



PARTNERS IN CARE
COORDINATED ENTRY SYSTEM
POLICY AND PROCEDURES
HONOLULU, HI

Versions, Editions, and Updates to This Document

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Introduction

Regulatory Requirement

The Continuum of Care (CoC) Program interim rule¹ requires that a CoC establish a Coordinated Entry System (CES) to ensure assistance is delivered as effectively as possible and that it is easily accessible to all homeless households in need of a housing intervention. Partners In Care (PIC), Oahu's CoC, has established the following policy and procedures to ensure all local CoC Program and Emergency Solutions Grant (ESG) funded agencies participant in, and adhere to, the CES established within this document. PIC requires that all provider organizations enter into a Memorandum of Understanding (MOU) agreeing to follow the CES Policies and Procedures (CES P&P). The purpose of the MOU is to ensure clear communication and understanding of everyone's roles and responsibilities within the CES. The MOU will protect certain populations that are regulated by HIPAA, public safety, Violence Against Women Reauthorization Act (VAWA), and/or other privacy laws. The CES P&P include eligibility and prioritization order for all types of housing interventions available within the Honolulu CoC.

PIC's CES was designed to be clear, transparent, and ensure that households who are in the most need for housing and/or services are prioritized for the most appropriate resources first. The CES prioritizes assistance based on vulnerability and severity of service needs. In order to achieve efficiency within the CES, it is PIC's goal to include as many local and other leveraged resources as possible. PIC's Executive Committee will be responsible for the implementation and oversight of CES P&P and will recommend changes as needed to PIC's general membership.

Access

PIC's CES begins with the first point of contact made by a household experiencing homelessness with any "helper" that can direct them to an "access point".. These helpers include, but are not limited to: a healthcare provider, outreach worker, case manager, primary care physician, psychiatrist, mental health provider, substance abuse treatment agency, hospital staff, local business, or police department.

Access Points

There are 3 primary types of CES access points in our Coc. These are:

- 1) AUW 211 Call center - PIC's CES may also be accessed by calling Aloha United Way 211.. Callers will be asked to respond to a brief phone interview and will be connected to a local service provider who can continue to address housing needs, often through housing subsidies for evictions to prevent homelessness or a nearby shelter to provide sanctuary if unsheltered..
- 2) Homeless Outreach Teams – Outreach teams who encounter homeless persons assertively try motivate them to engage with the service system by establishing relationships with them with the objective of completing an assessment to determine vulnerability.

¹ 24 CFR Part 578.7(a)(9) Homeless Emergency Assistance and Rapid Transition to Housing; Continuum of Care Program; Interim Final Rule

- 3) Homeless Shelters – Homeless shelters are often called to access assistance. These are also equipped to complete an assessment upon intake to determine prioritization for housing and to minimize their time homeless.

Multiple access points ensure broad access. But they also establish common standards approved by PIC for how each household is prioritized for housing and services. Each of these Access Points are also equipped to make referrals to appropriate community programs and resources as is indicated by their assessment. These would include both homeless prevention resources as well as homeless shelters and resources that are meant to serve those already unsheltered.

Advertisement of Access Points to Coordinated Entry

- Public Media: radio, television public service announcements, newspapers etc.
- Public Education by PIC Members: To community groups like Rotary Clubs, faith communities, schools and other
- Partners In Care Website. PIC will provide access points to CES on the website. PIC will also provide information about assessment for services and about options for housing placement.

Initial Contact

The initial contact with a person experiencing a housing crisis is an opportunity to assess their current situation for immediate safety and general needs. This assessment is necessary to triage for appropriate referral to the service provider that will:

- Address the health and safety of someone who may be very vulnerable (victim of domestic violence or someone in immediate distress).
- Have specialized expertise to address a special demographic population (veterans, families, elderly, recently released offender, etc.).
- Clinical capacity to meet the service needs of other special populations (mentally ill, substance abusers, etc.).

Capacity to triage reduces frustration on the part of the individual seeking assistance that might be referred to multiple service providers before they find one that can provide the help they need and who can offer a program for which the person is eligible. It also adds efficiency to the delivery of homeless services by speeding access to services that will be most helpful in exiting homelessness.

Access Themes

PIC has implemented a *Housing First* approach that provides a range of housing services to persons experiencing, or at-risk of, homelessness, including outreach and engagement, emergency and transitional housing, safe haven housing, rapid re-housing, and permanent supportive housing. PIC has incorporated the *Housing First* model as well as non-discrimination policies into the CES.

Housing First

- *Housing First* is a programmatic and systemic approach that centers first on providing housing and then engaging the housed individual or family in appropriate services as needed.
- Housing is not contingent on compliance with services.

- Participants are expected to comply with a standard lease agreements and are provided with services and supports to help maintain housing and prevent eviction.
- Services are provided post-housing to promote housing stability and well-being.
- All programs are expected to ensure low barriers to program entry for program participants.

Non-discrimination

- Providers must have non-discrimination policies in place and assertively outreach to people least likely to engage in the homeless system.
- Providers must comply with all federal statutes including the Fair Housing Act² and the Americans with Disabilities Act³.
- PIC practices a person-centered model that strongly incorporates participant choice and inclusion of subpopulations present in Honolulu, including, but not limited to, veterans, youth, families, and people experiencing domestic violence (ensuring compliance with HUD's regulations relative to the Violence Against Women Act, VAWA, of 2013).

Assessment and Screening

Participant assessment is part of the intake process during which a household is interviewed and entered into the State HMIS - by a Housing Navigator (HN). The process of conducting the assessment is critical to an expedient and appropriate housing placement for each household. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as his or her strengths, needs, abilities, and preferences. The screening process may include public sources (e.g. local businesses), eligibility, private pay resources, or third-party funding. An interview can be done in person, via the telephone, or by other technological means, and may include parents, guardians, or others. Screening interviews shall be conducted using a common assessment tool agreed upon by PIC, and be completed by outreach workers and appropriate personnel through face-to-face contact with the person served whenever possible. PIC will document the assessment score and recommendations in HMIS.

Common Assessment Tool

Using a common assessment tool is vital for CES because it establishes a baseline for prioritization of all clients entering the homeless system within the Honolulu CoC. PIC has agreed to use the Vulnerability Index-Service Prioritization and Decision Assessment Tool (VI-SPDAT) and Vulnerability Index-Family Service Prioritization and Decision Assessment Tool (VI-FSPDAT) to assess all homeless people initially entering the system and in need of housing resources. The assessment tool is designed to provide a preliminary understanding of a participant's vulnerability and needs. It does not provide the same depth of information as a clinical assessment, which may be completed later in the assessment process.

The assessment tool has the advantage of being simple to use and can be completed during street outreach or at shelter entry. Non-clinical staff or volunteers can be trained in about 15 minutes to produce reliable and consistent results. Additional tools may be used by PIC

² United States Department of Justice. The Fair Housing Act. Accessed May 2015. <http://www.justice.gov/crt/about/hce/title8.php>.

³ US Department of Housing and Urban Development. Section 504 of the Rehabilitation Act of 1973. Accessed May 2015. <http://portal.hud.gov/hudportal/HUD?src=/programdescription/sec504>.

provider organizations, within the scope of the employees credentials and position, but the additional tools must be consistent with PIC and present no additional barriers or entry criteria above funder mandated criteria (i.e. a mental health provider may require their funded PSH units be filled only with people who have serious mental illness and can benefit from those services).

Release of Information

The Release of Information (ROI) form is used to ensure that the homeless person has a clear understanding of their rights. PIC will discuss the ROI in a manner that is understandable. The method used for communication will reflect the needs of the homeless person and may include verbal presentation, large print formats, written or oral translation into a different language, or use of a representative for the person served. The ROI forms will comply with applicable laws and identify at a minimum:

- a. The name of the person whose information is to be released.
- b. The content to be released.
- c. With whom the information will be shared.
- d. The purpose of the release.
- e. The date the release is signed.
- f. The date, event, or condition upon which the authorization expires.
- g. Information as to how and when the authorization can be revoked.
- h. The signature of the person who is legally authorized to sign the release.

Special Populations

Specialty Protected Information (SPI). According to the Health Information Portability and Accountability Act (HIPAA), State and/or Federal laws and regulations define SPI that requires **more stringent protection** than afforded by HIPAA. SPI may not be disclosed even for treatment, payment or healthcare operations, except as permitted by the special laws and rules affecting this information, and includes, but is not limited to, the following:

- a. Alcohol and drug abuse diagnosis and treatment.
- b. HIV, AIDs, and ARC diagnosis and treatment.
- c. Mental illness diagnosis evaluation and treatment (even if included within standard medical records), including therapy by a psychiatrist, social worker, psychologist, graduate student under the supervision of a licensed psychologist, or licensed mental health clinical specialist.
- d. Other Protected Health Information (PHI) with more stringent protections from Disclosure as described in the Summary of Federal and State Privacy Restrictions.

Behavioral Health Services refers to mental health, alcohol and other drug services, and related services defined as a “covered entity”. Uses and disclosures of PHI must be consistent with uses and disclosures described in the behavioral health provider’s Notice of Privacy Practices. PHI used, disclosed, or requested from another covered entity or business associate, should be minimized to the amount of PHI that is reasonably necessary for the specific purpose. PIC will limit PHI disclosed to that which is “reasonably necessary” to accomplish the purpose for which disclosure is sought, to include limiting disclosure to only the amount of PHI specifically requested, and where the amount of PHI requested appears unreasonable in light of the purpose for the disclosure, professional judgment shall be used to seek a more narrow disclosure. PIC shall review requests for disclosure in accordance with such criteria. PIC will not use, disclose, or request a participant’s entire data set unless the entire data set is specifically justified as being reasonably necessary to accomplish the purpose

of the use, disclosure, or request. Exceptions to the Minimum Necessary standard include the following:

- a. When it is needed for client care.
- b. When it is requested by the client who is the subject of the information.
- c. When it is requested by another covered entity or a business associate who states that the information requested is the Minimum Necessary.
- b. When required by law and permitted by HIPAA.

Alcohol and Other Drug Services (AOD). Substance abuse assessments and referrals for services will be made based on the person's location and/or any service provider preference. An AOD release of information applies to a specific AOD provider. A general release is not allowed by law (See Federal Law 42CFR).

Domestic Violence Services. According to the Violence Against Women Reauthorization Act of 2013 (VAWA - Federal Register / Vol. 80, No. 62 / Wednesday, April 1, 2015 / Proposed Rules), Housing Providers (HP) will "keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives HP written permission to release the information, or disclosure of the information is required by law or in the course of an eviction or termination proceeding. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. HP must not allow any individual administering rental assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law. HP must not enter information into any shared database or disclose your information to any other entity or individual".

Data Entry

VISPDAT Assessments that are completed in hard copy format must be entered into the HMIS system within seven business days. Hard copy forms must be stored in a locking storage container. All agencies processing hard copy forms will be HIPAA compliant and follow HIPAA regulations by securing the privacy of the person assessed. Assessments may also be completed with mobile devices at the time of contact. Domestic Violence shelters are exempt from entering participant information into HMIS and may use an alternative method that meets VAWA regulations.

Step one - HIMS generates a Unique Client Identifier (UCI) when participant information is first entered into CES. The UCI allows participant information to be entered without exposing personal information. It is important to confirm that the participant does not already have a UCI in order to avoid duplication. If not already in the system, staff will enter the name, date of birth, and social security number in HMIS in order to generate the participant's UCI. If all those elements are not available, record building can still be initiated with an alias.

Aliases and Record Building Techniques to support By-Name-Lists:

Aliases are allowable only when a client refuses to provide their accurate personal identification information. Agencies are required to keep track of the alias/pseudonym given and must not create a new alias record if one already exists, as this will increase duplication. Aliases, however, may adversely affect overall accuracy and completeness.

Record building in the HMIS for outreach programs is an important part of the data quality process and is strongly encouraged.

1. Clients initially declining HMIS consent are permitted to be entered into the HMIS under an alias that does not contain personally identifying information such as DOB, SSN.
2. As client information is accumulated, the original alias record should be expanded until it represents a very accurate depiction of the client receiving services.
3. A goal of outreach staff should be to garner trust with clients and obtain consent for those clients that have initially declined consent and been given an alias.
4. The alias given is required to be amended with actual personally identifiable information if consent is ultimately obtained. This stipulation is also established in the consent form.”

Step two - Enter the household into HMIS. If coordinating with an additional matching database, it will likely require a “Program Entry” date as well as the UCI.

Step three - The assessment tool results are entered into the matching database.

Document Retention and Storage

All digital entry and processing of household information is protected by the HMIS database and is HIPAA compliant. However, it is critical that hard copies of the assessment be appropriately stored and/or disposed of per HIPAA guidelines, i.e. retained hard copy documents must be stored in a locked container during transportation and for long-term storage.

Eligibility and Prioritization

In July 2012, HUD published the new CoC Program interim rule.⁴ The CoC Program interim rule requires that the CoC establish and consistently follow written standards for providing CoC assistance in consultation with recipients of the ESG program.

At a minimum, these written standards must include:

- Policies and procedures for evaluating individual and family eligibility for assistance in the CoC Program.
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive assistance for permanent supportive housing assistance, transitional housing assistance, and rapid re-housing assistance.

The goals of the written standards are to:

- Establish community-wide expectations on the operations of projects within the community.
- Ensure that the system is transparent to users and operators.

⁴ US Department of Housing and Urban Development. (2012). *Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program*. (HUD 24 CFR Part 578 [Docket No. FR-5476-I-01] RIN 2506-AC29). Washington, DC. Retrieved from https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf

- Establish a minimum set of standards and expectations in terms of the quality expected of projects.
- Make the local priorities transparent to recipients and sub-recipients of funds.
- Create consistency and coordination between recipients and sub recipients projects within the Honolulu CoC.
- Ensure that CoC Program standards comply with the Violence Against Women Act (VAWA) regulations.

The Honolulu CoC, through PIC, agrees that these standards must be applied consistently throughout the entire geographic area covered by the Honolulu CoC. Additionally, PIC members agree to administer their assistance programs in compliance with the CoC's written standards on awarding CoC funds.⁵ Recipients and sub-recipients of CoC and local funds may develop additional standards for administering program assistance, but these additional standards cannot be in conflict with those established by the Honolulu CoC or the CoC Program Interim Rule.

Eligibility and Prioritization for Permanent Supportive Housing Programs

Eligibility - For Permanent Supportive Housing (PSH) programs, households must meet both the HUD definition of homelessness under Category I and have a disability. If the household meets the definition, they are then prioritized by PICs target populations.

Category I: Literally Homeless

- Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground etc.
- Living in a shelter designed to provide temporary living arrangements (including emergency shelters, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs).
- Exiting an institution where they resided for 90 days or less AND where they resided in emergency shelter or place not meant for human habitation immediately prior to entering the institution.

Prioritization - Of those eligible households the following populations will be prioritized. PICs defined target populations are in accordance with the Hawaii Interagency Council on Homelessness plan to end homelessness; the U.S. Interagency Council on Homelessness plan to end homelessness (*Opening Doors*); and HUD guidance on prioritization of chronically homeless households. PIC has established the following priority populations for **Permanent Supportive Housing** for participants. These priorities have been established because we believe that quickly transitioning the most vulnerable and highest utilizers of resources to PSH is the best way to allocate resources and to reach PIC's goal of ultimately ending homelessness. PIC's CES will provide data to prioritize based on the following criteria:

1. VI-SPDAT and VI-FSPDAT score between 10 and 20 inclusive.

⁵ US Department of Housing and Urban Development. (2012). *Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program*. (HUD 24 CFR Part 578 [Docket No. FR-5476-I-01] RIN 2506-AC29). Washington, DC. Retrieved from https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf

2. Length of time homeless; this will ensure the people who have been homeless the longest (most chronic) will be prioritized.
3. Vulnerability as reflected in being victimized or hospitalized
4. Age (elderly as the highest priority)
5. Be “document ready” (must have at minimum a picture id), if a requirement.

Eligibility and Prioritization for Rapid Re-Housing Programs

Eligibility - For Rapid Re-Housing (RRH) programs, households must meet the HUD definition of homelessness under Category I. If the household meets the definition, they are then prioritized by PICs target populations.

Category I: Literally Homeless

- Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground etc.
- Living in a shelter designed to provide temporary living arrangements (including emergency shelters, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs).
- Exiting an institution where they resided for 90 days or less AND where they resided in emergency shelter or place not meant for human habitation immediately prior to entering the institution.

Prioritization - RRH programs provide housing relocation and stabilization services, and short or medium-term rental assistance as needed, to help homeless individuals or families move as quickly as possible to permanent housing and achieve stability in that housing. This prioritization fully encompasses PICs CES Hale O’ Malama. Of those eligible households the following populations will be prioritized. PICs defined target populations are in accordance with the Hawaii Interagency Council on Homelessness plan to end homelessness; the U.S. Interagency Council on Homelessness plan to end homelessness (*Opening Doors*); and HUD guidance on prioritization of chronically homeless households. PIC has established the following priority populations for **Rapid Re-Housing** for individuals and families. These priorities have been established because we believe that quickly transitioning the most vulnerable and highest utilizers of resources to RRH is the best way to allocate resources and to reach PIC’s goal of ultimately eradicating homelessness. PIC’s CES will provide data to prioritize based on the following criteria:

1. VI-SPDAT and VI-FSPADT score between 5 and above. Although those scoring 10 and above are usually prioritized for permanent supportive housing, such housing opportunities may not be available and Rapid Rehousing should be considered.
2. Must have financial means to sustain housing moving beyond short-term assistance offered in the RRH program to pay rent⁶ (i.e. be temporarily unemployed when on RRH program, but have the ability and access to gainful employment etc.).
3. Determine income source on a case by case basis⁷.

⁶ This is a case by case basis and may need to be streamlined at some point in the programs

⁷ Typically if a household is on a fixed income (i.e. SSI) they will not meet the second prioritization; this is done on a case by case basis

Policy for Determining Rent for Rapid Re-housing Programs

PIC has developed the following standards for determining eligible assistance and rent amounts for households in RRH programs:

- Short-term housing assistance and supportive services to assist homeless households to obtain and maintain stability in permanent housing (1 to 3 Months).
- Medium-term housing assistance and supportive services to assist homeless households to obtain and maintain stability in permanent housing (4 to 24 months).
- Rental assistance is limited to no more than 24 months, which may be consecutive or cumulative.
- Each household will be assessed at program entry and will pay rent based on a sliding scale percentage of their eligible monthly adjusted income.
- A household must not pay more than 50% of their eligible monthly adjusted income towards rent and utilities, unless other resources are regularly available to sustain the household's monthly cost of living.

Eligibility and Prioritization for Transitional Housing Programs

Eligibility - For Transitional Housing (TH) programs, households must meet the HUD definition of homelessness under Category I, II and/or IV. Domestic violence transitional housing programs are not required to meet Category I and II definitions. If the household meets the definition, they are then prioritized by PICs target populations.

Category I: Literally Homeless

- Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground etc.
- Living in a shelter designed to provide temporary living arrangements (including emergency shelters, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs).
- Exiting an institution where they resided for 90 days or less **AND** where they resided in emergency shelter or place not meant for human habitation immediately prior to entering the institution.

Category II: Imminent Risk of Homeless

- Will lose primary nighttime residence within 14 days **AND**
- No subsequent residence has been identified **AND**
- No resources or support networks to obtain permanent housing.

Category IV: Fleeing/Attempting to Flee Domestic Violence

- Fleeing, or is attempting to flee domestic violence **AND**
- No subsequent residence has been identified **AND**
- No resources or support networks to obtain permanent housing.

Prioritization - The process for prioritizing participants in TH programs will first include eligible participants based on HUD's homeless definition and then secondly based on the criteria

below. TH programs facilitate the movement of homeless individuals and families to permanent housing within 24 months.

Shared Criteria: Currently, each individual shelter/program has its own eligibility criteria. This may be based on the sub-population served, i.e. age, gender, family composition, severity of behavioral health issues, etc.

1. VI- SPDAT and VI-FSPDAT scores that reflect high need for structured support as is provided by TH.
2. Length of time homeless.

All referrals to TH programs and assessment for type and level of services will come through PIC CES. The following minimum standards will be applied to TH programs:

- Maximum length of stay cannot exceed 24 months, although efforts will be made to help transition individuals and families into permanent housing as quickly as possible.
-
- Support services must be provided throughout the duration of stay, titrated to assessed need to sustain housing and increase household income.
- Program participants in TH must enter into a lease, sublease, or occupancy agreement for a term of at least one month. The lease, sublease, or occupancy agreement must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months.
- TH programs will screen potential participants using the common assessment form (VI-SPDAT or VI-FSPDAT). Special consideration will protect certain populations that are covered by HIPAA, public safety, and/or other privacy laws.

Eligibility for Supportive Services Only programs

Eligibility - For Supportive Services Only (SSO) programs, households must meet the HUD definition of homelessness under Category I, II and/or IV. If the household meets the definition, they are then prioritized according to PICs target populations.

Category I: Literally Homeless

- Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground etc.
- Living in a shelter designed to provide temporary living arrangements (including emergency shelters, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs).
- Exiting an institution where they resided for 90 days or less AND where they resided in emergency shelter or place not meant for human habitation immediately prior to entering the institution.

Category II: Imminent Risk of Homeless

- Will lose primary nighttime residence within 14 days **AND**
- No subsequent residence has been identified **AND**
- No resources or support networks to obtain permanent housing.

Category IV: Fleeing/Attempting to Flee Domestic Violence

- Fleeing, or is attempting to flee domestic violence **AND**
- No subsequent residence has been identified **AND**
- No resources or support networks to obtain permanent housing.

Process for Determining Eligible households for SSO Projects

After a household is determined to meet HUDs definition of eligibility for SSO programs, the household will then complete a program eligibility determination process by:

- Engaging with SSO agency staff to complete an assessment for services needed by the household. If the household's service needs are outside of the SSO agency's service area, the agency staff shall refer the household to another agency that may be able to assist.
- Meeting additional agency requirements, if any. If household does not meet additional agency requirements, agency staff shall refer the household to another agency that may be able to assist.
- Engaging with SSO agency staff through service delivery until completion.

Other Mainstream Housing Resources

Housing resources that are found in other services systems such as mental health group homes, clean and sober homes, Section 8 programs, Rent to Work Program, adult residential care homes, adult foster homes, senior housing and other potential housing opportunities are also utilized in ending homeless for certain subpopulations. These are all considered in the case conferencing that occurs as part of our Coordinated Entry System.

Housing Navigation

The housing placement process starts in earnest with a housing navigator, who is responsible for facilitating a household's access to appropriate housing. The navigator serves as a bridge between the household and the agency that is offering the housing intervention(s).

The navigator's role includes assisting with setting housing goals, gathering essential documents, and guiding participants through the coordinated entry process. At a minimum, the head of household must have a picture identification to be considered 'document ready'. This can be either a current state id or driver's license. Generally bus passes would not be accepted as valid picture identification. Some programs may require additional documentation beyond picture identification; this information will be communicated to the navigator once the household has been referred.

Best Practices

The role of the housing navigator is explained, clearly defined, and effectively communicated to households who are in need of housing. Initial messaging can help to prepare households for housing and/or services, as well as manage expectations. It is important to explain what the housing navigators can and cannot do for the households (e.g. can assist with transportation, paperwork, etc.; cannot accelerate the housing placement process once the household is ready to be matched). It is important that housing navigators reinforce the purpose and goals of CES.

Assignments

Housing navigators are typically a homeless outreach worker or emergency/transitional shelter worker that has an existing relationship with the household being referred to a housing resource. The role of the navigator typically ends when a household is successfully placed into the appropriate intervention and/or a “warm hand off” is made to a case manager.

Once a client enters CES via the access point and has been assessed, the Hale O Malama community coordinator assigns participants, based on document readiness, their score and local priorities, to a housing navigator.

When housing navigators have difficulty finding or placing a participant, efforts may be suspended after consultation and agreement with the CES community coordinator. The CES Community Coordinator informs all outreach teams regarding “lost” individuals to ascertain if anyone has seen the person. A housing navigator continues to stay in touch with the homeless persons assigned to ensure that if they are selected, they may easily be found. If there is a case manager already involved, that case manager maybe asked to become the client’s housing navigator to assist with the gathering of documents needed for housing.

Housing Navigator Assignment

Once the household has been assessed and the assessment form is completed online, the client assessment, along with the UCI, is submitted to the community coordinator of Hale O Malama, who will begin the process of matching that client to a housing navigator if the person who conducted the initial interview and VISPDAT is not a housing navigator or if a case manager has already been working with the individual or family.

Updating Assessments

If a household’s status changes significantly, causing a potential change in their assessment score, it is important to capture this by updating the VISPDAT and submitting it to the community coordinator. This might include an accident which renders the person disabled, a drug or alcohol relapse, or obtaining employment.

If the original assessment appears to be incorrect or incomplete, the person conducting the intake or the housing navigator assigned to the household should locate the original assessment and update, clarify, or change answers as appropriate. It is important to note that changing information in the original assessment may change the participant’s score and prioritization, and in some cases, their eligibility for certain types of housing.

Reviewing Participant Information

Each navigator should access information about their household’s assignments through HMIS and from coordinated entry team meetings. The coordinated entry team consists of staff from the following; service provider agencies, Honolulu City & County staff, and applicable CoC providers. Details such as a client’s physical appearance, date of birth, phone number, where they receive services, and where they completed their initial VI-SPDAT assessment can be helpful in locating the client. The coordinated entry team meeting should be used as an opportunity to collaborate around locating and assisting clients.

Locating the Participant

Some best practices for locating a newly assigned client include developing a plan for searching based on input from the person who conducted the intake and assessment, other practitioners who may know the client, the client’s history, and their HMIS profile.

It can also be helpful to contact providers identified in the client's HMIS profile (the VI-SPDAT ROI covers this provider). Understanding that housing navigators work with several clients, if a housing navigator is unable to locate the client after several attempts, it is appropriate to begin working with a new client, but the housing navigator should continue to request information on the original client at coordinated entry team meetings. Once the client is located, the navigator is expected to resume working with them.

Preparing the Client for Referral

Once the household has been located, the navigator should contact them and explain the CoC's CES, the steps to housing placement, and the role of the navigator in this process. It is important to confirm their identity using a photo ID, if available.

The navigator should review the Documents Checklist with the household to ensure that they have an understanding of the documentation necessary to achieve housing, give them a copy, and determine a plan for locating required documents. Discussion occurs on what the participant can do and what kind of help is needed from the navigators. If a household has all their documents on hand, they are deemed 'document ready'.

Matching

Once the household has obtained all required documents, the navigator will make a copy of the information and make it available to the housing/service provider. All documents containing personal identifying information should be stored according to standard protocol at the navigator's parent organization to protect the participant's privacy.

Matching a housing resource occurs in the coordinated entry team meeting and also through communication with the community coordinator between meetings. Each housing program has their own eligibility requirements. Once a referral form has been submitted, the matcher will identify a housing provider with an available resource to work with the household. This is done according to the household's level of vulnerability and the provider's match criteria. If the household appears to be eligible based upon criteria identified in PIC's provider program descriptions, the household will be referred to the housing intervention/resource. If both parties accept the housing placement, the housing provider should immediately advise the matcher and housing navigator that the client will be moving forward to housing placement and then schedule the intake process to bring the client into their program.

Updates on the participant's housing navigation process is shared with the community coordinator through Hale O Malama meetings and regular correspondence as soon after it occurs as possible. Once the participant is placed in housing they are removed from the housing navigator's caseload. It is expected that the navigator maintains contact with the participant throughout the placement process or stands by to assist an assigned case manager in the case where one exists.

Denial/Ineligibility

Applicable PIC clinical staff members assess whether PIC personnel and/or programs and services have the capacity and expertise to provide the services necessary to meet the needs of persons served. In the situation that a household is determined to be ineligible for PIC/CoC resources, the household and referral source are informed of the reasons for ineligibility. At that point the household can dispute the decision and appeal to PIC's Executive Committee. Recommendations for alternative services may be made for the household by the referring and

denying agency. All disputes and recommendation efforts and resolutions should be documented by the community coordinator.

Resource Assignment

Assisting homeless households to successfully obtain a housing intervention with an appropriate level of supportive services is the ultimate goal of PICs CES. That goal requires coordination of housing resources, primarily funding for housing and supportive services, as well as housing stock. All three of these represent major bottlenecks for Honolulu and other communities struggling to address homelessness. A major component of housing placement then, is strategizing around identifying, organizing, and even generating these resources.

Vacancy

Providers communicate that they have a “vacancy” or available resource to dedicate to a participant waiting in the CAHP system to the community coordinator. As vacancies are announced they are entered into CES. Once a client is matched to that resource it is removed from the system.

Housing Providers

This section explains the roles of programs that supply funding for housing and/or services (herein referred to as housing/service providers) and the organizations or individuals who supply the physical units in which participants are housed (i.e. landlords). Both are essential components of any housing placement and the two should be coordinated accordingly.

Once matched to a program, the provider agency uses whatever housing subsidy their agency administers, as well as any accessible supportive services (both internal and external to the agency). It is the provider’s job at this point to ensure that existing case managers or care coordinators assigned are made aware of the client’s housing trajectory. The Housing Navigator may have assisted in the enrollment of the participant for subsidies or services as necessary. Depending on the situation, the navigator or case manager will assist with income benefits, healthcare insurance, etc. to increase stability of the client before and after housing is achieved.

The participant cannot be housed without finding a physical unit of housing. This responsibility is shared between the the housing provider, the case manager/housing navigator and the participant. Housing navigators and housing providers are encouraged to facilitate participant’s efforts in finding housing when appropriate. In all cases this is a shared responsibility and will depend on agency resources and their relationships with the participant.

The CoC participates in Landlord recruitment opportunities and events as they arise to bolster inventory of affordable units for CoC housing programs.

Reporting & Evaluation

Appendix 1: Authorization to Request and/or Release Medical Information.

Appendix 2: State of Hawaii Combined Homeless Management Information System and Hale O Malama Coordinated Entry System Client Informed Consent for Release of Information.

Appendix 3: Hale O Malama Coordinated Entry System Guidelines for Prioritization of Housing Resources.

Appendix 4: Hale O Malama: Role of the 'Navigator' in the Housing Placement Process.

Appendix 5: PIC Written Standards for Eligibility and Prioritization for Permanent Supportive Housing, Rapid Re Housing, Transitional Housing and Supportive Services Only Programs.

Appendix 6: Definitions.

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Appendix 1: Authorization to Request and/or Release Medical Information.

AUTHORIZATION TO REQUEST AND/OR RELEASE MEDICAL INFORMATION

Section A: I, the person named herein, authorize the disclosure of my personal health information as listed in Section B to the persons, agency or agencies listed below. This authorization is voluntary. I understand that _____, also known as the Partner Agency, will not condition my treatment, services, enrollment or eligibility for benefits on the signing of this authorization except as allowed by law. I hereby give permission for the disclosure of my personal health information in the manner described below:

Name: _____

Address: _____

Phone number(s): _____

Section B:

RECORDS AUTHORIZED TO BE RELEASED: ____ All medical information relevant to the purposes requested. ____ Date(s) of Service: All past and future dates of service(s) by provider agencies. ____ VI-SPDAT, F-VI-SPDAT, or other assessment tool information and/or results. Other (Please specify): Name, age, gender, housing and homelessness history, medical or mental health diagnosis and history, intake/discharge dates, employment status, income, and contact information.	PURPOSES OF USE AND/OR DISCLOSURE: ____ To release information to verify my eligibility for appropriate housing and/or other services. ____ To release information to submit an application on my behalf for appropriate housing and/or other services. ____ Legal Representation. ____ Other - (Please specify): _____
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_____ By initialing here, I also agree to the release of the following information related to the diagnosis, evaluation or treatment of the following conditions, should it be contained in my medical record: Acquired Immune Deficiency Syndrome (AIDS), HIV, or AIDS-related complex; Alcohol and/or drug abuse; Behavioral and/or mental health services (Unless I specifically agree, the information will not be disclosed).

Person/ Entity Authorized to Receive and Use Information: I authorize the Partner Agency to disclose my personal health information described above to the person, entity, or entities named below:

The Homeless Management Information System (HMIS) and/or Hale O Malama Coordinated Entry System (HOMCES), and PHOCUSED, a non-profit organization.

Unless otherwise revoked, this authorization will expire one year from the date of signature below.

I understand that I may revoke this authorization at any time by giving written notice of my revocation to the Partner Agency. I understand that the revocation will not apply to any information that is already released or used in reliance on this authorization and there may be other legal restrictions on my ability to revoke this authorization.

I understand that the health information released under this authorization may be re-disclosed by the Recipient without my permission and may no longer be protected under the HIPAA privacy regulations.

I have had full opportunity to read and consider the contents of this authorization. I understand that, by signing this form, I am confirming my authorization for the use, request, and release of my protected health information, as described in this form.

Requestor's Signature: _____
Individual or Legally Authorized Representative

To be completed only if requestor is not the named individual:

Printed Name: _____

Relationship to named individual: _____ Date: _____

A parent may authorize disclosure of a minor child's protected health information, subject to applicable laws regarding the rights of minors to confidentiality of their protected health information.

Appendix 2: State of Hawaii Combined Homeless Management Information System and Hale O Malama Coordinated Entry System Client Informed Consent for Release of Information.

**STATE OF Hawai'i
COMBINED HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
AND HALE O MALAMA COORDINATED ENTRY SYSTEM (HOM-CES)
CLIENT INFORMED CONSENT FOR RELEASE OF INFORMATION
ONE FORM PER ADULT CLIENT**

I am signing this consent for release of information contained in the attached Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT), using Hawai'i's Homeless Management Information System (HMIS) and Hale O Malama Coordinated Entry System (HOM-CES), based on the following representations:

_____ is a Partner Agency in the Hawai'i HMIS and/or HOM-CES.

HMIS is a shared homeless and housing database system administered by Partners In Care, Bridging the Gap, the City and County of Honolulu, the State of Hawai'i, and is also funded and used by the Department of Housing and Urban Development. HMIS allows authorized staff at Partner Agencies to share client information and to follow trends and service patterns over time. The HOM-CES program uses the VI-SPDAT to collect information about your individual circumstances in order to help authorized staff at Partner Agencies refer you to appropriate housing and services.

HMIS and/or the HOM-CES databases operate over the Internet and use many security protections to ensure confidentiality. The information collected may either be kept in separate databases or in a joint HMIS/ HOM-CES database and may remain in the database or databases past the expiration of the consent or after consent is withdrawn.

- Your HMIS and/or HOM-CES information **WILL NOT** be shared with any agency not participating in HMIS and/or HOM-CES (unless required to do so by law).
- Basic relevant information to be shared by Partner Agencies upon your consent includes the information collected, but is not limited to: name, age, gender, housing and homelessness history, medical or mental health diagnosis and history, intake/discharge dates, employment status, income, contact information and additional information used strictly to refer you to appropriate housing and/or services.
- Giving consent for your name and other identifying information to be entered into HMIS, the HOM-CES database, and/or shared among partner agencies is voluntary. Refusing to give consent **WILL NOT** deny your assistance; however, it may affect the agency's ability to provide the most effective assistance in helping you to obtain housing as quickly as possible.
- Authorization of your information to be shared with Partner Agencies will also share all prior episodes of homelessness currently in the HMIS or HOM-CES databases including information of all dependents (children under age 18) if applicable. If consent is given to share data, the name of each of the HMIS and/or HOM-CES participating agencies providing services for each prior episode will be shared.
- You may revoke this consent and authorization at any time by written request before the expiration date by contacting (Person at Name of Agency) at telephone number (808)_____.
- You have a right to a copy of this authorization once you have signed it by contacting (Person at Name of Agency) at telephone number (808)_____.

A. Please initial **one** of the following levels of consent:

_____ I give consent for my name and other collected information to be entered into the HMIS and/or
Initials HOM-CES database and to have my information SHARED among Partner Agencies. (Continue to
section B below)

_____ I give consent for my name and other collected information to be entered into the HMIS database
Initials only and NOT SHARED among Partner Agencies. (Skip section B and sign below)

B. I further agree to and authorize the following:

_____ I agree to be interviewed and allow the information collected by the VI-SPDAT to be disclosed and
Initials received by the organizations that participate in HMIS and/or the HOM-CES, which include but are not limited to Partners in Care, Bridging the Gap, the State of Hawai'i, the City and County of Honolulu, the Department of Housing and Urban Development, the Veteran's Administration, the Hawaii Public Housing Authority, supportive housing providers, homeless services providers, and social services organizations. I understand that the information I provide will be used to determine if I am eligible for partner agency housing, services or related programs. I also understand that each agency may have different eligibility requirements.

_____ I give my consent to contact me, or my case manager, navigator or other contact person, about my
Initials survey information, housing referrals or services referrals.

_____ I specifically give consent for the following information to be disclosed: whether I currently have or
Initials have had HIV/AIDS, mental health conditions or treatment, physical health conditions or treatment, and/or substance use or treatment. I understand that the purpose for the disclosure of this information is to help refer me to appropriate housing and services.

_____ I give my consent to be photographed and that my photograph may be shared with partner agencies for
Initials the purposes of identification. My photograph may not be used in any media or promotional materials unless agreed to by me in a separate consent.

By signing or placing my mark below, I acknowledge that I have read, or have had read to me, all of the information above and that I have chosen to sign this form voluntarily. I also understand that participating in HMIS and/or HOM-CES does not guarantee that I will be called for housing or that I will receive housing. I also understand that this consent is valid for three years from the date of my signature below and that I may cancel it at any time by written request. I also hereby agree that the information released will be used only for the purposes provided and will not be released to any other individual, agency, or organization pursuant to HRS 346-10.

Printed Name of Client

Signature (or Mark) of Client

Date

This form is on file with:

Agency Name _____

Agency Address _____

Agency Contact Phone Number _____

Appendix 3: Definitions

Community Coordinator - Individual responsible for maintaining coordinated entry system database and assigning clients (persons experiencing homelessness) to housing navigators.

Coordinated Entry System (CES) - a clear, transparent system for homeless households to access, be assessed and referred to appropriate housing interventions.

Homeless Management Information System (HMIS) - a local information technology system used to collect client-level data and data on the provision of housing and services to homeless households.

Housing Navigator (HN) - Individual responsible for engaging and preparing a client for housing and/or services once assigned to a resource through the coordinated entry system; typically a homeless outreach or emergency shelter worker that has an existing relationship with the homeless household in need of an intervention.

Hale O Malama (HOM) - PIC's adopted name for the Honolulu Continuum of Care Coordinated Entry System that convenes the case conferencing where housing matches are made.

Housing First - A philosophy and practice defined by the U.S. Interagency Council on Homelessness, which offers individuals and families experiencing homelessness immediate access to permanent affordable or supportive housing without clinical prerequisite like completion of a course of treatment or evidence of sobriety and with a low-threshold and no barriers to program entry.

Matcher - Individual responsible for maintaining list of housing resources and pairing them to match-ready clients.

Permanent Supportive Housing (PSH) - Housing intervention that includes the following key components: long-term housing assistance (24+months) where supportive services are provided to assist homeless persons with a disability to live independently; lease/sublease that is held by the tenants without limits on length of stay; the housing does not have an end date and is provided until the program participant chooses to exit the project; assistance can only be provided to individuals with disabilities and families in which one adult or child has a disability (specific to HUD CoC funded PSH). Services within PSH are individually tailored and flexible supportive services that are voluntary, can be accessed 24 hours a day/7 days a week, and are not a condition of ongoing tenancy.

Partners In Care (PIC) - Honolulu Continuum of Care planning body.

Rapid Re-housing (RRH) - The practice of focusing resources on helping families and individuals quickly move out of homelessness and into permanent housing, key components of RRH programs include: short term (1-3 months), or medium term (4-24 month) rental assistance; housing assistance and support services are provided to assist homeless persons obtain and maintain stability in permanent housing; rental assistance for a household is limited to no more than 24 months.

Release of Information (ROI) - A consent form used along with the common assessment tool to authorize sharing of personal identifying information.

Transitional Housing (TH) - A temporary housing intervention that includes the following key components: facilitates the movement of homeless individuals and families to permanent housing within 24 months; program participants must have a lease, sublease, or occupancy agreement for a term of at least one month; housing ends in 24 months and cannot be extended beyond 24 months (for HUD CoC funded programs); and support services are typically provided throughout the duration of stay in transitional housing.

Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT and VI-FSPDAT) - Proprietary tool designed for cursory evaluation of client housing needs. Utilizes a points system wherein clients scoring 1-4 qualify for no intervention, 5-9 transitional housing or rapid rehousing, and 10-20 permanent supportive housing.

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