No-Show

Emergency shelters are responsible for communicating that a client has not shown up for a scheduled shelter intake (aka: no-show) to CE Central within two hours of the scheduled intake.

Client Follow-Up

CE Central is responsible attempting to make contact with the client who no-showed using all available contact methods before the end of the shift during which the shelter notified CE Central of the no-show. The response after attempt to make contact is different for singles and families:

No Show Response Process for Families

1. If CE Central Staff are able to speak with the client and:
 - a. Household communicates intent to utilize the bed: CE Central staff will tell the emergency shelter to hold the bed for the household for that night and only release the bed the next morning if the household still has not claimed the bed.
 - b. Household communicates they no longer intend to utilize the bed: CE releases the bed immediately and attempt to ascertain and record housing plan from client. If the household communicates that they will need shelter tomorrow, CE Central will tell the household to contact CE Central tomorrow to communicate need.

If CE Central is unable to speak with the household, they will tell shelter to hold the bed for the client/household for the night and only release the bed the following morning if the client still has not claimed the bed.

2. If a household no-shows/no contact or no shows/declines two times in a three-month period, moving forward the shelter is not required to hold the bed for the full night, but CE Central must attempt to contact before releasing the bed. If staff speak with the household and they communicate intention to use the bed, staff should agree with the household on a deadline for same-night arrival and will only release the bed after the household misses the arrival deadline.

No-Show Procedure for Single Adults

1. If CE Central is able to speak with the client and:
 - a. The client communicates intent to utilize the bed: the shelter must hold the bed for the client until 30 minutes after the client's agreed new arrival time. If the client still no shows, this should be reported to CE Central and the bed will be released. In this case, the no-show would be counted as a no-show/no contact.

- b. The client communicates they no longer intend to utilize the bed, CE Central will release the bed immediately and attempt to ascertain and record a housing plan from client. In this case, the no-show would be counted as a no-show/no contact. If the client communicates that they will need shelter tomorrow, CE Central will tell the household to contact CE Central tomorrow to communicate need.

If CE Central is unable to speak with the client, the bed will be held for another hour and released if the client is still no show by that time. In this case, the no-show would be counted as a no-show/no contact.

2. If a client no-shows/no contact or no shows/declines two times in a three-month period: Moving forward, CE Central will attempt to contact before immediately releasing the bed. If staff speak with the client and they communicate intention to use the bed, they will agree with the client on a deadline for arrival and will only release the bed after missed arrival deadline.

Shelter Waitlist Management for No-Shows

CE Central will follow the following procedure for responding to shelter no-shows on the Shelter Waitlist based on the result of their attempts to contact.

1. Clients who no-show/decline and communicate they have a housing plan that will extend beyond that night will be removed from the Shelter Waitlist.
2. Clients who no-show/decline and communicate that they do not have a housing plan that will extend beyond that night will be kept on the Shelter Waitlist or (in the case of a client referred through a real-time referral) added to the Shelter Waitlist. They will be instructed to make contact with CE Central the following day and will be referred according to their priority on the Shelter Waitlist. If no subsequent contact occurs, they will be removed at 10 PM the day after the initial no-show.
3. For clients who no-show/no contact CE Central will attempt to make contact the following day. If unable to contact again, they will be kept on the Shelter Waitlist or (in the case of a client referred through a real-time referral) added to the Shelter Waitlist and referred according to their priority on the Shelter Waitlist if they make contact. If no contact occurs, they will be removed at 10 PM the day after the initial no-show.
4. If a client no-shows three days in a row, they will be removed from the Shelter Waitlist and will have to complete a new intake if they need shelter.

Addendum 6

Shelter Vacancy Data Management Guide