



# COORDINATED ENTRY SYSTEMS (CES) POLICY

## REVISED MARCH 2018

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### PURPOSE

The purpose of this document is to provide consistent guidance for programs within the MS Balance of State in provision of programming, in line with the vision and principles established by the Governing Council. Developing these standards promotes program accountability, compliance with HUD regulations, data uniformity, and coordinated, continuing and comprehensive staff training and competence. The overarching goal of implementing the Coordinated Entry process and Program Standards is to ensure equal dignity for all clients.

This is a living document and will be reviewed and updated regularly to reflect programmatic and regulatory changes. All projects located within the MS BoS CoC that receive CoC, Emergency Solutions Grants (ESG) and Supportive Services for Veterans' Families (SSVF) funding are required to participate in the CES and are therefore subject to complying with the written standards and policies and procedures as outlined and developed by the MS BoS CoC.

### VISION AND PRINCIPLES FOR THE CONTINUUM OF CARE

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#### Our Vision

No one should be homeless. Everyone needs a safe, stable place to call home. Homelessness should be rare, brief, and non-recurring.

#### Our Principles

Services aimed toward the homeless are limited in the BoS; therefore, resources must be coordinated, targeted, and prioritized. Inadequate services combined with an inefficient approach to provide necessary assistance can result in severe hardships for people at-risk of or experiencing homelessness. Lengthy waitlists add to the difficulties of receiving services, and some households may be unnecessarily screened out for needed assistance while others receiving services may have had needs met through diversion. CES helps communities prioritize assistance based on vulnerability, homeless category (chronically homeless, homeless Veteran, homeless family, homeless youth and young adults) and severity of service needs to ensure that people who need assistance the most, receive it in a timely manner. CES also informs community planning and works alongside with Veterans Affairs and other community providers in identifying gaps in services.

The MS BoS CoC CES is governed by the following guiding principles, whereas the CES must:

1. Cover the entire geographic area claimed by the CoC
2. Be easily accessed by individuals and families seeking housing or services
3. Be well-advertised

4. Include a comprehensive and standardized assessment
5. Provide an initial, comprehensive assessment of individuals and families for housing and services
6. Include a specific policy to guide the operation of the CES to address the needs of individuals and families who are fleeing--or attempting to flee--domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers

In addition, our Coordinated Entry System must:

- **Prioritize vulnerable populations**  
Homelessness has significant detrimental effects on everyone, yet there are some whose health and safety are placed at even greater risk for harm without a safe and stable place to call home. These groups include, but are not limited to: children, women fleeing from domestic violence situations, Veterans and people with disabilities. Strategies to identify and assist the most vulnerable groups will be prioritized. We are committed to serve all people in need of assistance regardless of age, race, color, creed, religion, sex, handicap, national origin, familial status, marital status, sexual orientation or gender identity.
- **Promote justice for all vulnerable populations**  
To eliminate the disproportionate rates of homelessness among many communities of vulnerable populations, we will adopt strategies to achieve equity in both access and outcomes in all areas of housing and services. These strategies will include culturally specific services, using a racially equitable lens across all program investments and dedicated funds to eliminate disparities.
- **Use data-driven assessment and accountability**  
To best utilize our resources, we must understand the outcomes of our investments, evaluate progress, and demonstrate accountability. We will continue to improve and expand our community-wide data system so funders and providers can efficiently collect data, share knowledge for better client outcomes, and report outcomes against the goals of the CoC.
- **Engage and involve the community**  
Policy makers and community stakeholders must understand the magnitude of the challenge, the costs if we don't meet the challenge, our strategies for ending homelessness, and the importance of obtaining and allocating resources equal to our aspirations. An action plan for ending homelessness in Mississippi will ensure that the specific concerns and interests of our local, regional, and national stakeholders are heard.
- **Strengthen system capacity and increase leveraging opportunities**  
The longstanding solutions to prevent and end homelessness transcend multiple systems of care, foster care, domestic violence, community justice, health, mental health and addictions, and available resources. To permanently end homelessness, we must strengthen efficiencies in our current system and better align other resources towards ending homelessness.

## Our Goals

The goal of the BoS is that the Coordinated Entry System allows:

1. **The process to be easy for the client and provide quick and seamless entry into homelessness services.**
2. **Individuals and families to be referred to the most appropriate resource(s) for their individual situation.**
3. **The process to prevent duplication of services.**
4. **The process to reduce length of homelessness.**
5. **The process to improve communication among agencies.**

## OVERVIEW

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### Coordinated Entry Systems Committee

The Mississippi Balance of State within its Bylaws established a Coordinated Entry Committee whose role is to establish and guide a coordinated assessment system that will provide initial, comprehensive assessment of needs and can be easily accessed. This system will document the plan to coordinate the implementation of a housing and service system within the CoC's geographic area to encompass outreach, engagement, and assessment.

### The Coordinated Entry System (CES)

The Coordinated Entry System (CES) is a Continuum of Care (CoC)-wide process for facilitating access to housing services and resources for individuals and families at-risk of or experiencing homelessness, identifying and assessing needs in transparent consistency, and referring clients to the most appropriate service strategy or housing intervention. In doing so, the CES ensures that the BoS CoC's limited resources are allocated to achieve the most effective results. The system ensures that people at-risk of or experiencing homelessness obtain equitable and timely access to housing resources, provided in a person-centered approach that preserves choice and dignity.

The goal of these standards is to synthesize key elements of HUD regulations on Coordinated Entry along with Written Standards of the Mississippi BoS CoC, and ensure that the CES is administered fairly and consistently across the CoC. These written standards govern the implementation, governance and evaluation of the Mississippi BoS CoC CES.

The purpose of Coordinated Entry is to:

1. reorient housing and service provision to be focused on the needs of the people it serves, creating a more client-focused environment;
2. minimize the time and frustration people spend trying to find assistance;
3. maximize the use of available system resources, including mainstream resources, to meet their needs;
4. identify and quantify housing and service gaps and any areas that have excess capacity.

The primary advantage provided by the use of Coordinated Entry...

- ...to the CoC is a comprehensive, continuous, and coordinated process to end homelessness in the Mississippi Balance of State.
- ...to Programs and Agencies is real-time access to prioritized clients and the opportunity for agencies to serve them accordingly.
- ...to Communities is the historic opportunity to have solutions to reduce homelessness in their respective locales. This also gives citizens the opportunity to participate in the process of ending homelessness
- ...to Clients is the ability to be quickly housed without the frustration of some of the historical challenges of multiple agency interactions.

## APPLICABILITY

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### **CoC Program Interim Rule**

24 CFR 578.7 (a) (8) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.

The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. This system must comply with any requirements established by HUD by Notice.

### **ESG Program Interim Rule**

24 CFR 576.400 (d) Centralized or coordinated assessment. Once the Continuum of Care has developed a centralized assessment system or a coordinated assessment system in accordance with requirements to be established by HUD, each ESG-funded program or project within the Continuum of Care's area must use that assessment system. The recipient and subrecipients must work with the Continuum of Care to ensure the screening, assessment and referral of program participants are consistent with the written standards required by paragraph (e) of this section. A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system.

### **Key HUD Documents**

[HUD Prioritization Notice CPD-14-012](#) - Notice on Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status (2014)

[Coordinated Entry Policy Brief \(2015\)](#)

HUD Prioritization Notice CPD-16-11 – Notice on Prioritizing People Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing (July 2016)

HUD Coordinated Entry Notice CPD-17-01 – Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Entry System (January 2017)

HUD Equal Access Rule 24 CFR 5.105(a) (2) and 5.106(b)

## DEFINITIONS

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**Access** – The engagement points for persons experiencing a housing crisis. Also refers to how a person enters the Coordinated Entry System.

**Assessment** – Progressive gathering of information at various phases in the coordinated entry process, for different purposes, by one or more staff

**Chronically Homeless** – A person that is:

(a) An individual who:

- i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions totaling 12 months or more in the last 3 years; and
- iii. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; or

(c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) of this definition [as described in Section I.D.2.(a) of this Notice], including a family whose composition has fluctuated while the head of household has been homeless.

**Coordinated Entry** - Defined as a process designed to coordinate program participant intake, assessment, and provision of referrals. It covers the geographic area, is easily accessed by individuals and families seeking housing and services, is well advertised, and includes a comprehensive and standardized assessment tool. The process of Coordinated Access can be implemented regardless of geography, housing stock, service availability, or unique community makeup.

**Department of Housing and Urban Development (HUD)** – The Federal Agency that oversees the CoC and ESG Programs. HUD is the principal Federal agency responsible for programs concerned with the nation's housing needs, fair housing opportunities, and improvement and development of the nation's communities.

**Disabling Condition** - A condition that:

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

**Diversion** - A strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program wait lists.

**Emergency Services** – Services typically accessed by a person experiencing a housing crisis. They include, but are not limited to, homelessness prevention assistance, domestic violence and emergency services hotlines, drop-in service programs, domestic violence shelters, emergency shelters and motel voucher programs, and other short- term crisis residential programs.

**Emergency Shelter** – A place for people to live temporarily when they cannot live in their previous residence. This includes programs that provide motel vouchers to persons experiencing homelessness. Emergency shelters assist persons experiencing homelessness in regaining permanent housing.

**Emergency Solutions Grant (ESG)** – A Federal grant program that funds street outreach, homelessness prevention, emergency shelter, and rapid re-housing activities.

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

**Homeless Management Information System (HMIS)** - The information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD. The HMIS used in the MS Balance of State is Foothold Technology's AWARDS database.

**Homeless** - an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (ii) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals);
- (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

An individual or family who will imminently lose their primary nighttime residence, provided that:

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

Any individual or family who:

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

**Housing First** - an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances,

completion of treatment, or participation in services. HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable. HUD recognizes that this approach may not be applicable for all program designs, particularly for those projects formerly awarded under the SHP or SPC programs which were permitted to target persons with specific disabilities (e.g., “sober housing”).

**Mississippi Home Corporation (MHC)** – The recipient of ESG funds from HUD and administrator of several supportive housing program funds.

**Permanent Supportive Housing** - Community-based housing without a designated length of stay and includes both permanent supportive housing and rapid rehousing. Permanent supportive housing means long term permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

**Rapid Rehousing** - An intervention designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve stability in that housing. Rapid re-housing assistance, operating in a Continuum of Care and/or Housing First model, is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household. The core components of a rapid re-housing program are housing identification and relocation, short-and/or medium-term rental assistance and move-in (financial) assistance, case management and housing stabilization services.

**Permanent Supportive Housing** – A housing intervention that combines housing assistance with voluntary support services to address the needs of chronically homeless people.

**Street Outreach** – A project type that meets people experiencing homelessness where they live and provides supportive services, advocacy, and access to emergency services and housing options.

**Transitional Housing** – A time-limited housing intervention that combines housing assistance with support services to address the needs of people experiencing homelessness.

**A Veteran** - A person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable. This definition explains that any individual that completed a service for any branch of armed forces classifies as a Veteran as long as they were not dishonorably discharged. However, with regard to applicable benefits, other considerations are worth note for respective Veteran Programs.

**Veterans Affairs Supportive Housing (VASH):** A person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable and has at least 180 days of active duty.

**Supportive Services for Veterans Families (SSVF):** A person who served in the active (at least one day) military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable. Note that the period of service must include service inactive duty for purposes other than training.

**VI-SPDAT, VI-F-SPDAT, TAY-VI-SPDAT** – Vulnerability Index-Service Prioritization Decision Assistance Tool; Vulnerability Index-Service Prioritization Decision Assistance Tool for Families; and Transition-Age Youth Vulnerability Index-Service Prioritization Decision Assistance Tool are

the standardized assessment tools used in the Coordinated Entry System. The VI-SPDAT series is a set of triage tools that are designed to be used by all providers within the Coordinated Entry System to quickly assess the health and social needs of people experiencing homelessness and match them with the most appropriate support and housing interventions that are available.

**VI-SPDAT** (Vulnerability Index-Service Prioritization Decision Assistance Tool) is a pre-screening, or triage tool that is designed to be used by all providers within a community to quickly assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available. A score is given based on information given by the client.

## GEOGRAPHIC COVERAGE AREA

The Mississippi Balance of State Continuum of Care covers 71 of Mississippi's 82 counties and extends from the border of Louisiana to Tennessee and from Alabama to Arkansas. This geographic area includes urban, suburban, and rural areas.

The MS Balance of State CoC is divided into six Regional Coalitions that covers all 71 counties in the BOS. These Regional Coalitions are responsible for maintaining the MS BOS CoC CES BNL.



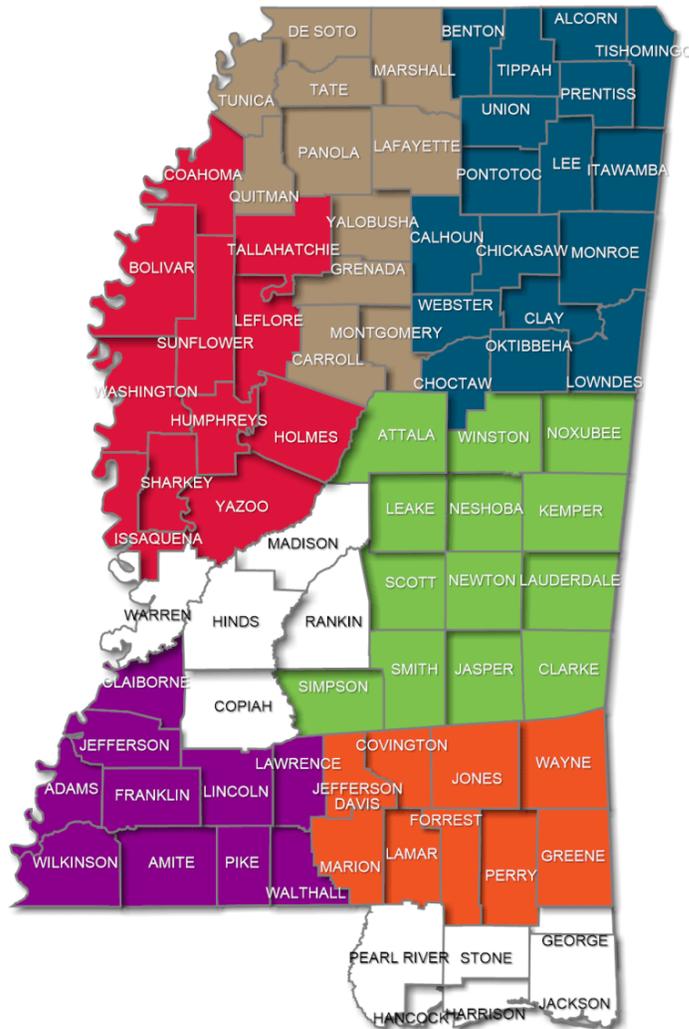
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CONTINUUM OF CARE

## COALITION COVERAGE MAP (BY COUNTY)

**REGIONAL COALITIONS**

- DELTA**
- NORTHEAST**
- EAST CENTRAL**
- PINE BELT**
- SOUTHWEST**
- NORTH CENTRAL**
- NON-COVERAGE AREA**

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## ROLES OF REGIONAL COALITIONS

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Communities in the BoS are organized into Regional Coalitions made up of agencies receiving CoC, SSVF, and ESG funds as well as others stakeholders from the region. The BoS consists of six regional coalitions serving as local CES ensuring that their local systems operating within the parameters of the written standards, policies, and procedures described herein.

Regional Coalitions' CES will be used to create regional By-Name Lists (BNL). Each Regional Coalition will be responsible for maintaining their regional BNL. By maintaining the list, it is implied that Coalitions are responsible for:

- Case conferencing the BNL at every Regional Coalition meeting (monthly)
- Noting engagement or housing of persons on the list
- Adding memos about literally homeless persons on the respective list
- Offering housing to engaged clients on the list every 14 days
- Housing applicants on the list that are in need of housing and prioritizing these applicants based on prioritization guidance listed in this policy
- Diverting applicants off the BNL that may not be stabilized without financial assistance
- Screening and providing Homeless Prevention (HP) assistance to applicants on the BNL who will become homeless but-for assistance
- Reporting all program's bed openings as they become available in HMIS
- Contacting the HMIS Lead or CoC Coordinator to get additional information to engage clients

Each Regional Coalition will also be responsible for providing a point person for that region who will be able to answer questions about that Region's BNL and update their BNL if needed.

## MARKETING & OUTREACH

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All marketing materials and outreach strategies utilized by the CES must ensure that all people in different populations and subpopulations in the MS BOS COC's geographic area, including people experiencing chronic homelessness, Veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process--regardless of the location or method by which they access the system.

Each Regional CES is required to advertise, conduct outreach activities, and provide appropriate accommodations to ensure the coordinated entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

Access points must be made accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the BoS who are least likely to access homeless assistance.

## Marketing

Marketing materials must be consistent with BoS Equal Access policy. Flyers, postcards, brochures, and other written materials will be used to advertise services throughout the BoS. If persons with Limited English Proficiency (LEP) or a disabling condition are in need of additional types of marketing materials, or need marketing materials translated into other languages, braille, large font, or audio, the agency can contact their local Regional Coalition point person or the CoC Coordinator to make their request. All marketing materials must be targeted to individuals and families meeting the HUD definitions of homelessness. Marketing materials must clearly state eligibility requirements in an effort to reach the target population as opposed to those who do not meet the criteria.

Marketing will include outreach to ensure that all people in different populations and subpopulations in the MS BoS CoC's geographic coverage area--including people experiencing chronic homelessness, Veterans, families with children, youth and young adults, and survivors of domestic violence--have fair and equal access to the CES process, regardless of their location or method by which they access the system.

## Outreach

All outreach efforts, including street outreach, will be linked directly to CES through HMIS Street Outreach Modules or other HMIS Outreach Modules. Outreach activities are required to be done in every Regional Coalition coverage area. These outreach activities must include street and shelter outreach. Street outreach staff must ensure persons living in unsheltered locations are offered access to the CES through the same process as persons who have contact with site-based programs. It is recommended that outreach efforts include a completion of the VI-SPDAT assessment, and documentation of Veteran's status, chronic homeless status, family status, and age to help inform prioritization to programs and services. Verbal verification of Veteran's status, age, and family status is acceptable for entry into CES.

Along with street outreach, all Regional Coalition and community agencies will be expected to assist the CoC Coordinator in contacting private and public agencies including those in the CoC, VA, social service agencies, and State and/or local government agencies to educate and provide information on available programs and CES.

## HOMELESS PREVENTION SERVICES

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Agencies that receive ESG and SSVF funds for Homeless Prevention are required to participate in Coordinated Entry. Homeless Prevention services include activities or programs designed to prevent the incidence of homelessness, including, but not limited to: (1) short-term subsidies to defray rent and utility arrearages for families that have received eviction or utility termination notices; (2) security deposits or first month's rent to permit a homeless family to move into its own apartment; (3) mediation programs for landlord-tenant disputes; (4) legal services programs that enable representation of indigent tenants in eviction proceedings; (5) payments to prevent foreclosure on a home; and (6) other innovative programs and activities designed to prevent the incidence of homelessness.

CES will help these agencies to prioritize their Prevention funding services. Households within the MS BoS must be able to access homeless prevention services through CES (HUD Notice

CPD-17-01). Each Regional Coalition will use a standardized assessment for HP provided by the CoC. See *Screening and Assessment* for additional information.

## SAFETY PLANNING

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The ESG and CoC program rules provide several safeguards and exceptions to using coordinated entry for victims of domestic violence, dating violence, sexual assault, and stalking. The ESG rule does not require ESG-funded victim service providers to use the CoC's coordinated entry process, but allows them to do so. The CoC program rule does not require CoC-funded victim service providers use the CoC's coordinated entry process--these providers can use an alternative coordinated entry for victim services in the area that meets HUD's minimum coordinated entry requirements. The CoC will work to ensure that protected programs (domestic violence programs) have a comparable means to divert domestic violence victims.

All persons accessing the CES are asked via the pre-screening questions if they are fleeing or attempting to flee domestic violence. If a person or persons are identified as fleeing or attempting to flee domestic violence, the provider--including non-victim service providers--must provide immediate referral to and assistance accessing emergency services such as domestic violence hotlines and shelters. The person or persons have the right to decline any and all referrals to, or assistance with access to, emergency services. Declining referrals or assistance with access will not negatively impact the person's access to the Coordinated Entry System.

Persons experiencing domestic violence shall be referred to:

- Care Lodge Domestic Violence:
  - <http://www.carelodge.com/>
- Catholic Charities' Guardian Shelter for Battered Families:
  - [www.catholiccharitiesjackson.org/natchez/shelters](http://www.catholiccharitiesjackson.org/natchez/shelters)
- Our House Domestic Violence Services:
  - [www.ourhousenewbirth.com](http://www.ourhousenewbirth.com)
- Shelter and Assistance in Family Emergencies (S.A.F.E.):
  - [www.safeshelter.net](http://www.safeshelter.net)
- Domestic Abuse Family Shelter (DAFS):
  - [www.domesticabusefamilyshelter.org](http://www.domesticabusefamilyshelter.org)
- Women in Need of God's Shelter (WINGS):
  - [www.wingsdvs.com](http://www.wingsdvs.com)
- Angel WINGS Outreach Center:
  - <https://www.facebook.com/7AngelWings7/>
- House of Grace:
  - <http://www.houseofgraceofms.org/>

The referring agency will follow-up with the domestic violence shelter to ensure that the person/household is connected.

Persons who want to be connected directly to a housing program other than through domestic violence CES will be added to the Regional CES BNL through HMIS. HMIS is a confidential data entry system. Individuals in the process of fleeing domestic violence will be prioritized in CES accordingly.

All providers--including non-victim service providers--must provide safe and confidential access to the CES for all people, including those who are fleeing or attempting to flee domestic violence (including dating violence, sexual assault, trafficking, and/or stalking). It is not required that individuals fleeing or attempting to flee domestic violence are entered into the BNL; however, appropriate referral must be made.

## ACCESSING EMERGENCY SERVICES

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The CoC will allow for 24-hour access to emergency services including domestic violence shelter. This can be achieved through providing call and/or voicemail services. Agencies and Regional Coalition leads will ensure that CE participants are connected, as necessary, to coordinated entry as soon as the intake and assessment processes are operating.

Access to emergency services such as domestic violence and emergency services hotlines, drop-in service programs, emergency shelters and motel voucher programs, or other short-term crisis residential programs, are not prioritized through the Coordinated Entry System. All persons in need of emergency services should be connected to those services as requested.

## ACCESS POINTS

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As the CoC continues to develop its CES, the following details will be mandated in the implementation in regards to access points into the system:

- The CoC will work to develop a web portal, texting service, and a call service to report homelessness in any region of the continuum.
- CoC-, ESG-, and SSVF-funded programs will be required to serve as access points for homeless engagement and outreach for CES.
- Any program conducting outreach for the CES shall log all records of outreach in HMIS AWARDS. This will be recognized as a source list for the creation of the By-Name List.
- Any homeless programs recorded in HMIS Awards that serve the BOS will serve as entry points for CES.
- Dashboard reports will be generated by the HMIS Lead to better understand how the CoC is documenting the path of homelessness.

## COORDINATED ENTRY PROCESS

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The Coordinated Entry Process can be divided into four distinct phases: **Assessment, Scoring, Prioritization, and Eligibility**. These phases direct how households are placed on the BNL and removed from the BNL. Within these phases there are several distinct elements: Pre-Screen, Assessment, and Scoring occur prior to placing people on the BNL. Prioritization, Referral, and Follow-Up occurs while people are on the BNL. Determining Eligibility, Diverting, and Program Enrollment occur to remove people from the BNL. Each element is described in detail in this section.

## PARTICIPANT CONSENT & PRE-SCREEN

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When an individual or family contacts a service provider for housing assistance, that service provider will screen that household, connect them to CES, and divert as needed. First, a Pre-Screen is completed in HMIS to gather sufficient information to determine if referral to the BNL is appropriate. The Pre-Screen questions will gather the minimum information needed to make a referral to the BNL. The Pre-Screening questions will be uniformed across the CoC and will follow the Housing First and Equal Access principles to not screen out applicants based on income, substance abuse, disability, housing/homeless status, Veteran status, sex, religion, race, or sexual preference. The following questions will be asked during the Pre-Screening:

1. Are you currently fleeing domestic violence or an abusive situation?
2. What county are you calling from?
3. Where did you sleep last night?
4. How long have you been experiencing homelessness?
5. Have you ever served in the military?
6. Do you have any of the following disabling conditions (chronic health, mental health, substance abuse, HIV)?
7. Do you have any children with you?
8. Identifying information.

If the individual or family is appropriate to refer to the BNL, the provider will obtain written or verbal consent through HMIS to participate in the CES. Persons fleeing or attempting to flee domestic violence will first be referred to domestic violence shelters (see Safety Plan in this manual). If the person(s) declines a referral to CES BNL, this must be noted on the Pre-Screen through HMIS and kept on file with the agency. The agency must inform the person(s) of their right to ask to be referred to the BNL in the future.

## ASSESSMENT

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After the Pre-Screening, applicants will be further assisted using the VI-SPDAT screening tool to help inform prioritization. Agencies using CES and conducting screening and assessment must recognize that the VI-SPDAT is only to help inform prioritization (see Prioritization policy).

All agencies conducting assessments are recommended to take a trauma-informed approach to reduce the risk of retraumatization. The assessment space and manner of conducting the assessment should provide privacy to allow people to safely reveal sensitive information or safety issues. This includes gathering information from each adult in the household separately if appropriate.

### Standardized Assessment Tool

The MS BoS CoC CES utilizes three tools for the purpose of prioritizing individuals and families for housing services. These tools are:

- Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) Appendix
  - Used for single adults and households without children under age 18
- Family Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-F-

SPDAT) Appendix

- Used for households with at least one adult and one child under age 18
- Transition-Age Youth Vulnerability Index-Service Prioritization Decision Assistance Tool (TAY-VI-SPDAT) Appendix
  - Used for youth aged 24 years and younger

The VI-SPDAT Series was created through a collaboration between [OrgCode Consulting](#), creators of the SPDAT, and [Community Solutions](#)--creators of the Vulnerability Index. It is a brief survey that quickly assesses the health and social needs of persons experiencing homelessness. It assists in matching people with the most appropriate support and housing interventions that are available in the community.

### **Determining Eligibility & Diversion**

When a project has an opening, the responsible staff person must consult the CES BNL. Using the Order of Priority described in this policy, and any program-specific requirements (e.g. Veteran, youth, specific disability, etc.), the project will offer homeless prevention assistance to the highest prioritized person(s) for homeless prevention. When contacting a person on the BNL, the provider must indicate if they are in need of homeless prevention services.

When connecting households that are at-risk of homelessness to the BNL, attempts must first be made to divert them through non-financial assistance resources (e.g. family, friends, or advocating for that individual to remain housed). If it was determined through screening that the household will become homeless “but for” homeless prevention assistance, then the household will be placed on the BNL to be prioritized for homeless prevention assistance. Agencies must follow program specific requirements regarding homeless prevention assistance.

Literally homeless households, including households in sheltered and unsheltered homelessness, will be connected directly to the BNL. The referring agency (through shelter outreach, street outreach, and other homeless programs) will conduct the VI-SPDAT screening assessment. Once on the BNL, literally homeless households will be prioritized for housing programs designated for homeless individuals including RRH and PSH. Agencies must follow program-specific requirements regarding homeless housing assistance.

The Coordinated Entry System is not responsible for determining project eligibility or maintaining eligibility documentation after a referral to the BNL is made. Individual projects have the ultimate responsibility for determining the eligibility of prospective participants, as well as collecting and maintaining eligibility documentation.

## **SCORING**

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If the VI-SPDAT is completed in HMIS, the score will be automatically calculated. VI-SPDAT scores are only one factor used to identify which people will be referred to specific housing interventions. Other factors include length of time homeless, presence of a disabling condition, Veteran status, and chronic homelessness.

## PRIORITIZATION

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All individuals in need of permanent housing will be added to the prioritization list. Individuals will be prioritized based on VI-SPDAT score and CoC prioritization standards.

MS BoS CoC is working with the community to reach the Federal Benchmarks to End Homelessness in the BoS; first ending homelessness among Veterans, then among chronically homeless, families, youth and young adults, and finally completely ending homelessness in the BoS. Ending homelessness is defined as having programs and measures in place to ensure that when homelessness is experienced it is an episode that is rare, brief, and non-recurring.

The BoS will use the VI-SPDAT screening to help inform prioritization on the BNL. All households referred to the CES and BNL are automatically prioritized for each project type based on the Order of Priority for each project type.

Prioritization	Project Type
Chronically homeless	All program types
Homeless Veterans	RRH
Families	RRH
Individuals with a disabling condition	PSH

### Homeless Prevention Screening

Stage	Status
Stage 1: Eligibility	Eligible OR Not Eligible (referred elsewhere)
Stage 2: Targeting	Eligible AND meet threshold OR Eligible AND DOES NOT meet threshold (referred elsewhere)
Stage 3: Admission into Program	Capacity to Admit into program OR No Capacity to Admit into program (refer elsewhere)

### Individual VI-SPDAT

Project Type	VI-SPDAT score
PSH	10+
RRH	5-9
HP	Not homeless

### Family VI-SPDAT (VI-F-SPDAT)

Project Type	VI-SPDAT score
PSH	9+
RRH	4-8
HP	Not homeless

### Transition-Age Youth and Young Adults VI-SPDAT (TAY-VI-SPDAT)

Project Type	VI-SPDAT score
PSH	9+
RRH	4-8
HP	Not homeless

**NOTE: Providers will be trained on how to conduct a VI-SPDAT in the most harm-reductive way ([see PIT training videos](#)). Providers **MUST** recognize that the VI-SPDAT is only to inform the prioritization, but other eligibility characteristics may allow for high prioritization despite low VI-SPDAT scores. For example, some chronically homeless individuals may have a low VI-SPDAT score but chronically homeless individuals will be prioritized on the BNL.**

## SPECIAL POPULATIONS

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MS BoS CoC CES is designed to address the needs presented by special populations through a comprehensive screening tool whereby such populations are quickly identified and referred to and/or provided appropriate services.

Special populations include: Domestic Violence Victims, Veterans, Youth and Young Adults (18-24), and Persons Living with HIV/AIDS.

Through the BNL and the VI-SPDAT, special needs populations will be referred directly to the following agencies for housing services:

- **HIV+ persons will be referred to:**
  - AIDS Services Coalition: [www.ascms.org](http://www.ascms.org)
- **Persons experiencing Mental Health Issues are to be referred to:**
  - MUTEH Inc.: [www.muteh.org](http://www.muteh.org)
- **Veterans are to be referred to:**
  - MUTEH Inc.: [www.muteh.org](http://www.muteh.org)
  - Oak Arbor SSVF: [www.southmsveteransresources.com/](http://www.southmsveteransresources.com/)
  - Catholic Charities: [www.catholiccharitiesjackson.org/services/ssvf](http://www.catholiccharitiesjackson.org/services/ssvf)
  - Voice of Calvary Ministries/Soldier On: <http://vocm.org/rebuilding-lives/supportive-services-to-veterans-families-ssvf/>
  - Note: A Coverage Map for SSVF services can found here: <https://msboscoc.files.wordpress.com/2015/07/ssvfcoveragemapinfo-2016-2017.pdf>

- **Persons with disabilities are to be referred to:**
  - University of Southern Mississippi – Institute for Disability Studies: [www.usm.edu/disability-studies](http://www.usm.edu/disability-studies)
- **Youth and Young Adults are to be referred to:**
  - Sally Kate Winters Family Services: <https://sallykatewinters.org/>
  - South MS Children Center (of Canopy Children’s Services): <https://mycanopy.org/our-programs/crisis-solutions/mississippi-childrens-center/>

## REFERRAL & FOLLOW-UP

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An agency receiving a BNL referral will attempt to engage the client **within one (1) business day**. Referral will be placed in [HMIS AWARDS](#).

It is expected that agencies will participate in case conferencing of their Regional BNL. This includes providing updates on applicants. **Any agency that has been contacted concerning a current client’s whereabouts and homeless status should respond within 24-48 hours. This will allow the agency handling the BNL referral to be timely in their response to the client so that he or she can be served accordingly.**

Housing options should be offered to applicants on the list. Applicants who refuse housing should be offered housing again every 14 days. When follow-ups are made to individuals in CES, the following information will be collected:

1. Confirm or update contact information
2. Confirm or update homeless situation
3. Confirm the person(s) still need housing assistance
4. Confirm the person(s) wish to remain on the BNL

**It shall be the policy of the BoS that a client shall be removed from the BNL if no contact is made within 90 days of diligent effort, as they will be assumed to be missing or housed.**

### Rejected Referrals

It is the responsibility of the project not taking the highest prioritized person or persons to ensure that the household has a new referral if needed. The household remains on the BNL in order to access the next available program spot, as long as the household is in need of homeless prevention or housing assistance.

## CES DISCHARGE/REMOVAL POLICY

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There are 2 criteria warranting discharge or removal from the CES BNL:

1. If a client on the By-Name List is housed by any agency in the continuum, the client will be removed from the BNL.
2. If a client on the By-Name List has not been successfully contacted in 90 days (with agencies applying great diligence to make contact in said period), the client will be removed from the BNL with the assumption that the person is missing or stably housed.
  - **NOTE:** If a client who was removed from the BNL is re-engaged through outreach contact, the client is allowed to be re-added to the CES BNL for housing services. The same will also be done for someone who was previously housed via the CoC CES.

**The HMIS Lead, MUTEH Inc., will be responsible for the removal of clients from the By-Name List. MUTEH Inc. will consult with Coalition CES BNL participants to ensure the process yields accurate information and consistency as reflected by the CES policy.**

## PROJECT ENROLLMENT

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It is prohibited for any CoC-funded, SSVF-funded, or ESG-funded housing project to serve individuals and/or families experiencing homelessness or who are at imminent risk of homelessness, without the household first going through the Coordinated Entry System and receiving a referral to the BNL.

Once the project has verified and documented a household's eligibility, and the person(s) has accepted the offer of housing assistance, the project can enroll the household to that housing program.

## DENIED/REJECTED REFERRALS

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Receiving programs may only decline households found eligible and referred through the CES for reasons that are listed in the chart below. Denials should be infrequent. If a project does not take the highest prioritized person or persons from the BNL to fill an available spot, or deny an applicant, that project must document the reason for not accepting that referral in the HMIS client file and/or on the BNL. CoC staff will monitor denials and provide technical assistance to regions and/or agencies who are reporting high numbers of denials. Programs must follow Housing First and may not deny households found eligible due to refusal of specific case management services. If a household is denied for any reason, and does not have accommodation for the night, then the receiving program must make all efforts to find appropriate emergency housing. Reasons for denial may include:

1	<b>There are no vacant units/beds or no program availability</b>
2	<b>The receiving program is unable to reach the household after repeated attempts at contact by all available methods at minimum every 14 days for 90 days</b>
3	<b>The household presents with more people than reported when assessed and the receiving program cannot accommodate the increase</b>
4	<b>The receiving program has determined, based on documented policies and procedures, that the household cannot be safely accommodated</b>

## APPEALS

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All clients have the right to appeal eligibility determination issued by the assessing agency or any receiving program. Instructions for submitting an appeal are provided to clients at the time that an intake decision is made by the assessing agency or referring program. Assessing agencies are responsible for informing applicants that eligibility determination can be appealed. All appeals should be made in writing and submitted to the Regional Coalition CES lead.

## GRIEVANCES

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This policy refers to participant grievances regarding the Coordinated Entry System only. If a participant has a grievance regarding a particular agency or representative of that agency, they should follow that agency's grievance procedure.

The provider completing the pre-screen, assessment, and referral should address any complaints by participants as best as they can in the moment. Ideally, the person and the provider will try to work out the problem directly as a first step in the process. If this does not resolve the issue, the person may begin the grievance procedure.

The person has the right to be assisted by a provider of his/her choice (see Participant Autonomy policy) at each step of the grievance process. The person has the right to withdraw his/her grievance at any time. All grievances must be submitted in writing by the participant and should note his/her name and contact information, so the CoC Coordinator can contact him/her to discuss the issues.

## PARTICIPANT AUTONOMY

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One of the guiding principles of the BoS CoC CES is participant autonomy. Participating agencies should inform the person(s) about the project that they are being referred to and other project types for which the person(s) are eligible. This will help in making an informed and careful decision about where to enroll. If a person declines a referral to a housing project, or refuses to answer the assessment screening/prioritization (VI-SPDAT) questions, their name remains on the BNL and they are prioritized accordingly.

## LOWERING BARRIERS

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All ESG, SSVF, and CoC providers in the MS BoS are expected to participate in CES and case conferencing of the BNL at Regional Coalition meetings. Projects participating in the CES process must not screen potential participants out for assistance and referral to the BNL based on perceived barriers related to housing or services including but not limited to too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

### Housing First Orientation

The Coordinated Entry process is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements.

## PRIVACY PROTECTIONS & NON-DISCRIMINATION REQUIREMENTS

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### Privacy Protections

All local CES must follow the policies outlined in the MS BoS HMIS Privacy Policy which is available on the BoS website ([www.msbos.org](http://www.msbos.org)). The CES BNL will not include identifying information. Applicants on the BNL will be identified through their HMIS AWARDS identification number. The BNL is also password-protected and only accessible by those given permission. Documentation of disability may only be obtained for the purpose of determining program eligibility.

### Non-Discrimination Requirements

Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a) and the MS BoS Equal Access Policy (see attached).

## COORDINATED ENTRY ACCESS

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To facilitate prioritization on the BNL, the MS BoS CoC will establish and maintain a centralized By-Name List (BNL) that will be hosted on Google Docs (information will be pulled from HMIS). The BNL will prioritize applicants in the CES. The centralized BNL will be sorted by Regional Coalitions. The HMIS Coordinator will oversee the continuum-wide list. This list will be distributed to Regional Coalition members every Monday. Participating agencies will have the ability to use the list after taking a CES training and passing the CES training quiz.

As a policy of the BoS CES, CoC-, ESG-, and SSVF-funded programs are required to participate in the CoC Coordinated Entry System. **Agencies given the mandate to access the CoC BNL are required to attend CES BNL Training.** This training can be accessed online at the following URL: <https://msbos.org/2016/07/18/access-ces-bnl-training/>

To receive access to the MS BoS CoC CES, interested parties must watch two 1-hour webinars and take a training quiz to be certified to gain access to the BNL. If the score of the quiz is equal to or greater than 75%, it is considered a passing grade and the contact person will be given access to the BNL. If the score is less than 75%, the contact person must retake the quiz until the scoring threshold is attained.

For more information about the CES BNL Training, contact the CoC Coordinator.

## ON-GOING TRAINING & PLANNING

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The MS BoS CoC will provide training at least annually that reviews any updates or changes to the Coordinated Entry System. The monthly Regional Coalition meetings will also be used as needed to train providers in that region how to use CES and upcoming/expected changes to CES policies. Additional ongoing training includes HMIS training.

The CoC Coordinator must be informed about what is needed in the BoS regarding CES by soliciting feedback at least annually from participating projects and from households that participated in CES during that year, or are currently. Feedback will be gathered by virtual surveys or direct contact.

## ENDING VETERANS HOMELESSNESS

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All agencies in the BoS will work with the CoC to reach a functional end to Veterans Homelessness. A functional end to homelessness is defined as homeless episodes being rare, brief, and non-recurring. The CES will be responsible for ensuring:

- That all Veterans are identified on the BNL regardless of military service, branch of military, discharge status, length of time in military.
- A Veteran specific BNL be created and case-conferenced every two weeks.
- All unsheltered Veterans who want shelter are prioritized and receive shelter.
- Veterans identified on the BNL are housed in 90 days or less.
- All Veterans who want housing are connected to housing services.
- All Veterans who refuse housing are offered housing every 14 days.

## ENDING CHRONIC HOMELESSNESS

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In addition to ending Veterans Homelessness, the CoC will work to bring a functional end to Chronic Homelessness. A functional end to chronic homelessness includes all individuals known to be experiencing chronic homelessness (including Veterans) have obtained permanent housing with appropriate services (e.g., permanent supportive housing). Or, if not all, the number of individuals that continue to experience chronic homelessness does not exceed 0.1% of the total number of individuals reported in the most recent Point-in-Time count, or 3 persons, whichever is greater. The Coordinated Entry System will be responsible for ensuring that:

- all individuals experiencing or at risk for chronic homelessness are identified\* (via the BNL). This will also include Veterans experiencing chronic homelessness.
- all unsheltered chronic individuals who want shelter are prioritized and receive shelter.
- all chronic homeless individuals will be case conferenced from the homeless BNL.
- all chronic homeless individuals on the BNL are housed on an average of 90 days.
- all chronic homeless individuals are connected to resources, benefits, and services that promote long-term housing stability and plans in place to rehouse any chronically

homelessness person who becomes homeless again.

## ENDING FAMILY HOMELESSNESS

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In January 2017, the United States Interagency Council on Homelessness (USICH) released criteria and benchmarks to help guide communities as they bring together many different programs and systems to build a coordinated community response to ending homelessness among families with children. They reflect the understanding that housing, health care, and family service providers—among many others—must work together to meet the unique needs of diverse families. The criteria and benchmarks achieving the goal of ending family homelessness can be viewed [here](#). The CES will be responsible for:

- identifying all families experiencing homelessness.
- using prevention and diversion strategies whenever possible, and otherwise provide immediate access to low-barrier shelter to any family experiencing homelessness who needs and wants it.
- effectively link families experiencing homelessness to housing and services solutions that are tailored to the needs of all family members.
- assisting families to move swiftly into permanent or non-time-limited housing options with appropriate services and supports.
- maintaining community resources, plans, and system capacity in place to continue to prevent and quickly end future experiences of homelessness among families.

## ENDING YOUTH HOMELESSNESS

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In January 2017, the United States Interagency Council on Homelessness (USICH) released criteria and benchmarks to help guide communities as they bring together many different programs and systems to build a coordinated community response to ending homelessness among unaccompanied youth. They reflect the understanding that the varied and unique needs of youth experiencing homelessness require a range of interventions and solutions to help them achieve the outcomes most critical to their success: stable housing, permanent connections, education and employment, and overall well-being. The CES will be responsible for:

- identifying all youth experiencing homelessness.
- using prevention and diversion strategies whenever possible, and otherwise provide immediate access to low-barrier shelter to any youth experiencing homelessness who needs and wants it.
- effectively link youth experiencing homelessness to housing and services solutions that are tailored to their needs.
- assisting youth to move swiftly into permanent or non-time-limited housing options with appropriate services and supports.
- maintaining community resources, plans, and system capacity in place to continue to prevent and quickly end future experiences of homelessness among youth.

## **ENDING HOMELESSNESS: MAINTAINING FUNCTIONAL ZERO**

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An end to homelessness means that every community will have a comprehensive response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and non-recurring experience.

Specifically, our community will have the capacity to:

- Quickly identify and engage people at-risk of and experiencing homelessness within the BoS.
- Intervene to prevent people from losing their housing and divert people from entering the homelessness services system.
- Provide people with immediate access to shelter and crisis services without barriers to entry if homelessness does occur, and quickly connect them to housing assistance and services tailored to their unique needs and strengths to help them achieve and maintain stable housing.