MISSISSIPPI
BALANCE OF STATE
CONTINUUM OF CARE

COORDINATED ENTRY SYSTEM POLICY

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PURPOSE

The purpose of this document is to provide consistent guidance for programs within the Mississippi (MS) Balance of State (BoS) in the provision of programming, in line with the vision and principles established by the Governing Council (GC). Developing these standards promotes program accountability, compliance with the United States Department of Housing and Urban Development (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 policy is a living document and will be reviewed and updated regularly to reflect programmatic and regulatory changes. All projects located within the MS BoS Continuum of Care (CoC) that receive CoC, Emergency Solutions Grants (ESG), and Supportive Services for Veterans' Families (SSVF) funding are required to participate in the Coordinated Entry System (CES). Therefore, they are subject to comply 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

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 providing necessary assistance can result in severe hardships for people at-risk of or experiencing Homelessness. Lengthy waitlists add to the difficulties of receiving services. 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, and severity of service needs to ensure that people who need assistance the most receive it promptly. CES also informs community planning and works alongside other community providers to identify gaps in services.

The MS Balance of State CoC Coordinated Entry System is governed by the following guiding principles. 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 some, those with health and safety concerns, 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. The Continuum of Care and local service agencies will prioritize strategies to identify and assist the most vulnerable groups.

- **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, a racially equitable lens across all program investments, and dedicated funds to eliminate disparities. We are committed to serving 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.

- **Use data-driven assessment and accountability**

  To utilize our resources best, 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**

  Policymakers 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. This policy equates to an action plan for ending Homelessness in Mississippi and 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 of the system and align other resources towards ending Homelessness.

Our Goals

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

OVERVIEW

Coordinated Entry Systems Committee

Within its Bylaws, the Mississippi Balance of State established a Coordinated Entry Committee whose role is to establish and guide a coordinated assessment system that will provide an 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 fine consistency, and referring clients to the most appropriate service strategy or housing intervention. Thus, 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 critical 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 Mississippi BoS CoC CES's implementation, governance, and evaluation.

The Purpose of Coordinated Entry is to:

1. Orient housing and service providers 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 with excess capacity.

The primary advantages provided using Coordinated Entry

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

APPLICABILITY

CoC Program Interim Rule

24 CFR 578.7 (a) (8) In consultation with recipients of the Emergency Solutions Grants program 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 policy to guide the operation of the coordinated assessment system. The policy should 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 per requirements established by HUD, each ESG-funded program or project within the Continuum of Care's area must use that assessment system. The recipient and sub-recipients must work with the Continuum of Care to ensure program participants' screening, assessment, and referral 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.

VA Homeless Program Expectations for Coordinated Entry Participation

The VA Deputy Under Secretary for Health for Operations and Management published a **memo** in the fall of 2017, issuing guidance to VA medical center staff and staff of VA funded homeless assistance programs regarding their roles in supporting local Continuum of Care (CoC) coordinated entry (CE) systems by the U.S. Department of Housing and Urban Development.

CES Requirements Memo: https://www.hudexchange.info/news/hud-publishes-coordinated-entry-requirements-and-checklist-of-essential-elements/

This guidance from the VA to the VA medical centers is meant to support community planning and CES efforts within CoCs by clearly outlining the expectations of VA medical center involvement. This guidance was updated in March 2020 in "VA Integration in Coordinated Entry: Troubleshooting Delays in Care". This document reviews alternative processes that may be used to ensure prompt access to care when CE may not be able to facilitate such access. This updated guidance can be found at:

https://www.va.gov/homeless/ssvf/?page=/ssvf_university/community_coordination_and_plans

In many ways, this guidance codifies what has already been occurring in local communities. Where new partnerships are needed, it provides the opportunity and framework for engagement. Within the guidance, VA recognizes that coordinated entry systems are a critical element in the collective and continued efforts to end Veteran homelessness and homelessness for all populations. The memo identified several key components of a successful coordinated entry system and responsibilities of key VA staff, in addition to all CoC partners, in supporting those components. Responsibilities include active participation in case conferencing meetings, providing necessary data to maintain up to date By-Name-Lists (BNL), consistent use of common assessment protocols defined by the CoC, dedication of VA resources (housing units and service slots) to eligible veterans referred through the CoC's coordinated entry process, and data sharing of veterans' information for purposes of coordinated entry assessment, prioritization and referral.

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) – This policy brief summarizes HUD's views on the coordinated entry process goals. This brief does not establish requirements for Continuums of Care (CoCs) but rather is meant to inform local efforts to develop CoCs' coordinated entry processes further.

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)

GEOGRAPHIC COVERAGE AREA

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

The MS Balance of State CoC is divided into five Regional Coalitions covering all 71 counties in the BOS. These Regional Coalitions are responsible for maintaining the MS BOS CoC CES waitlist.

ROLES OF REGIONAL COALITIONS

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

Regional Coalitions' CES will be used to create regional waitlists. Each Regional Coalition will be responsible for maintaining their regional waitlists. By maintaining the list, it is implied that Coalitions are responsible for:

- Case conferencing the waitlist 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 need housing and prioritizing these applicants based on the prioritization guidance listed in this policy
- Diverting applicants off the waitlist that may be stabilized without financial assistance
- Screening and providing Homeless Prevention (HP) assistance to applicants on the waitlist who will become homeless but-for assistance
- Reporting all program's bed openings as they become available in HMIS
- Contacting the CES Director to get additional information to engage clients

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

MARKETING & OUTREACH

All marketing materials and outreach strategies utilized by the CES must ensure that all people in different populations and subpopulations in the COC's geographic area have appropriate access to the system.

Each Regional division of the CES must promote, conduct outreach activities, and provide appropriate accommodations to ensure the process is available to all eligible persons regardless of demographics. Access points must be made accessible to individuals with disabilities.

Marketing

Marketing materials must be consistent with BoS Equal Access policy. CoC service agencies will use flyers, postcards, brochures, and other written materials for advertising services throughout the BoS. If an agency that is conducting outreach to persons with Limited English Proficiency (LEP) or a disabling condition requires additional marketing materials or marketing materials translated into other languages, such as braille, large font, or audio, the agency can contact its local CES Navigator or the CES Director to make its request. All marketing materials must be targeted to individuals and families meeting the HUD definitions of Homelessness. Marketing materials must clearly state the eligibility requirements for the target population instead of those who do not meet the criteria.

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 completing a VI-SPDAT assessment and documentation of Veteran's status, chronic homeless status, family status, and age to help prioritize programs and services regardless of location. Verbal verification of Veteran's status, age, and family status are acceptable for CES entry.

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

SAFETY PLANNING

The ESG and CoC program rules provide several safeguards and exceptions to using the coordinated entry for domestic violence, dating violence, sexual assault, and stalking victims. 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 to 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 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 an 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 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
Our House Domestic Violence Services	www.ourhousenewbirth.com
Shelter and Assistance in Family Emergencies (S.A.F.E.)	www.safeshelter.net
Domestic Abuse Family Shelter (DAFS)	www.domesticabusefamilyshelter.org

Women in Need of God's Shelter (WINGS)	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 connect the person/household.

Persons who want to be connected to a housing program other than victim services will be added to the Regional CES waitlist through HMIS. HMIS is a confidential data entry system. Those familiar with the process will prioritize individuals in the process of fleeing domestic violence 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, or stalking). It is not required that individuals fleeing or attempting to flee domestic violence be entered onto the waitlist; however, an appropriate referral must be made.

SPECIAL POPULATIONS

The Balance of State's 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 waitlist and the VI-SPDAT, special needs populations will be referred directly to the following agencies for housing service

SPECIAL POPULATIONS REFERRALS TABLE

HIV+ homeless persons will be referred to:	
AIDS Services Coalition	https://ascms.org/
Persons experiencing Mental Health Issues in homelessness AND being discharged from a state Mental hospital in the last 2 years are to be referred to:	
MUTEH Inc. – CHOICE	https://www.muteh.org/
Homeless Veterans are to be referred to:	
Catholic Charities SSVF	https://www.catholiccharitiesjackson.org/supportive-services-for-veteran-families/
Oak Arbor SSVF	http://southmsveteransresources.com/

MUTEH Inc.	https://www.muteh.org/
***SSVF Coverage Map**	https://msbos.org/wp-content/uploads/2021/11/SSVF_StateCoverageMap-rev.-10-2021.pdf

Homeless Youth & Young Adults are to be referred to:

Sally Kate Winters Family Services	https://sallykatewinters.org/

If the client is not served within 30 days, then the CES Navigation Team will refer the client to other housing agencies for housing.

Persons living with HIV/AIDS will be assigned to the respective HIV/AIDS service agency. Once the assigned agency has received the assigned client, it must give consent to the HIV/AIDS service agency to revoke the assigned client's consent to share his or her data concerning his or her HIV status.

ACCESSING EMERGENCY SERVICES

The CoC will allow 24-hour access to emergency services, including domestic violence shelters. CoC service agencies can access emergency services by providing call and 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, motel voucher programs, or other short-term crisis residential programs is not prioritized through the Coordinated Entry System. All persons in need of emergency services should be connected to those services as requested.

ACCESS POINTS

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

- 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 outreach records in HMIS AWARDS. Outreach records will be recognized as a source list to create the Waitlist.
- Any homeless programs recorded in HMIS Awards that serve the BOS will serve as entry points for CES.
- The HMIS Lead will generate dashboard reports to understand better how the CoC is documenting the path of Homelessness.

COORDINATED ENTRY PROCESS

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 waitlist and removed from the waitlist. Within these phases are several distinct elements: Pre-Screen, Assessment, and Scoring occur before placing people on the waitlist. Prioritization, Referral, and Follow-Up occur while people are on the waitlist. Determining Eligibility, Diverting, and Program Enrollment occurs to remove people from the waitlist. Each element is described in detail below.

PARTICIPANT CONSENT & PRE-SCREEN

When an individual or family contacts an agency for housing assistance, they 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 waitlist is appropriate. The Pre-Screen questions will gather the minimum information needed to make a referral to the waitlist. The Pre-Screening questions will be uniform for the Continuum, following Housing First principles to not screen applicants based on income, substance abuse, disability, housing/homeless status, Veteran status, sex, religion, race, or sexual preference. The service agency screener will ask the following questions 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. Personal Identifying Information.

If the individual or family is appropriate to refer to the waitlist, 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 the CES waitlist, 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 request a referral to the waitlist in the future.

DIVERSION

Diversion (also referred to as Rapid Resolution) is a CoC strategy that diverts households from the shelter system by assisting them in remaining where they live or identifying alternate safe and suitable housing arrangements. The housing option may not be ideal, and it may only serve as a temporary solution as the household works out a long-term plan. An effective Diversion strategy reduces the number of homeless families and, therefore, the demand for shelter beds and waiting lists. Diversion helps households avoid the stress, disorientation, and trauma of entering the shelter system.

Diversion provides light-touch assistance, including limited, extremely flexible financial

assistance. Diversion assistance looks for all housing options, whether staying in place or alternative Housing, identifies barriers to those housing options and comes up with immediate solutions for overcoming the barriers. The strategy focuses on the household's strengths, not deficits, and exploration of all the possible resources at hand to keep them housed. Each household presents a unique situation to resolve; therefore, diversion recognizes client choice and safety. The diversion requires active listening, creative problem-solving, and mediation skills.

Differentiation of Diversion, Prevention, and Rapid-Rehousing

Prevention targets people at imminent risk of Homelessness and occurs further upstream. Diversion targets people seeking entry into a shelter ("front door" of shelter and the CoC). Rapid re-housing/permanent supportive housing targets people who are already homeless.

The assigned service agency should offer the shelter if diversion intervention remains unresolved for housing or alternative safe and suitable housing. Diversion efforts may continue after placement to quickly assist the household exit shelter without further CoC program assistance.

Diversion Access and Assistance Sites

CE Access Points

The BoS Coordinated Entry (CE) requires that Diversion assistance be screened and offered through CoC CE access points.

Diversion Assistance Locations

Most cases should be expected to be resolved by phone. However, diversion assistance shall also be provided at a physical location(s) to allow for face-to-face problem solving, provision of limited financial assistance, and diversion staff support for a brief period.

CoC Physical Access Point

Diversion also shall be offered at a physical location, either a shelter or another CoC CE Access Point. The program staff person(s) should be trained to provide Diversion assistance.

Calming Environment for Face-to-Face Diversion Assistance

Diversion engagement must be a calming experience to ensure effectiveness. Physical locations for diversion should promote such an experience. For example, office space to assist the household should be quiet and private.

Continuation of Diversion Effort Following Shelter Entry

If the CoC service agency cannot find safe and suitable housing, an agency with access to emergency shelter services should offer the household shelter placement. Diversion-

trained staff can continue to work with the household within the shelter to exit them without any further CoC program assistance quickly.

Diversion Delivery

Diversion Screening

Screening for diversion must be conducted when a household seeks access to the CoC to determine if diversion is appropriate and if so, to initiate creative problem-solving to assist the household to remain where they have been housed or identify other housing options.

As stated above, the Diversion screening and assessment process involves active listening and engaged problem-solving instead of a passive solicitation of information and referral.

Households are to be asked:

- Where did you stay last night?
- Is it possible or safe to stay in your current housing situation/unit?
- Are you fleeing domestic violence?
- Why did you have to leave where you stayed last night?
- What issues exist with you remaining in your current housing situation? What resources would you need to help you stay there again?
- What other housing options do you have for tonight, tomorrow, the next few days, or weeks? Are there resources you may need to make this option happen?
- Is there anyone I should contact to help you stay in your current housing or who might be able to give you a place to stay for the next few nights?

Diversion Assessment and Planning Tool

If diversion appears appropriate, the Diversion tool should be used to guide an open and creative discussion that lends itself to uncovering issues that could be resolved so that they remain in their current housing or facilitate another housing option. Diversion should focus on household strengths, including current or potential available resources.

Conversation Practice

The following basic practices shall guide diversion conversations with households:

- Using a proactive mediation style allows for empowerment and recognition.
- Let the family/individual lead the discussion.
- Utilize mediation techniques such as brainstorming and rephrasing.
- Utilize open-ended questions to move the discussion forward without providing direction or suggestions.
- Acknowledge the small steps.

- Build upon the work the family has already done to avoid homelessness and the relationships and resources they already have.
- Work through barriers by connecting the family with resources in their local community.
- Acknowledge concerns about doubling up and brainstorm ways to work through those barriers.
- Focus on barriers as individual issues that can be resolved.

Performance Measurements and HMIS Data Capture

HMIS Data Capture

Responsible agencies shall enter the household's Universal Data Elements and diversion assistance into the Mississippi BOS CoC HMIS to capture households provided diversion assistance, the outcome of such assistance, analyze households who benefit from diversion, the effectiveness of the diversion effort, and resources necessary to support the strategy.

Performance Measurements

Diversion's primary outcome is the prevention of homelessness.

A Diversion outcome goal will be incorporated into the MS BoS CoC Performance Measurement based on whether households served by diversion assistance are avoiding homelessness (i.e., the household assisted does not enter the CoC).

ASSESSMENT

After the Pre-Screening, applicants will be further assisted using the VI-SPDAT screening tool to help inform prioritization. Agencies conducting screenings and assessments must recognize that the VI-SPDAT is a tool to prioritize clients on regional waitlists (see Prioritization policy).

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

Standardized Assessment Tool

The CES utilizes four tools to prioritize 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

- Homeless Prevention (HP) Assessment Tool
    - To be used ONLY with people that are currently housed and feel they are at imminent risk of losing their housing. “Imminent risk” is determined by the program participant. Types of dwellings that count as “housed” for this tool are:
        - An apartment that is in their name (legally permitted to stay there)
        - A home that they own
        - The home of a parent, another relative, or friend where they believe they have been staying permanently (not feeling there was a time limit on how long they were permitted to stay)

Multiple service providers created the VI-SPDAT Series 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 available in the community.

CES Assessment Activity

Outreach agencies must complete the CES Assessment along with the VI-SPDAT within HMIS for potential housing clients. The assessment activity is critical to the reporting of entries into the Continuum’s CES process.

Client Refusal or Inability to Provide Assessment Information Policy

During CES assessment, participants shall have the right to decline to provide assessment information or be unable to provide assessment information. The CES assessor shall make every effort to assess and resolve a participant’s housing crisis based on available information. When the lack of a response limits the variety of referral options available, the CES assessor shall communicate to participants that complete and accurate responses could increase referral options.

Determining Eligibility

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

For Homeless Persons

Homeless households, including sheltered and unsheltered Homelessness, will be connected directly to the waitlist. The referring agency (through shelter outreach, street

outreach, and other homeless programs) will conduct the VI-SPDAT screening assessment. Once on the waitlist, 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.

For Persons At-Risk of Homelessness

When connecting at-risk Homelessness households to the HP waitlist, 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, "the household will be placed on the waitlist to be prioritized for homeless prevention assistance. Agencies must follow program-specific requirements regarding homeless prevention assistance.

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

SCORING & PRIORITIZATION

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

Service agency outreach workers will add all individuals in need of permanent Housing to the prioritization list. Individuals will be prioritized based on VI-SPDAT score and CoC prioritization standards.

The BoS will use the VI-SPDAT screening to inform prioritization on the waitlist. All households referred to the CES and waitlist are automatically prioritized for each project type based on the Order of Priority for each project type. Scoring for a VI-SPDAT shall be considered valid for 6 months after which reassessment should be completed.

Prioritization Table

Prioritization	Project Type
Chronically homeless	All program types
Homeless Veterans	RRH
Families	RRH
Individuals with a disabling condition	PSH
Individuals & Families at-risk of homelessness	HP

Individual VI-SPDAT

Project Type	VI-SPDAT score
PSH	8+
RRH	4-7
Rapid Resolution	0-3

Family VI-SPDAT (VI-F-SPDAT)

Project Type	VI-SPDAT score
PSH	9+
RRH	4-8
Rapid Resolution	0-3

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

Project Type	VI-SPDAT score
PSH	9+
RRH	4-8
Rapid Resolution	0-3

Homeless Prevention Assessment Tool (HPAT)

Recommended Interventions	HP Target Score Range
Medium-Term Assistance	18+
Short-Term Assistance	14-17
One-Time Assistance	11-13
Rapid Resolution/Diversion	0-10

NOTE: Providers will be trained to conduct a VI-SPDAT in the most harm-reductive way. Preliminary training can be done via training videos on YouTube. See VI-SPDAT playlist here:

https://youtube.com/playlist?list=PL628GBVUkBvpDGt5E8Ut6m_lObPqMZ12G

Providers MUST note that the VI-SPDAT and HP Assessment Tool are some of many criteria used to inform the prioritization. Other eligibility characteristics may allow 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 waitlist.

HOMELESS PREVENTION SERVICES

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, which include, but are not limited to the following:

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 apartment.
3. Mediation programs for landlord-tenant disputes.
4. Legal services programs that enable representation of indigent tenants in eviction proceedings.
5. Making payments to prevent foreclosure on a home.
6. Other innovative programs and activities are designed to prevent the incidence of Homelessness.

CES will help these agencies prioritize their Prevention funding services. Households within the MS BoS must 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.

The BoS does not designate separate access points for households to receive homeless prevention services. Therefore, all access points can utilize the Homelessness Prevention (HP) Assessment Tool for Individuals and families to prioritize households for referrals to homelessness prevention services per HUD CE Notice: Section II.B.8.

The Homelessness Prevention Assessment Tool is designed to assist HP program staff with two functions:

a. To verify eligibility for homelessness prevention assistance, and
b. To identify the most vulnerable households most likely to experience homelessness if they do not receive assistance.

The HP Assessment Tool is to be used only with currently housed households that feel they are at imminent risk of losing their Housing.

The following score ranges will determine the level of service intervention provided:

0-10	**Rapid Resolution/Diversion:** • Limited case management • Relationship counseling • Assistance with housing referrals • Landlord interventions • Referrals for public or community benefits and resources • Legal assistance **NOTE:** Provision of **financial assistance is not expected**, although minimal financial assistance may be provided in the form of bus passes, material assistance, or moving assistance.
11-13	**One-time Assistance:** Includes services under Rapid Resolution/Diversion category, plus: • A one-time funding specifically targeting housing related costs (one month of rent payment, rental deposit, utility payment, or utility deposit).
14-17	**Short-term Assistance:** Includes services mentioned in Rapid Resolution/Diversion and One-time Assistance, plus:

	• Time-limited rental assistance that helps a household pay for all or a portion of housing costs up to, but not to exceed, the equivalent of **three months of rental assistance**
18+	**Medium-term Assistance:** Includes same services as Short-term Assistance, but households are eligible for up to **six-months of rental assistance**.

Case Management Reevaluation: The recommended intervention is considered to be minimal intervention for the client's circumstances. Agency case management staff can reevaluate the need for further intervention after the initial intervention is complete. The need for further intervention must be documented within the client's program file.

Also Note: Households that score high may utilize any financial assistance and services in the lower score range to ensure successful homeless prevention. (For example, a household with a score of 22 may also need rental application fees, security deposits, etc.) For ESG-funded homeless prevention programs, program eligibility and continued assistance must abide by the ESG Written Standards.

SSVF Homeless Prevention Screening Form

The SSVF program's HP services are available to those eligible Veterans who "but for" SSVF assistance will become literally homeless in the next 30 days and where the local SSVF Grantee has the capacity to provide such services. The CoC SSVF grantees will screen for homeless prevention clients using the VA's SSVF Homeless Prevention Screening Form. The screening form can be found at the following link:

https://www.va.gov/HOMELESS/ssvf/docs/SSVF_HP_Screener.pdf

The minimum scoring threshold for SSVF programs to engage in HP services is **25 points**.

Homeless Prevention List

The BoS will manage the Homeless Prevention List by region. When a household presents to an access point with a Homeless Prevention program, the agency will conduct the HP Assessment Tool and add them to the Homeless Prevention List. When a household presents to an access point that does not have a Homeless Prevention program, the access point will conduct the HP Assessment Tool and add them to the Homeless Prevention List.

Eligibility and Prioritization

Our CES will utilize an HP Assessment Tool for essential eligibility scoring and additional questions about the expected homelessness date to determine prioritization.

Determining Eligibility

Eligibility will be determined by the threshold score which the HP Assessment Tool evaluates. The Assessment Tool is similar to the VI-SPDAT we use for literal homelessness.

Please note that the HP Assessment Tool would only be utilized to determine eligibility; prioritization would be determined by the measures outlined below.

Determining Prioritization

To appropriately prioritize homelessness prevention, the CES must ask questions to determine the client's risk of homelessness and loss of housing timeline.

For example, according to this prioritization, individuals and families with a notice to vacate with an expected date of homelessness within 0-7 days would be served before an individual or family that had an expected date within 8-14 days or 15-21 days.

EMERGENCY HOUSING VOUCHERS (EHV) & CES

Emergency Housing Vouchers (EHVs) are tenant-based rental assistance under Section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f(o))—the Housing Choice Voucher (HCV) Program.

PHAs that accept EHVs are required to enter into a memorandum of understanding with CoCs that includes their cover coverage area. Per this agreement, EHV referrals are directly from the CoC CES or, in the case of a DV situation, directly from the Victims Services Providers (VSPs) agency in the PHAs catchment area.

Eligibility Definitions

1. *Homeless:*
    - "Homeless" is defined under Category 1 (Literally Homeless), Category 2 (Imminent Risk of Homelessness), and Category 3 (Homeless under other Federal statutes) of HUD's Final Rule (See link at HUD Categories 1, 2, and 3).
2. *Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking.*
    - This category consists of any household fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking.

    - Category 2 includes cases where a HUD-assisted tenant reasonably believes that there is a threat of imminent harm from further violence if they remain in the unit. In the case of sexual assault, the HUD-assisted tenant must have reasonable belief there is a threat of imminent harm from further violence if they remain within the unit, or the sexual assault happened on the premise during the 90 days preceding the date of the transfer request.

        a. Categorized domestic violence includes felony or misdemeanor crimes committed by a current or former spouse or intimate partner. This categorization also includes the following:
            1. A person cohabitating with the victim as a spouse or intimate partner.
            2. One who is co-parenting with the victim.
            3. A person situated to a spouse receiving grant monies.

4. Any other person against an adult or youth victim protected from that person's acts under the jurisdiction's domestic or family violence laws.

b. Dating violence is violence committed by a person who is or has been in a romantic or intimate relationship with the victim. Such a relationship shall be determined based on the length and type of the relationship and the frequency of their interaction.
c. Sexual assault means any nonconsensual sexual act proscribed by law, including when the victim cannot consent.
d. Stalking means engaging in conduct directed at a person that would cause a reasonable person to: (1) Fear for their safety or the safety of others; or (2) Suffer substantial emotional distress.

Human trafficking includes sex and labor trafficking, as outlined in the Trafficking Victims Protection Act of 2000 (See link at Section 11 of 22 U.S.C. § 7102).

3. *Recently homeless and for whom providing rental assistance will prevent the household's homelessness or having a high risk of housing instability:*

- Recently homeless persons are defined as individuals and families previously classified by a member agency of the Continuum of Care (CoC) as homeless. Still, they are not currently homeless due to homeless assistance (financial assistance or services), temporary rental assistance, or other assistance. The CoC member agency determines that the loss of such assistance would result in a return to Homelessness or the household having a high risk of housing instability.

4. *At-Risk of Homelessness:*
    - "At-risk of homelessness" is defined under CoC Program Regulations at 24 C.F.R. 578.3 (See link at 24 CFR 578.3).

CoC CES is responsible for:

1. Verifying that the individual or family meets one of the four eligibility categories.
2. Refer eligible individuals and families to PHAs using the community's coordinated entry system and comply with the CoC's prioritization standards. These standards include prioritizing those with the highest vulnerability by utilizing the VI-SPDAT and regional waitlist.

The Coordinated Entry System (CES) determines and verifies whether a household meets one or more of the four eligibility categories. After verification is complete, the CES EHV Director makes direct referrals to the appropriate Public Housing Authority (PHA) administering the EHVs. The policy will apply to assigning available EHV resources while continuously evaluating the efficacy and impact.

Referrals for EHV

MUTEH Inc., the CoC's Lead Agency, has designated and maintained an EHV liaison to communicate with the PHA. The EHV liaison will also refer eligible individuals and families to PHAs using the community's coordinated entry system. Additionally, the liaison will also:

- Support eligible individuals and households in completing and applying for supportive documentation to accompany admissions application to the PHA (i.e., self-certifications, birth certificate, social security card, etc.)
- Attend EHV participant briefings when needed.
- Assess all households referred for EHV for mainstream benefits and supportive services available to support eligible individuals and families through their transition.

Identify and provide supportive services to EHV families. (While EHV participants are not required to participate in services, the BoS should assure that services are available and accessible.)

Participating PHAs will refer potential EHV participants to the BoS' screening tool online:

- https://muteh.typeform.com/to/Rvo36Svf

Victim Service Providers & EHV Referrals

Victim Service Providers (VSPs) will communicate directly with PHAs to request access and assistance for EVs. This measure ensures harm reduction towards domestic violence, dating violence, sexual assault, stalking, or human trafficking victims. PHAs are responsible for reporting VSP-related voucher assignments to the BoS EHV Team to ensure communication and accurate distribution of vouchers.

Ineligible EHV Referrals

If the participant is not eligible for EHV based on the living situation or another criterion, they will be referred to other channels for possible assistance.

EHV Prioritization

Prioritization	**Eligible Households**	**CES Targeted Groups**
Group 1	**Homeless**	Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: • Has a primary nighttime residence that is a public or private place not meant for human habitation; **or** • Is living in a 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 and local government programs); **or** • Is exiting an institution where (s)he has 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.

Group 2	**Recently Homeless and for whom providing rental assistance will prevent the household's homelessness or reduce the risk of housing instability**	Households enrolled in time-limited subsidy programs who need a permanent housing resource to achieve or maintain housing stability. This includes, but is not limited to, households for whom a "lease-in-place" strategy could be used. Households that are survivors of domestic violence, dating violence, sexual assault, stalking, or human trafficking, as defined under Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act), the Violence Against Women Act (VAWA) and Trafficking Victims Protection Act (TVPA)
Group 3	**Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking**	Unhoused or housed households who are fleeing, or attempting to flee domestic violence, dating violence, sexual assault, stalking or human trafficking
Group 4	**At Risk of Homelessness**	An individual or family who— (A) has income below 30 percent of median income for the geographic area; (B) has insufficient resources immediately available to attain housing stability; and (C) (i) has moved frequently because of economic reasons. (ii) is living in the home of another because of economic hardship. (iii) has been notified that their right to occupy their current housing or living situation will be terminated. (iv) lives in a hotel or motel; (v) lives in severely overcrowded housing; (vi) is exiting an institution; or (vii) otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness. Such term includes all families with children and youth defined as homeless under other Federal statutes.

EHV Matching

Eligible households will be prioritized and targeted for EHVs based on the EHV Prioritization Table (see above), subject to resource availability and in alignment with equitable access and allocation as determined through the CoC's defined tools and frameworks. The tools and frameworks used to inform outreach to service providers and to order the review of household applications may include, but are not limited to, the following:

1. Most Disadvantaged Communities, as defined through BoS analysis of HMIS and public data.
2. Assessment of increased vulnerability to severe illness and death if the household contracts COVID-19 due to age and underlying medical conditions, regardless of vaccination status.
3. Regional Coalitions with high rates of homelessness.

The EHV liaison will closely monitor data for EHV eligible groups on race/ethnicity, understanding, age, gender, homeless system population, and region to support equitable access and allocation.

EHV Data Capturing

The BoS HMIS team is developing a module to capture potential and logged EHV clients. Clients currently enrolled in RRH + HP programs will be dually enrolled in the EHV program for case management, for housing stability, and evaluation for EHV assistance.

CES SOURCE DATA & THE USAGE OF WAITLISTS

The Balance of State's Coordinated Entry System will collaborate through data collected from a series of HMIS outreach and shelter program client data. This includes Regional CES Outreach programs, grant-funded outreach programs (including ESG), and emergency shelter data.

After the clients are added to the outreach and shelter programs, outreach workers are to add those clients to one of the two designated waitlists:

a. **Regional Follow-Up Waitlists:** Each coalition has a designated waitlist for those who have been engaged in outreach but have refused housing or cannot be located. Clients on this waitlist will continue to be engaged in outreach until they desire housing. Case-conferencing should be continuously exercised in the process during regional coalition meetings.
b. **Regional Housing Waitlists:** A designated regional waitlist for those who have been engaged in outreach and are interested in housing—regardless of housing readiness. Navigators and agency staff will continuously communicate the status of assigned clients until housing is achieved.

The utilization of regional follow-up and housing lists should ensure efficient reporting concerning those who are homeless and desire housing within the Continuum. Clients who are engaged in outreach but are at-risk of homelessness will remain in an outreach program, but will be added to a regional homeless prevention waitlist.

CES Navigators will assign clients to agency housing projects from the data populated from the Regional Housing Waitlists. Once an assignment is communicated to an agency housing project, the assigned agency will be responsible for removing the client from the housing waitlist and adding the assigned clients into their program.

See Appendix II for detailed graphics concerning CES Source Data & Waitlist Workflow.

REFERRALS & FOLLOW-UP

The CoC's Regional CES Navigation Team will facilitate referrals from the regional housing waitlist. Based on the CoC's prioritization policy, periodic referrals from respective waitlists will be assigned to CoC, and ESG programs. (See Scoring & Prioritization).

The CES Navigation team will send all referrals made from waitlists to designated CoC and ESG program contacts via Regional Referral Dashboards. Once the referrals are made, the recipient program must add the referred clients to their respective housing programs hereafter. The assigned client is admitted into the assigned recipient program via the waitlist. In addition, the recipient program must also discharge the assigned client from their respective outreach program.

The Coordinated Entry Systems Director will record all assignments made by the CES Navigator for monitoring and compliance on a separate comparable database.

Referrals

The BoS CES uses a collaborative process to match persons and households experiencing Homelessness to appropriate housing resources and services within the Balance of State. **The BoS CES maintains a centralized list of persons and households – prioritized following the criteria established by the CES Prioritization Policy – from which participants are matched to available housing opportunities and services.**

Unless otherwise designated, all permanent supportive housing, rapid re-housing, and homeless prevention vacancies will be filled through the BoS CES matching process.

Several factors will be considered in the referral of clients to service providers, including:

- Region
- VI-SPDAT Score
- Composition (individual, family, youth, veteran)
- Funding Source (ESG, CoC, SSVF, RAMP)
- Program Funding
- Program Utilization
- Caseload of program
- Average VI-SPDAT score of program intakes

CES Assignment Principles

The following list represents a set of commitments to frame the operationalization of participant assignments as procedures are developed and implemented.

1. Use available resources in the most flexible and agile manner possible to ensure the highest-acuity persons, of those known/identified, receive assistance as quickly as possible. Do not hold units open for the perfect match if a willing housing agency could serve someone else.

2. Make repeated and quick matches and offers of Housing to persons who have historically rejected matches and housing offers in an attempt to identify housing and service strategies that high-acuity persons will find attractive and accept.
3. In alignment with the Prioritization Policy, use a balanced approach within groups or sets of housing resources to ensure all subpopulations (adults, families with children, and youth) have access to matching and referral to Housing and services.
4. To the greatest extent feasible, identify a range of housing configurations, location options (including across Service Provider Agencies), associated service strategies, and service supports to promote participants' choice of housing options.
5. Facilitate adjustments and transfers within and between housing strategies and different housing projects to ensure participants continue to access the most appropriate housing interventions as participants' needs change.
6. Entrust CES Navigators and system management staff to make necessary operational and management decisions about CES matching, with transparency and fidelity to the CES Guiding Principles.
7. Strengthen partnerships and dialogue with housing resource providers to ensure accountability, transparency, and fidelity to CES Guiding Principles.
8. Regularly review the acuity groups and other characteristics set within the Prioritization Policy related to known/identified CES participants in the context of anticipated near-term availability of housing resources to ensure housing resources are matched to participants according to the highest and best use of those resources.

Matching

The CES Director and the Navigator Team review assessment results and connect clients with vacancies. When a program has a vacancy, they must communicate this to the CES Director via email within 24-48 hours of availability. The CES Team can also run utilization reports within HMIS to project vacancies for programs. If agency programs know of an impending vacancy, they should communicate this and a projected availability date as soon as possible.

Agency programs with vacancies must include eligibility criteria for the vacancy in the email. This review of eligibility requirements ensures that all programs in the CoC follow Fair Housing Laws and have limited program barriers to entry.

Matching vs. Admission

Sometimes CES Navigators may match a client to a housing solution such as Rapid Re-housing or Permanent Supportive Housing; however, there may not be availability. In these circumstances, a client will receive a placement when it is available to an alternative temporary accommodation such as an emergency shelter or transitional housing. A temporary admission will not negate the housing solutions for which the client has been matched. If a client is eligible for PSH, but a resource is unavailable, then the client can be temporarily housed in RRH until the PSH resource becomes available. If one qualifies for RRH and has no availability, s/he can be admitted to the PSH if they meet the PSH eligibility threshold (CH, Disability).

CES Regional Referral Dashboards

To ensure efficient communication and engagement with referrals, CES Navigation will publish referral assignments to regional referral dashboards. To accomplish the task of assigning

referrals, regional waitlists are extracted from AWARDS and the uploaded to the productivity tool Smartsheet (https://www.smartsheet.com/). In Smartsheet, referrals are made to regional dashboards. Navigators are able to see lists, housing status and make changes to the dashboard. Agencies are able to click a link to the dashboard to see referrals and housing status. Once referred, agencies can take referrals from HMIS Waitlists into the program for service.

Nondiscrimination Policy

The BoS CES will not use data collected from the assessment process to discriminate. The BoS will not prioritize individuals or households for Housing and services on the exclusive basis of characteristics or protected classes outlined in the CES Nondiscrimination Policy described below.

CES shall market to and serve all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, marital status, immigration status, limited English proficiency, or who are least likely to apply in the absence of special outreach or accommodation to promote every individual's full participation in CES.

CES and all CES Participating Agencies shall comply with all State of Mississippi and Federal statutes relating to non-discrimination. These include but are not limited to the following:

(a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352, 42 U.S.C. § 2000d, and implementing regulations) which prohibits discrimination on the grounds of race, creed, color, sex, religion, ancestry, age, condition of physical handicap, marital status, political affiliation, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Contract or under any project, program, or activity supported by this Contract. Contractor shall comply with Exhibit J, Contractor’s Equal Employment Opportunity (EEO) Certification.

(b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, 1685- 1686), which prohibits discrimination based on sex.

(c) Sections 503 and 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794, 45 C.F.R. Part 84), which prohibit discrimination based on handicaps.

(d) The Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination based on age.

(e) The Drug Abuse Office and Treatment Act of 1972, as amended (P.L. 92-255), relating to nondiscrimination based on drug abuse.

(f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, as amended (P.L. 91-616), relating to nondiscrimination based on alcohol abuse or alcoholism.

(g) Sections 523 and 527 of the Public Health Service Act of 1912, as amended, (42 U.S.C. §§ 290(dd)(3), 290 (ee)(3)), relating to the confidentiality of alcohol and drug abuse patient records.

(h) Title VIII of the Civil Rights Act of 1968, as amended (42 U.S.C. § 3601 et seq.), relating to non-discrimination in the sale, rental, or financing of housing.

(i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made.

(j) Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, (42 U.S.C. § 2000e), and implementing regulations.

(k) The Fair Housing Act which prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.

(l) the requirements of any other nondiscrimination statute(s) which may apply to the application.

(m) Title II of the Americans with Disabilities Act which prohibits public entities, which includes State and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing and housing-related services such as housing search and referral assistance; and

(n) Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, including shelters, social service establishments, and other public accommodations providing housing, from discrimination based on disability.

Determining Interventions Policy

To the greatest extent feasible, the BoS CES will identify and prioritize persons with the greatest service needs and levels of vulnerability available and appropriate Housing and homeless assistance before those with less severe needs and lower levels of vulnerability will be determined by CES Triage Tools, full SPDAT assessment, and case conferencing.

Prioritization Order Table

The BoS CES uses a coordinated entry process to prioritize the highest need and most vulnerable persons/households experiencing Homelessness for services within BoS that best fit stated needs to ensure strategic use of limited resources and the best possible outcome for participants. Prioritization is based on a specific and definable set of criteria that are documented, made publicly available, and applied consistently throughout CES for all populations. These criteria are referenced in the Prioritization Order Table.

Referral Prioritization Process

Prioritization for housing referrals will be conducted through regularly scheduled Coordinated Entry Systems team meetings. Regularly (as referrals are needed), the CES Navigation team

responsible for administering the CE prioritization and assignment process will generate a list from HMIS of those households that have been assessed and identified as a high priority using the criteria listed above. The CES Director and/or the Navigator will engage in matching for agencies. Households and individuals on the list will be matched to available vacancies based on their assessed needs and eligibility factors for the programs.

As a general practice:

- The household or individual with the highest priority on the list will be referred to the first available housing program vacancy, provided the household meets the eligibility criteria for the program.
- If the household does not meet the criteria, the group may skip to the next household on the priority list, and so on, until a household is found to fill the vacancy.
- Only those meeting chronic homeless criteria will be matched to permanent supportive housing (PSH). All others will be matched to a rapid re-housing program (RRH) or other interventions as available. People who meet the federal chronic homelessness definition may be matched to RRH or other interventions if no PSH units are available.

The match process will operate using Housing First principles – all clients are understood to be "housing ready," (i.e. desiring to be housed although the client may not readily have all required documentation and qualifying identification) and placement is sought for each client on the list. The CES Director is responsible for ensuring that clients assessed as having the most significant needs (longest histories of Homelessness and highest vulnerability) are not passed over for housing placement due to being difficult to house.

Veterans and transition-age youth will be prioritized for vacancies using the same process as other adults. Only youth will be eligible for youth-specific programs and veterans for veteran-specific programs. For GPD, SSVF, and VASH placements, the VA will establish additional prioritization and eligibility criteria. A separate meeting will be convened to prioritize and refer clients to GPD, SSVF, and VASH.

Data Requirements for Referrals

Regional outreach teams should determine the client’s willingness to be housed by a potential program. Applicants who refuse housing options should be offered housing options again every 14 days. When follow-ups are made to individuals in CES, outreach teams will collect the following information:

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

It is expected that agencies will participate in case conferencing of their regional waitlists. The expectation includes providing updates on applicants. Any agency contacted concerning a current client's whereabouts and homeless status should respond within 24-48 hours. The allotted time will allow the agency handling the waitlist referral to be timely in their response to the client so that assigned projects can serve them accordingly.

An agency receiving a waitlist referral will attempt to initiate engagement with the client within two (2) business days of receiving the assignment. Referrals should be removed from the waitlist and immediately admitted in the assigned program's HMIS housing project.

After program admission, initial and all follow-up contacts with the assigned client must be recorded using contact logs within each assigned HMIS housing program profile.

DECLINED & REJECTED REFERRALS

Declined Referrals

Receiving programs may only decline households found eligible and referred through the CES for listed reasons in the chart below. Denials should be infrequent. If a project does not take the highest prioritized person from the waitlist to fill an available spot or otherwise deny an applicant, that project must document the reason for not accepting that assignment in the HMIS outreach profile. CoC staff will monitor denials and provide technical assistance to regions and agencies reporting high denials. Programs must follow Housing First and may not decline households found eligible due to refusal of specific case management services. Reasons for decline may include:

1	There are no vacant units/beds or program availability.
2	The household presents with more people than reported when assessed, and the receiving program cannot accommodate the increase.
3	The receiving program has determined, based on documented policies and procedures, that the agency cannot safely accommodate the household.

Housing agencies are allowed two client declines per year.

If a CES housing resource provider declines an assignment, eligibility criteria must be documented and available to the CES Director.

If a program declines a client, they must issue a decline decision notification. The declination should include, at a minimum, the following details, if applicable:

- The reason the client was declined.
- Instructions for appealing the decision, including the contact information for the person to whom and the time in which the appeal should be submitted.

Rejected Referrals

Rejected referrals occur when an agency's weekly attempts over a 30-day period to engage an assigned client result in no contact. The assigned client can be rejected, and a new assignment can be provided. Contact attempts should be recorded within the assigned client's housing program profile.

Client Refusal Policy

Clients may refuse housing matches because of program requirements that are inconsistent with their needs or preferences. Client choice is an essential theme of the CES in the BoS. Therefore, the CES Navigation team should only refer clients to housing interventions they are eligible for and that interest them. Client program refusals do not disqualify the person from the prioritization list, but it may impact how long the client remains on the list before being housed.

WAITLIST REMOVAL POLICY

Housing Waitlist Removal

There are three criteria warranting discharge or removal from the CES Housing waitlist:

1. When an agency in the continuum accepts a housing referral assignment from the waitlist, the assigned client will be removed from the housing waitlist and added to the agency's housing program.

2. If the client is determined to have a permanent destination:

    - Resolving his or her own homelessness
    - Institutionalized in a facility for more than 90 days (jail, rehab, sober-living, nursing home, etc.)
    - Deceased
    - Left the CoC coverage area for any reason (including out-of-state)

3. If a client on the waitlist has not been successfully contacted in 90 days with outreach agencies applying great diligence to make contact in said period. In that case, the client will be moved from the housing waitlist and added to the follow-up waitlist, assuming that the person is missing or declined housing.

    - **NOTE:** If a client removed from the housing waitlist is re-engaged through outreach contact, the client can be re-added to the CES housing waitlist for housing services. The same will also be done for someone previously housed via the CoC CES.

NOTE: The CES participant-assigned program will be responsible for removing clients from the waitlist. The CES Navigation Team will consult with Coalition CES waitlist participants to ensure the process yields accurate information and consistency as reflected by the CES policy.

Follow-Up Waitlist Removal

There are three criteria warranting discharge or removal from a CES Follow-Up waitlist:

1. If any agency in the continuum engages a client from the follow-up waitlist who has been contacted and now desires housing, the client can be removed from the follow-up waitlist and added to the regional housing waitlist for prioritization and engagement.

2. If the client is determined to have a permanent destination:

- Resolving his or her own homelessness
- Institutionalized in a facility for more than 90 days (jail, rehab, sober-living, nursing home, etc.)
- Deceased
- Left the CoC coverage area for any reason (including out-of-state)

3. If a client on the waitlist has not been successfully contacted in 90 days with outreach agencies applying great diligence to make contact in said period. In that case, the client will be moved from the follow-up waitlist and discharged from the regional outreach program. Engagement and placement on to respective waitlists can begin again once the client is found, reengaged, and desires/rejects housing opportunities.

OUTREACH DISCHARGE POLICY

Clients are discharged from outreach for two reasons:

1. If any agency in the continuum has added a client from the waitlist into their housing program, the client must be discharged from the outreach program noting the discharge date as the date they were added into the housing program (not the day of housing move-in).

2. If the client is determined to have a non-Continuum housing destination, the client can be discharged on the date of the notification. This includes:
    a. Resolving their own homelessness
    b. Institutionalization in a facility for more than 90 days (jail, rehab, sober-living, nursing home, etc.)
    c. Deceasing
    d. Leaving the CoC coverage area for any reason (including out-of-state)

Completing Coordinated Entry Events

A Coordinated Entry Event is completed when there is a housing outcome for a client within an outreach program.

- If a client is added to a housing program and will be discharged from outreach, a coordinated entry event must be completed first.
- If an outreach client self-resolved or completed Diversion/Rapid Resolution, a coordinated entry event must be completed before discharge to record the client's housing outcome. (This includes permanent and temporary housing situations).
- No coordinated entry event is necessary for clients being discharged from outreach into the following outcomes:
    - Unknown/disappeared
    - Data not collected
    - Deceased
    - Emergency shelter
    - Hotel/Motel
    - Place not meant for habitation
    - Institutionalization in a facility for more than 90 days (jail, rehab, sober-living, nursing home, etc.)

PROJECT ENROLLMENT VIA WAITLIST PLACEMENT

It is prohibited for any CoC-funded, SSVF-funded, or ESG-funded housing project to serve individuals and families experiencing homelessness or at imminent risk of homelessness without the household first going through the Coordinated Entry System and being added to the waitlist.

Per HUD's standard outlined in the CoC program rating and ranking process, 95% of project entries must originate from the Coordinated Entry System (waitlist/prioritization policy). The remaining 5% of project entries must be documented by need and verified with the CES Director.

Information regarding unique project entry circumstances must be recorded in the contact logs of the client housing program profile.

The period for project enrollment should encompass the initial entry into the project, the interval to household move-in, case management after move-in, until program discharge. Therefore, agencies should make a practice of enrolling clients after CES referral and eligibility. Completing project enrollment at the time of housing move-in depicts inaccurate recording of the housing process from beginning to end.

APPEALS

All clients have the right to appeal the eligibility determination issued by the assessing agency or any receiving program. Instructions for submitting an appeal are provided to clients when 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 CES Navigators.

GRIEVANCES

This policy refers to client grievances regarding the Coordinated Entry System only. If a client has a grievance regarding a particular agency or representative, they should follow its grievance procedure.

The provider completing the pre-screen, assessment, and referral should address any complaints by clients as best as they can at 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 their choice (see Client Autonomy below) at each step of the grievance process. The person has the right to withdraw their grievance at any time. All grievances must be submitted in writing by the client and should note their name and contact information so the CES Director can contact them to discuss the issues.

CLIENT AUTONOMY

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

The assigned project and the CES Navigation Team will help to facilitate the client's assignment to another participating project.

LOWERING BARRIERS

All ESG, SSVF, and CoC providers in the MS BoS are expected to participate in CES and case conferencing of the waitlist at Regional Coalition meetings. Projects participating in the CES process must not screen potential participants out for assistance and referral to the waitlist based on perceived barriers related to Housing or services, including but not limited to the following:

- 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
- criminal record

PRIVACY PROTECTIONS & NON-DISCRIMINATION REQUIREMENTS

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). The CES waitlist will not include identifying information. Applicants on the waitlist will be identified through their HMIS AWARDS identification number. The waitlist is also password-protected and only accessible by those given permission. Documentation of disability may only be obtained to determine program eligibility.

Non-Discrimination Requirements

Recipients and sub-recipients 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 AGENCY WAITLIST ACCESS

To facilitate prioritization on the waitlist, the MS BoS CoC has established and maintained regionalized waitlists hosted from within AWARDS HMIS. The waitlists will prioritize applicants in the CES. Regional Coalitions will case conference their respective waitlist. The Data Systems Administrator will oversee the continuum-wide waitlist. Participating agencies will have the ability to access the waitlist after taking an HMIS training and passing the 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 waitlist must attend HMIS waitlist training and a comprehension quiz.** This training can be requested online by submitting a technical assistance request at the following URL: https://muteh.typeform.com/to/VnJW6Mlr

If the quiz score is equal to or greater than 75%, it is considered a passing grade, and the contact person will be given access to the waitlist. 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 waitlist Training, contact the Data Systems Administrator.

ON-GOING TRAINING & PLANNING

The MS BoS CoC will provide annual training that reviews any updates or changes to the Coordinated Entry System. The purpose of the exercise is to give all staff involved in standardized assessments instruction and materials that clearly describe the methods by which reviews are to be conducted with fidelity to the CES written policies and procedures. Agencies can request training via the HMIS Technical Assistance link at muteh.org: https://muteh.typeform.com/to/VnJW6Mlr

The monthly Regional Coalition meetings will also train providers in that region on using CES and upcoming/expected changes to CES policies. Additional ongoing training includes HMIS training.

The CoC CES Director 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 currently and during the year. Feedback will be gathered by virtual surveys or direct contact.

CES Committee

The BoS CoC has created a Coordinated Entry Systems Committee as a sub-committee of the CoC Governing Council to make decisions pertaining to the development and implementation of the Coordinated Entry System in our coverage area.

ENDING VETERANS' HOMELESSNESS

In 2019, BoS achieved an "Effective End" of Veteran Homelessness. Currently, the CoC's goal is to maintain an effective end to homelessness, defined as homeless episodes being rare, brief, and non-recurring. The CES will be responsible for ensuring:

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

Veterans' Task Force to End Veterans' Homelessness

The purpose of this group will be to continue to provide regional leadership on the issue of Veteran homelessness, review data and address challenges, and coordinate the effort to end Veteran homelessness across the Balance of State. The committee aligns its work with the strategies within the United States Interagency Council on Homelessness's (USICH) Federal Criteria and Benchmarks for Achieving the Goal of Ending Veteran Homelessness.

The task force also coordinates efforts with the CoC's involvement and activities within the national Built for Zero initiative with Community Solutions focused on measuring an end state on Veteran homelessness across the CoC.

The task force meets bi-weekly to case conference veteran clients throughout the BoS.

Veterans' By-Name List and Regional Waitlists

Veteran clients in an outreach program must also be included on the region's respective waitlist. Veteran clients in an outreach program and housing program without a move-in date will be included on the Veterans' by-name list.

ENDING CHRONIC HOMELESSNESS

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 experiencing chronic homelessness (including Veterans) who 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 three persons, whichever is greater. The Coordinated Entry System will be responsible for ensuring the following:

- All individuals experiencing or at risk for chronic homelessness are identified (via the waitlist). This will also include Veterans experiencing chronic homelessness.
- All unsheltered chronic homeless individuals who want shelter are prioritized and receive shelter.

- All chronic homeless individuals will be case conferenced from the homeless waitlist.
- All chronic homeless individuals on the waitlist 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 to rehouse any chronically homeless person who becomes homeless again.

Task Force to End Chronic Homelessness

The foremost challenge before the Task Force to end chronic homelessness is to utilize the "Housing First" approach that targets chronic homeless persons on the streets, in encampments, or in shelters for the appropriate level of supportive housing necessary to keep them sufficiently housed within the community.

A primary objective of the task force is to develop and recommend a plan based on the evidence-based "Housing First" strategy, which includes engaging the appropriate community infrastructure necessary to support and sustain a long-term system of permanent supportive housing within the BoS. Housing agencies, outreach workers, and community mental health centers are tasked with gathering specific information regarding data, affordable housing, case management, and supportive services, and providing detailed, actionable recommendations to the CoC Governing Council on each essential element towards implementation.

Chronic Homelessness By-Name List

The CoC will be working on a chronic homelessness list monthly to ensure that they are prioritized in concert with the CoC Prioritization order. This will also be important to ensure that our communities are case conferencing our chronically homeless client's barriers to housing stability.

ENDING FAMILY HOMELESSNESS

In January 2017, the United States Interagency Council on Homelessness (USICH) released criteria and benchmarks to help guide communities. 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 for achieving the goal of ending family homelessness can be viewed here:

https://www.usich.gov/tools-for-action/criteria-and-benchmarks-for-ending-family-homelessness/

The CES will be responsible for the following:

- 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 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 prevent and quickly end future experiences of homelessness among families.

ENDING YOUTH HOMELESSNESS

In January 2017, the United States Interagency Council on Homelessness (USICH) released criteria and benchmarks to help guide communities. 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 the following:

- 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 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 to prevent and quickly end future experiences of homelessness among youth.

Task Force to End Youth Homelessness

The BoS is working to establish a task force to end youth homelessness, focusing on unaccompanied youth. The task force aims to bring together key community players to end youth homelessness through collaboration, youth empowerment, and a shared vision. The task force collaborates between the BoS, its collaborative applicant MUTEH Inc., and the CoC's Youth Homeless Service Agencies.

ENDING HOMELESSNESS

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 do the following:

- 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.

EVALUATION

The BOS CES will be regularly evaluated to ensure quality, consistency, and effectiveness and identify improvement areas. System performance metrics will be reviewed quarterly, and a complete evaluation of the system will be conducted annually by the CES Director. The annual evaluation will include analyzing quantitative system performance data and qualitative data collected via surveys with CES participants and providers and other methods necessary to complete a robust evaluation. The CES Committee will review these analyses to ensure the BoS CES is operating effectively and with fidelity to the CES guiding principles and will amend CES policies and procedures if needed as it pertains to the following:

- Agency Participation in CES Prioritization policy.
- Tracking the time it takes to match a client to a housing program.
- Assessing the frequency of declinations by both the client and provider.
- Reviewing the volume of vacancies across program types and the rate at which they are filled.
- Documenting participation of service providers in training and planning.
- Examining the number of exits to permanent housing solutions.

The CES Director will ensure adequate privacy protections of all participant information collected during the evaluation process.

APPENDIX I: DEFINITIONS

Access – The engagement points for persons experiencing a housing crisis. It 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 three 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 another similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, 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, including a family whose composition has fluctuated while the head of household has been homeless.

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 - Diversion is a CoC strategy that diverts households from homelessness by assisting them to either remain where they live or identify alternate safe and suitable housing arrangements. In the BoS, Diversion is often referred to alternately as Rapid Resolution

Emergency Housing Vouchers – Tenant-based rental assistance under section 8(o) of the United States Housing Act of 1937 (42 U.S.C. 1437f(o)) – the Housing Choice Voucher (HCV) Program. The vouchers are available through the American Rescue Plan Act (ARPA). Through EHV, HUD is providing vouchers to local Public Housing Authorities (PHAs) to assist individuals and families who are:

- homeless,
- at-risk of homelessness,
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking, or
- were recently homeless or have a high risk of housing instability.

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, 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. Please refer to the **CoC Written Standards** for guidance on emergency shelter standards.

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 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 in the following categories:

Category 1:

(i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as 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 they resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Category 2:
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.

Category 3:
Unaccompanied youth under 25 years of age, or families with children and youth, who do not meet any of the other categories but are homeless under other federal statutes, have not had a lease and have moved two or more times in the past 60 days and are likely to remain unstable because of special needs or barriers.

Category 4:
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.

Homeless Prevention Assessment Tool - Designed to assist HP program staff with verifying eligibility for homelessness prevention (HP) assistance, and identifying the

most vulnerable households most likely to experience homelessness if they do not receive assistance

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. 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 apply to all program designs, particularly those projects formerly awarded under the SHP or SPC programs permitted to target persons with specific disabilities (e.g., “sober housing”).

Mississippi Home Corporation (MHC) - Created by the Mississippi Home Corporation Act of 1989 to address housing needs. MHC plays a critical role in working with the Governor, the Mississippi Legislature, the U.S. Congressional delegation, and others in the affordable housing industry to develop private and public partnerships throughout the state and nation to increase the awareness of Mississippi’s desperate need for affordable housing.

Navigator – A navigator is a regional appointee designated by the BoS to assess and assign eligible CES participants to housing programs.

Permanent Housing - Permanent housing (PH) is defined as **community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible**. Permanent housing includes Rapid Rehousing and Permanent Supportive Housing.

> **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 Housing First model, is offered without preconditions (employment, income, absence of criminal record, or sobriety). The resources and services are typically tailored to the household's unique needs. 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.

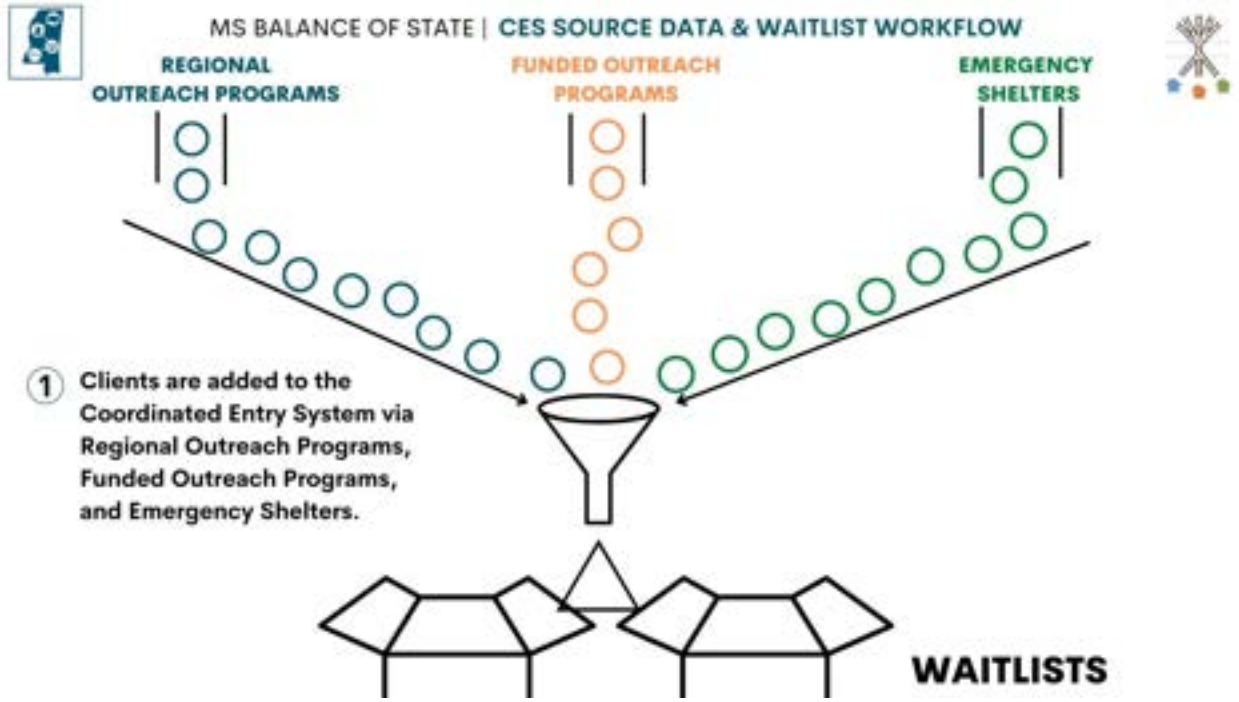
Veteran - A person who served in the active military, naval, or air service and was discharged or released under conditions other than dishonorable. This definition explains that any individual that completed a service for any branch of armed forces classifies as a Veteran as long as they were not dishonorably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

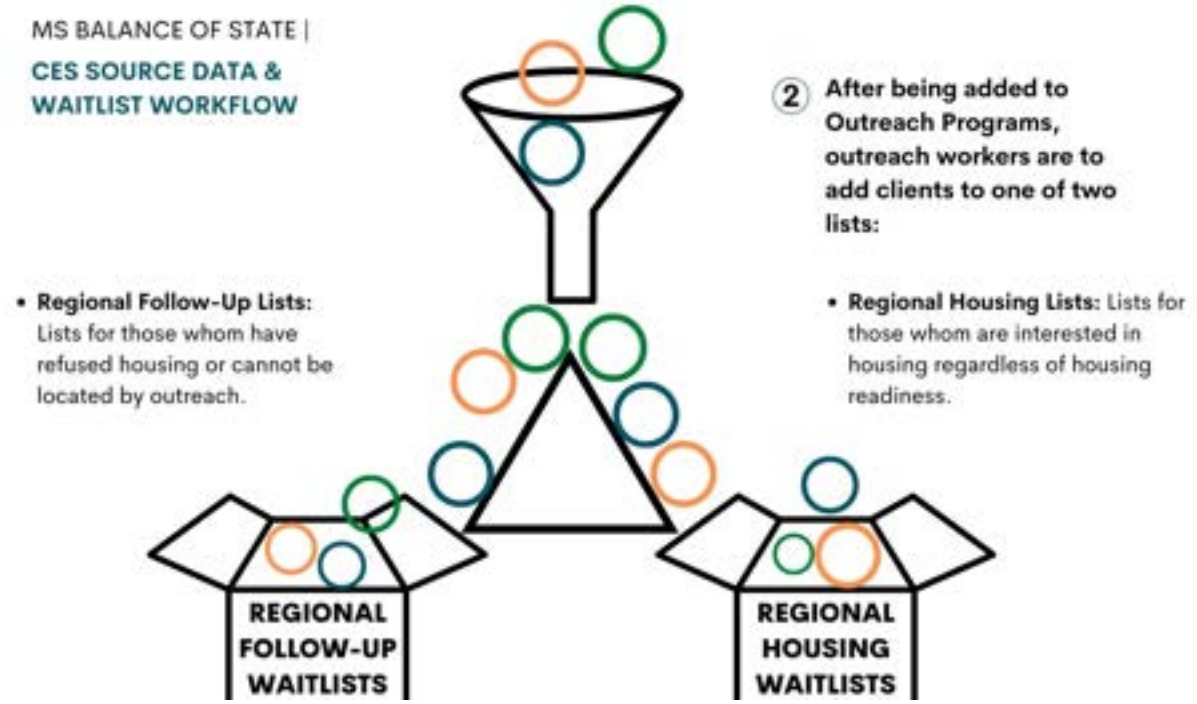
> **Veterans Affairs Supportive Housing (VASH):** A person who served in the active military, naval, or air service, discharged or released from there under conditions other than dishonorable and has at least 180 days of active duty.
>
> **Supportive Services for Veterans Families (SSVF):** A person who served in the active (at least one day) military, naval, or air service was discharged or released from that place under conditions other than dishonorable. Note that the service period must include inactive service duty for purposes other than training.
>
> **Shallow Subsidies** - A shallow subsidy that **offered recurring rental assistance at a fixed rate for a more extended period than** Rapid Rehousing. The expectation was that this sustained support would expand housing options and increase the Veteran households' ability to meet other costly living expenses.

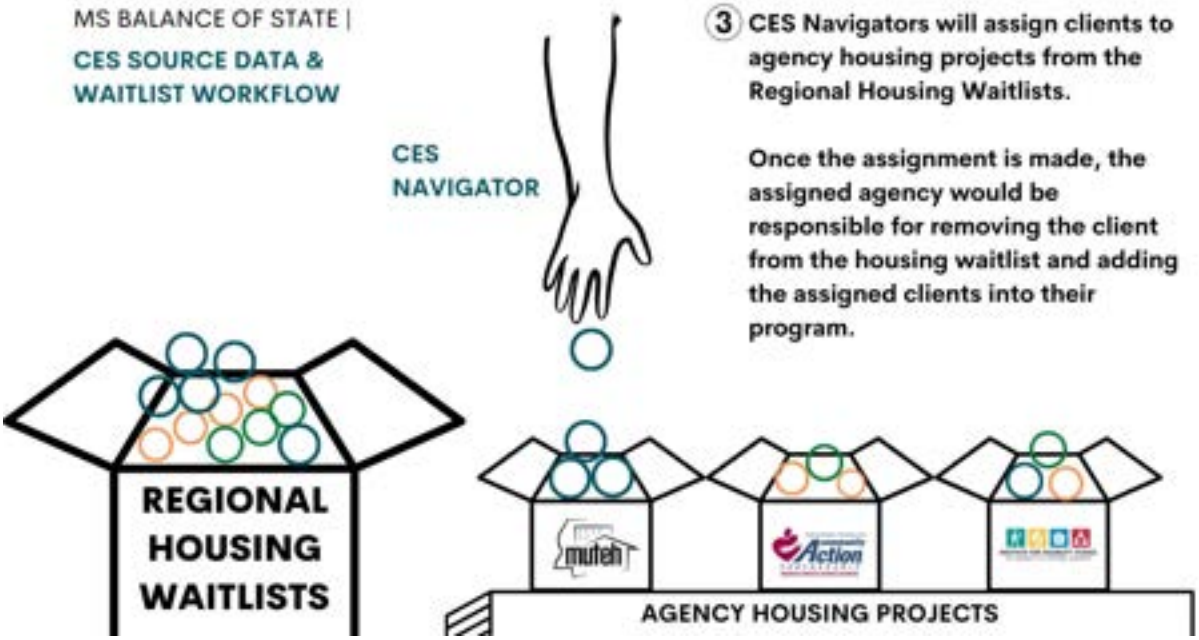
VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool) - A pre-screening or triage tool designed by all providers within a community to quickly assess the health and social needs of homeless persons and match them with the most appropriate support and available housing interventions.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

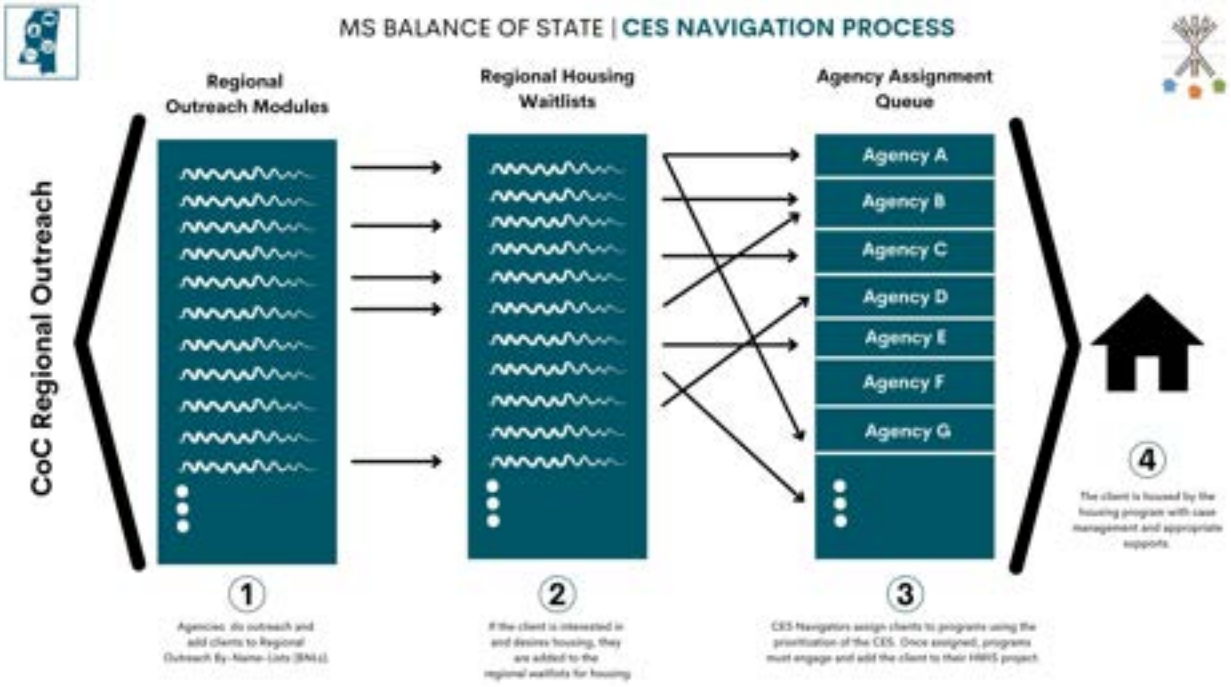
VI-SPDAT, VI-F-SPDAT, TAY-VI-SPDAT, PR-VI-SPDAT – Vulnerability Index-Service Prioritization Decision Assistance Tool; Vulnerability Index-Service Prioritization Decision Assistance Tool for Families; Transition-Age Youth Vulnerability Index-Service Prioritization Decision Assistance Tool; and Prevention/Rehousing 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 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 available.

APPENDIX II: CES SOURCE DATA & WAITLIST WORKFLOW






MS BALANCE OF STATE |
CES SOURCE DATA &
WAITLIST WORKFLOW
CES
NAVIGATOR
3 CES Navigators will assign clients to agency housing projects from the Regional Housing Waitlists.
Once the assignment is made, the assigned agency would be responsible for removing the client from the housing waitlist and adding the assigned clients into their program.
REGIONAL
HOUSING
WAITLISTS
AGENCY HOUSING PROJECTS


MS BALANCE OF STATE | CES NAVIGATION PROCESS
CoC Regional Outreach
Regional
Outreach Modules
Regional Housing
Waitlists
Agency Assignment
Queue
Agency A
Agency B
Agency C
Agency D
Agency E
Agency F
Agency G
1
2
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APPENDIX III: HOMELESS PREVENTION ASSESSMENT TOOL

Begins on the next page.

MISSISSIPPI BALANCE OF STATE CONTINUUM OF CARE

Homelessness Prevention Assessment Tool

Instructions: Homeless Prevention (HP) staff should complete this assessment tool. The prospective participant **should NOT** complete this assessment tool.

Background Information

The Homelessness Prevention Assessment Tool is designed to assist HP program staff with two functions:

1. To verify eligibility for homelessness prevention (HP) assistance, and
2. To identify the most vulnerable households most likely to experience homelessness if they do not receive assistance

In assisting with these two functions, the tool will support Mississippi's goal in its attempt to prevent new cases of homelessness.

To administer the assessment tool, HP staff should check each box for which the condition or attribute is present in the household. Each checked box has a point value associated with it. After completing all questions, staff will add up the value of all checked boxes and assign a total score to the presenting household.

As a screening tool, the questions are designed to identify households that are most likely to experience homelessness within the next month and for whom the experience of homelessness will pose the greatest risk for increased trauma, severe health consequences, and/or greatest degree of family instability.

While no assessment tool can precisely predict the future, this tool is based upon research and program evaluation data that identifies conditions, characteristics, and attributes most closely associated with a future incidence(s) of homelessness.

Homeless Prevention Program Interventions (four options)

Rapid Resolution/Diversion: Services provided to eligible households under the "Rapid Resolution/Diversion" category include:

- Limited case management
- Relationship counseling
- Assistance with housing referrals
- Landlord interventions
- Referrals for public or community benefits and resources
- Legal assistance

NOTE: Provision of **financial assistance is not expected**, although minimal financial assistance may be provided in the form of bus passes, material assistance, or moving assistance.

One-time Assistance: Services provided to eligible households under the "one-time assistance" category include all those described under the **Rapid Resolution/Diversion** category, with the addition of:

- One-time funding specifically targeting housing related costs

NOTE: Eligible one-time assistance funding includes one month of rent payment, rental deposit, utility payment, or utility deposit.

Short-term Assistance: Services include those identified in the **Rapid Resolution/Diversion** and **One-time Assistance** categories described above, but also include:

- Time-limited rental assistance that helps a household pay for all or a portion of housing costs up to, but not to exceed, the equivalent of **three months of rental assistance**

Medium-term Assistance: Services are the same as **Short-term Assistance**, but households are eligible for up to **six months of rental assistance**.

Homeless Prevention (HP) Staff: Complete the following three steps:

Step 1: Determine Eligibility and Priority for Homelessness Prevention (HP) Assistance

NOTE: HP program staff: The following questions will help determine if the household is at imminent risk of homelessness and whether, without prevention assistance, the household will experience homelessness within the immediate upcoming month (e.g., either living in a place not meant for human habitation or residing in an emergency shelter or transitional facility intended for persons and households who are homeless).

In order to be eligible for HP assistance, the prospective applicant must provide evidence of a notice to vacate their current housing.

HP staff should document eligibility evidence by securing a copy of the eviction notice, “pay or vacate” notice, or through written communication with a friend/family member or the leaseholder/property owner/manager (whichever is applicable) with whom the prospective HP participant is currently living or from whom the prospective HP participant is renting.

For a “doubled-up” situation, the evidence can be an eviction notice or written or oral verification from a friend or family member with whom the prospective applicant is living.

Head of Household Name:

Date of Assessment:

Check each applicable condition that is true for the prospective HP participant (head of household).	Check if Applicable	Point Value
Step 1: Determine eligibility and priority for the homelessness prevention assistance household and whether the household is at imminent risk of literal homelessness. Without prevention assistance the household will experience literal homelessness within the next month (i.e., either living in a place not meant for human habitation or residing in an emergency shelter or transitional housing facility intended for persons and households who are homeless).		
Housing Status (select only one)		
If DOUBLED UP, the household has been told by the lease holder to vacate the unit. HP program staff has verified with the lease holder that the prospective HP participant is no longer welcome and must vacate. Prospective HP participant lacks the resources to secure alternative housing arrangements.	☐	5
If LEASE HOLDER, the household has received a notice to vacate by the property owner or manager *or* has received notice from the local building authority that the residence in which they reside is being condemned. HP program staff has verified with the property owner/manager/local building authority that the prospective HP participant has received notice to vacate. The prospective HP participant lacks the resources to secure alternative housing arrangements. **Lease holder has previously experienced literal homelessness in the past two (2) years.**	☐	3
If LEASE HOLDER, the household has received a notice to vacate by the property owner or manager *or* has received notice from the local building authority that the residence in which they reside is being condemned. HP program staff has verified with the property owner/manager/local building authority that the prospective HP participant has received notice to vacate. The prospective HP participant lacks the resources to secure alternative housing arrangements. **Lease holder has NO previous experience of literal homelessness within the past two (2) years.**	☐	1

Expected Date of Homelessness		
Imminent loss of current housing. Loss of housing means the prospective household will experience literal homelessness – either on the streets or staying in an emergency shelter – within the specified period of time. Imminent loss of current housing must be verified with a '*pay or vacate*' notice, ledger record of past due rent, or verification (written confirmation is sufficient) from the lease holder who is instructing the prospective HP participant to leave the housing. (select only one)		
Actual housing loss expected within 7 days (1 week)	☐	5
Actual housing loss expected within 14 days (2 weeks)	☐	4
Actual housing loss expected within 1 month	☐	3
Notice to vacate from the property manager/lease holder with expected loss of housing within 45 days	☐	2
TOTAL POINTS FROM STEP 1 (the above section)		

STEP 2: Determine Targeting Priority Based on Vulnerabilities or Housing Barriers

NOTE: HP program staff: The following questions will help identify the barriers affecting the household's ability to resolve housing and prevent homelessness from occurring in the imminent future independently and quickly. You will ask a series of questions of the prospective HP participant to determine the presence of current or past conditions that are most closely correlated with the incidence of homelessness.

HP PROGRAM STAFF: Prior to asking the following questions, remind the prospective HP participant that some of the questions in this section ask about recent or past trauma. Reassure the prospective HP participant that before asking those questions, you will ask them if it is okay to proceed. **(If the participant does not want to be asked, omit those questions, and do not score them.)**

Answer Y/N or check the box if applicable to the prospective HP applicant (head of household).	**Check if Applicable**	**Point Value**
1. Are you or is any member of your household a registered sex offender?	☐	5
2. Do you or does any member of your household have a criminal record or are you or is any member of your household involved in any legal proceeding in process for arson, drug dealing, manufacture of illegal drugs/illegal substances, possession and/or use of drugs/illegal substances, or any felony offense against persons or property?	☐	4
3. Are you a single parent who currently has shared or sole custody of your children?	☐	3
4. Do you have at least one dependent child under the age of six?	☐	3
5. Are you under the age of 25?	☐	3
6. Does your household have five people or more that cannot be housed in fewer than three bedrooms?	☐	1
7. Have you or another household member, been recently discharged (within the last six months) from an institution (such as a hospital, jail, etc.) **after a stay over the length of 90 days or more**?	☐	3
8. Are you or a member of your household currently involved in **adult or child protective services**?	☐	2

9. **NOTE: HP PROGRAM STAFF:** Inform the prospective HP participant that the next three questions ask about recent or past trauma. Ask the prospective HP participant if it is okay to proceed. If the participant does not want to be asked any of these questions, omit them and do not score. a. Within the last six months, has there been a household trauma or an event that directly affects your ability to secure and maintain housing? (Examples could include the death of a family member, separation or divorce from an adult partner, birth of a new child, etc.)	☐	3
10. Have you experienced adversity or housing disruptions during childhood? (Examples of childhood adversity could include homelessness, placement in foster care, eviction, refugee or immigrant to the U.S., or frequent moves [more than three in one year])	☐	2
11. Are you currently fleeing or attempting to flee domestic violence?	☐	5

Household <u>Monthly</u> Gross Income Amount		
12. What is your current monthly income? $_____ In what county does the household currently reside? _____ County, MS • Refer to the FY2021 Income Limits Documentation System link to answer question 12 (click link & select 'Click Here for FY 2021 IL Doc.'): https://www.huduser.gov/portal/datasets/il.html#2021_query HP staff select only one below:		
• $0	☐	5
• **<u>Less than the county's FY2021 30% of Median</u>** Income for household size.	☐	4
• **<u>Less than the county's FY2021 Very Low-Income (50%) Limit</u>** for household size.	☐	3
• **<u>Less than the county's FY2021 Low-Income (80%) Limit</u>** for household size.	☐	1

13. Has there been a sudden and/or significant loss of income, including loss of employment and/or cash benefits within the last 60 days, OR an uncontrollable and significant increase in non-discretionary expenses within the last 60 days?	☐	3

Prior Rental Evictions for The Head of Household At Any Time in The Past		
14. Have you had any prior rental evictions?	☐	
15. If yes to #14, how many prior rental evictions have you had? (select only one)		
a. One prior rental eviction	☐	3
b. Two to three prior rental evictions	☐	4
c. Four or more prior rental evictions	☐	5

History Of Homelessness for Head of Household (Street/Shelter/Transitional Housing)		
16. Have you ever been homeless?	☐	
17. If yes to #16, how many episodes of homelessness have you experienced (choose the best applicable answer:		
a. One prior episode of homelessness in the past three years	☐	3
b. Two to three episodes of homelessness in the past three years	☐	4
b. Four or more episodes of homelessness **OR** a total of at least 12 months within the past three years	☐	5

Local Policy Priorities		
The local priorities below are recognized by the CoC; however, priorities may vary by region. Using local data, the CoC grantees can consult with Coordinated Entry Committee and modify the questions below, as needed, to align with their local priorities. In addition, the MS Balance of State may define other housing barriers or attributes most likely to impact a household's ability to quickly secure housing and resolve homelessness independently. If included, these other scored attributes will align with local policy priorities.		
Does any household member have a disability that substantially impedes the ability to maintain housing independently?	☐	1
Does any household member identify as an ethnic, cultural, or racial minority group that has historically experienced unfair treatment in the provision or administration of public benefits or services?	☐	1
Is any household member a senior adult (aged 55 or older)?	☐	1
TOTAL POINTS FROM STEP 2 (the above section)		

TOTAL POINTS FROM STEP 1 AND STEP 2	

Score Ranges and Recommended Interventions

Once the total points from Steps 1 and 2 have been added, use the following chart to determine the prospective HP participant's recommended interventions **(based on scoring the prospective participant's responses):**

HP Target Score Range	Recommended Interventions	Prospective HP Participant's Score (Total from Steps 1 and 2)
0 – 10	Rapid Resolution/Diversion	
11 – 13	One-time Assistance	
14 – 17	Short-term Assistance	
18 +	Medium-term Assistance	

APPENDIX IV: COC EQUAL ACCESS POLICY

Begins on the next page.

EQUAL ACCESS POLICY IN ACCORDANCE WITH GENDER IDENTITY UPDATED SEPTEMBER 2017

PURPOSE

The purpose of this policy is to define equal access to housing in CoC-funded programs regardless of gender identity. This policy is pursuant to the final rule (Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs: FR 5863-F-02) which requires that HUD's housing programs be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status. The rule further defines "gender identity" to mean "actual or self- perceived gender-related characteristics." The final rule eliminates the prohibition on inquiries related to sexual orientation or gender identity, so that service providers can ensure compliance with this rule. The removal of the prohibition on inquiries related to sexual orientation or gender identity does not alter the requirement to make housing assisted by HUD and housing insured by the Federal Housing Administration (FHA) available without regard to actual or perceived sexual orientation or gender identity.

This policy also provides guidance on appropriate and inappropriate inquiries related to a potential or current client's gender identity for the purposes of placing transgender or gender non-conforming persons in temporary, emergency shelters or other facilities with shared sleeping areas or bathrooms.

APPLICABILITY

HOME Investment Partnerships (HOME) (24 CFR part 92), Community Development Block Grant (CDBG) (24 CFR part 570), HOPWA (24 CFR part 574), ESG (24 CFR part 576), CoC (24 CFR part 578), as well as owners, operators, managers of shelters and other buildings and facilities and providers of services funded in whole or in part by any of these programs.

SCOPE

The policy establishes the requirement that all Mississippi Balance of State CoC, hereto referred to as "BoS" contracted programs, shelters, other buildings and facilities, benefits, services and accommodations ensure equal access to an individual in accordance with gender identity. **It specifically sets guidelines pertaining to each of the following service areas for ESG, SSVF, HOPWA, and CoC-funded programs:**

1. Access to sex-segregated services and facilities
2. Access to family programs and facilities
3. Access to bathrooms
4. Ensuring safety and privacy
5. Use of names and personal gender pronouns
6. Homeless Management Information System (HMIS) data collection and intake forms

1. **Access to sex-segregated services and facilities**

   Policy: All persons who are eligible to receive services through BOS-contracted programs have the right to receive services at a facility that serves the gender with which they identify. This right is absolute, regardless of sex assigned at birth, and regardless of whether they have undergone medical treatment to align their physical bodies with their gender identity. Persons who do not identify as male or female have the right to be served wherever they feel safest. Facilities that are legally permitted to segregate clients by sex (e.g. emergency shelters, projects funded by the Violence Against Women Act) must serve all clients who identify with that gender. Service providers may not ask for proof of gender, nor may they require that a person's gender match the sex listed on legal documentation (e.g. driver's license, ID card, or birth certificate). In addition, providers may not deny services to clients because their appearance or behavior does not conform to assumed gender stereotypes.

2. **Access to family programs and facilities**

   Policy: All families who are eligible to receive services through BOS-contracted programs have the right to receive services regardless of the gender identities within the family. In both congregant and sex-segregated facilities, providers may not deny services or separate families based on the gender identity or gender expression of one or more family members.

3. **Access to bathrooms**

   Policy: All persons receiving services through BOS-contracted programs must have access to bathrooms consistent with their gender identity, regardless of appearance, biological or physical characteristics, or legally documented sex. Service providers may not ask for documented proof of gender as a requisite for bathroom access, nor may they institute different bathroom rules for cisgender and transgender clients. The provider must, at a minimum, permit any clients expressing concern to use bathrooms and dressing areas at a separate time from others in the facility. The provider should, to the extent feasible, work with the layout of the facility to provide for privacy in bathrooms and dressing areas for all clients. For example, toilet stalls should have operable doors and locks and there should be separate shower stalls with curtains and/or locking doors to allow for privacy.

4. **Ensuring accommodations for safety and privacy**

   Policy: All persons receiving services through BOS-contracted programs have the right to safety and privacy. If a transgender or gender non-conforming client expresses safety or privacy concerns, or if the provider otherwise becomes aware of privacy or safety concerns; the provider must take reasonable steps to address those concerns. This may include, for example: responding to the requests of the client expressing concern through the addition of a privacy partition or curtain; provision to use a private restroom or office; or a separate changing schedule. It is not the responsibility of a transgender or gender nonconforming client to accommodate facilities and/or programs. Moreover, another client's discomfort is not a reason to deny equal access or equal treatment to a transgender or gender nonconforming client. The provider should ensure that its policies do not isolate or segregate transgender or gender non-conforming clients based upon

gender identity. Clients may, however, ask to be isolated or segregated and reasonable steps should be taken to accommodate the client as facility space allows.

5. **Use of names and personal gender pronouns**

   Policy: All persons receiving services through BOS-contracted programs have the right to be known and referred to by their name and/or the gender pronouns that match their gender identity.

6. **Homeless Management Information System (HMIS) data collection and intake forms**

   Policy: All persons receiving services through BOS-contracted programs should be documented in HMIS, on intake forms, and all other data collection tools and repositories according to the gender with which they identify.

ADDITIONAL GUIDANCE FOR FACILITIES THAT RECEIVE ESG, SSVF, HOPWA, OR COC FUNDING

Assignments

The Mississippi Balance of State Continuum of Care, hereto referred to as "BoS" assumes that recipients and subrecipients of assistance under CPD programs—as well as owners, operators, and managers of shelters and other buildings and facilities and providers of services funded in whole or in part by CPD programs will place a potential client (or current client seeking a new assignment) in a shelter or facility that corresponds to the gender with which the person identifies and/or presents themselves as, while taking the client's health and safety concerns into consideration. A client or potential client's own views with respect to personal health and safety should be given serious consideration in making the placement. For instance, if the potential client requests to be placed based on his or her sex assigned at birth, as opposed to their gender presentation, the BoS assumes that the provider will place the individual in accordance with that request, consistent with health, safety, and privacy concerns. Policies and procedures to protect health and safety, as well as privacy and security noted in the final rule, must be established, maintained, or amended, as necessary, and all policies must be administered in a nondiscriminatory manner.

Equal access ensures that, when consideration of sex is prohibited or not relevant, individuals will not be discriminated against based on actual or perceived gender identity, and where legitimate consideration of sex or gender is appropriate, such as in a facility providing temporary, short term shelter that is not covered by the Fair Housing Act and which is legally permitted to operate as a single-sex facility, the individual's own self-identified gender identity will govern.

The BoS assumes that a provider will not make an assignment or re-assignment based on complaints of another sheltered person or shelter staff member, if/when the sole stated basis of the complaint is a client or potential client's gender identity, gender presentation, and/or non-conformance with gender stereotypes, gender roles, and/or expectations around sex and/or gender.

Appropriate and Inappropriate Inquiries Related to Sex

For temporary, emergency shelters with shared sleeping areas or bathrooms, the Equal Access Rule permits shelter providers to ask potential clients and current clients seeking a new assignment their sex. Best practices suggest that where the provider is uncertain of the client's sex or gender identity, the provider simply informs the client or potential client that the agency provides shelter based on the gender with which the individual identifies and/or presents themselves as. Policies and procedures must ensure that individuals are not subjected to intrusive questioning or asked to provide anatomical information or documentary, physical, or medical evidence of the individual's gender identity.

Training & Monitoring

The BoS is responsible to ensure that subrecipients comply with the Equal Access Rule. Subrecipients are encouraged provide and explain this policy to staff members at orientation, regular staff meetings, and to provide ongoing trainings to ensure that employees and contractors who interact directly with clients are aware of it and report/address noncompliance. If the BoS finds a recipient or subrecipient has failed to meet the program requirements, the BoS may place the provider on corrective action to ensure the provider receives adequate training and compliance with this policy.

PROCEDURES

Service providers must update intake, admissions, and operational policies and procedures to reflect the policies above. Providers must ensure that all staff, volunteers, and contractors are provided copies of these policies and procedures, and that discussion of these policies and procedures forms a part of any introductory training for staff, volunteers, and contractors. Service providers should make their revised policies and procedures pertaining to equal access for transgender and gender nonconforming individuals available for all participants.

POLICY IMPLEMENTATION GUIDANCE

The following documents will support service providers in their evaluation and revision of policies and procedures.

Self-Assessment Tool – Excel

Overview: The agency self-assessment is an Excel spreadsheet that outlines attributes of an agency that is compliant with the HUD's Equal Access Rule and the recommended steps to achieve compliance. The policy expectations considered in this HUD document are consistent with those articulated in the above BoS policy, and so the priority steps it outlines will guide providers toward compliance with the regional policy.

Source: U.S. Department of Housing and Urban Development (HUD)
Link: **https://www.hudexchange.info/resources/documents/Equal-Access-Self-Assessment-for-Shelters-and-Projects.xlsm**

Equal Access for Transgender People: Supporting Inclusive Housing and Shelters - PDF (21 pages)

Overview: This 21-page report is a great resource for providers, covering a glossary of terms, inclusive policy standards, and a list of sample best practices in the implementation of polices including access to sex-segregated facilities, access to bathrooms, ensuring accommodations for safety and privacy, and intake forms.

Source: U.S. Department of Housing and Urban Development (HUD)
Link: https://msBoScoc.files.wordpress.com/2017/09/equal-access-for-transgender-people-supporting-inclusive-housing-and-shelters.pdf

Transitioning Our Shelters - PDF (59 pages)

Overview This 59-page report provides context for the struggle that transgender people have in finding safe shelter before recommending the "first and most critical step" that shelters can take, implementing a policy of respect. Pages 25 – 38 deal specifically with putting policy into practice and provide recommendations for topics including intake forms, access to bathrooms (e.g. best practices in bathroom design), ensuring accommodations for safety and privacy (e.g. confidentiality practices, privacy standards), and other service areas.

Source: National Gay and Lesbian Task Force Policy Institute, National Coalition for the Homeless
Link: https://msBoScoc.files.wordpress.com/2017/09/transitioningourshelters.pdf

Other Resources

Equal Access Decision Tree - PDF (1 page)

Overview: This one-page handout presents different stages of service provision (outreach, assessment, referral, enrollment, etc.) and highlights encouraging responses to issues surrounding gender identity that may come up at each stage.

Source: U.S. Department of Housing and Urban Development (HUD)
Link: https://msBoScoc.files.wordpress.com/2017/09/equal-access-decision-tree-source-hud.pdf

Signage for Your Facilities (Notice on Equal Access Rights for Posting in Your Project) – PDF (1 page)

Overview: This one-page notice can be posted by facilities in order to notify clients and residents of the new Equal Access rule requirements.

Source: U.S. Department of Housing and Urban Development (HUD)
Link: https://msBoScoc.files.wordpress.com/2017/09/notice-on-equal-access-rights.pdf

DEFINITION OF TERMS USED

Below are common terms related to different aspects of a person's identity.

- **Gender:** A socially constructed system that ascribes qualities of masculinity and femininity. A spectrum, with male/female representing the two ends.

- **Sexual Orientation**: Physical or emotional attraction to the same and/or opposite sex. Different from gender identity or expression.

- **Gender Identity**: An individual's inner sense of being male, female, or any other non-binary gender.

- **Gender Expression:** External expression of gender identity (note that often people do not feel they can safely and openly express their gender identity). Can be exhibited through behavior, voice, clothing, hairstyle, and body language. May change over time, or even from day to day.

- **Sex Assigned/Designated at Birth:** Often a binary designation of "male" or "female," and based on internal or external anatomy at birth. May not necessarily correspond to an individual's gender identity.

Below are more specific terms that relate to sexual orientation (e.g. lesbian, gay, bisexual), gender identity (e.g. transgender, cisgender, gender nonconforming), or both (e.g. queer, questioning). The first five terms make up the common "LGBTQ" acronym (lesbian, gay, bisexual, transgender and queer or questioning).

- **Lesbian:** An individual whose gender identity is female who is emotionally, romantically, and/or sexually attracted to the same gender.

- **Gay:** An individual who is emotionally, romantically, and/or sexually attracted to the same gender.

- **Bisexual:** An individual who is emotionally, romantically, and/or sexually attracted to any gender.

- **Transgender:** An individual whose gender identity differs from their sex assigned at birth. Note that transgender is an adjective, and that it is incorrect and offensive to call someone "a transgender" or "transgendered."

- **Queer:** A label to explain a range of sexual behaviors and desires.

- **Questioning:** An individual who has questions about their sexual orientation and/or gender identity.

- **Cisgender:** An individual who is not transgender, whose gender identity and/or gender expression matches their sex assigned at birth.

- **Gender Nonconforming:** Someone who does not conform to traditional gender roles or stereotypes. Traditional roles and stereotypes vary based on different cultural and societal ideals. Individuals may be perceived as having a different gender than their outward appearances (behavior, clothing, hairstyle, body language, voice).

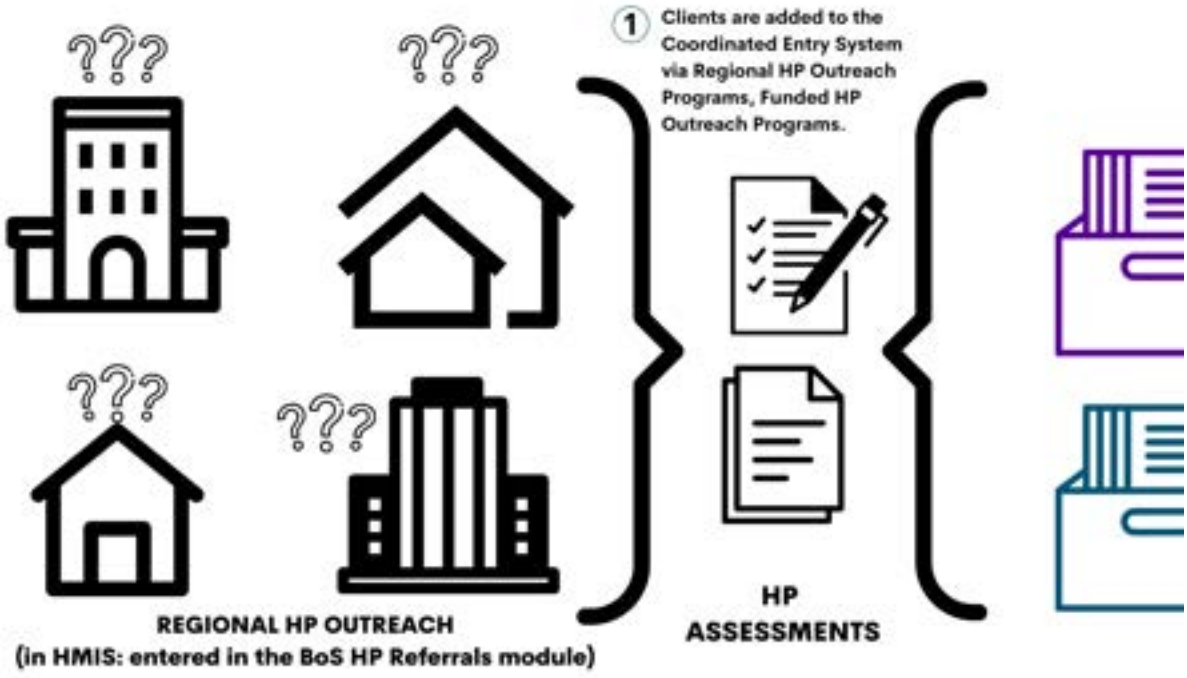
- **Non-Binary Person:** Someone who does not identify as male or female (the two ends of the gender spectrum).

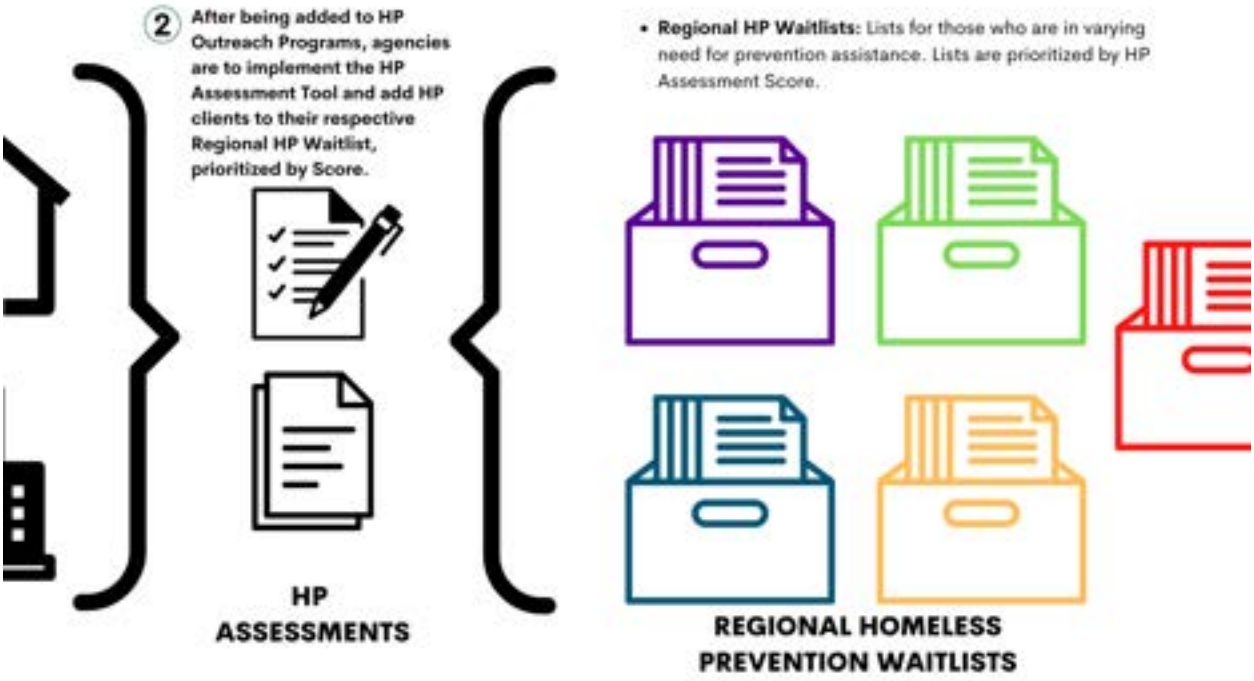
- **Gender-Neutral:** Language that describes "all gender" or unisex spaces (i.e. "all gender" or unisex bathrooms), language about relationships (spouse or partner instead of wife/husband or girlfriend/boyfriend), etc.

- **Transitioning (Gender Transition):** A process that some (but not all) transgender people go through to begin living as the gender with which they identify, rather than the sex assigned to them at birth. Does not require any medical treatment (i.e. hormones or surgery).

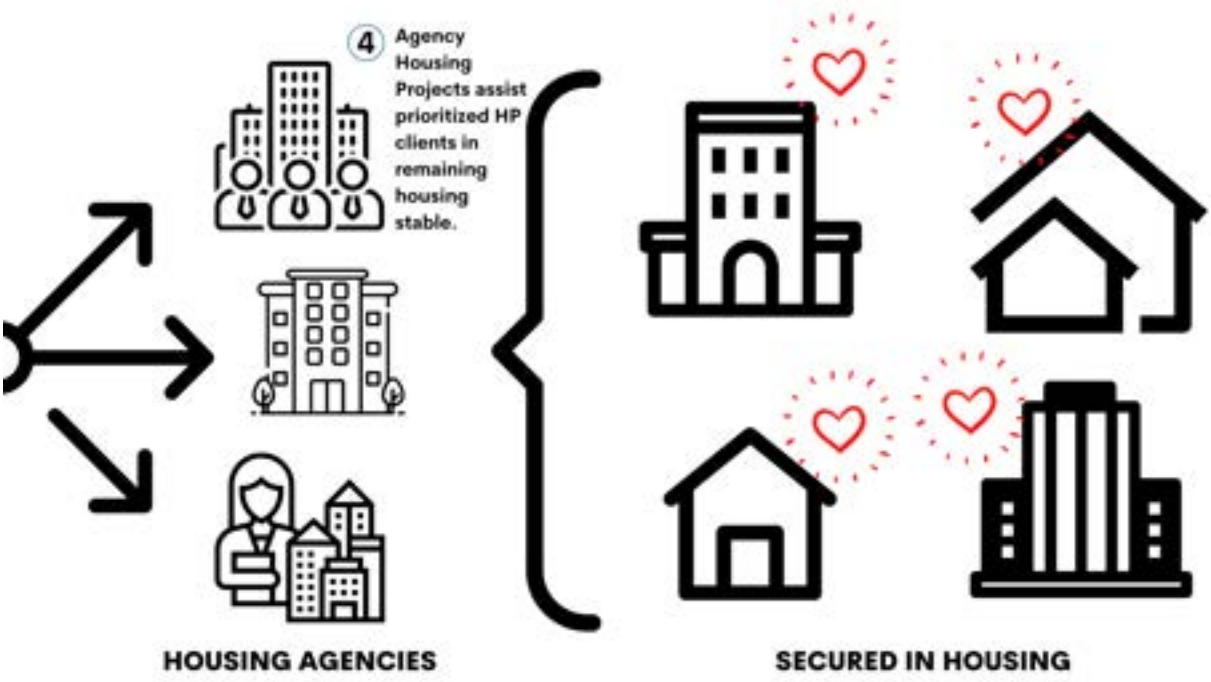
- **Personal Gender Pronouns:** The pronouns that someone wishes others to use when referring to them, to accurately reflect the person's gender identity. These pronouns need not correspond with sex assigned at birth, and can reflect a binary gender identity (i.e. she/her/hers or he/him/his) or can reflect a non-binary gender identity (i.e. they/them/their or ze/zem/zir).

APPENDIX V: CES HP WAITLIST WORKFLOW




2
After being added to HP Outreach Programs, agencies are to implement the HP Assessment Tool and add HP clients to their respective Regional HP Waitlist, prioritized by Score.
HP ASSESSMENTS
• Regional HP Waitlists: Lists for those who are in varying need for prevention assistance. Lists are prioritized by HP Assessment Score.
REGIONAL HOMELESS PREVENTION WAITLISTS


3
Agency Housing Projects will assign clients to their programs from the Regional HP Waitlists. Furthermore, the assigned agency would be responsible for removing the HP client from the HP waitlist and adding the assigned HP clients into their program.
REGIONAL HOMELESS PREVENTION WAITLISTS
HOUSING AGENCIES


4
Agency Housing Projects assist prioritized HP clients in remaining housing stable.
HOUSING AGENCIES
SECURED IN HOUSING


1
2
3
4

The purpose of this document is to provide consistent guidance for programs within the Mississippi (MS) Balance of State (BoS) in the provision of programming, in line with the vision and principles established by the Governing Council (GC). Developing these standards promotes program accountability, compliance with the United States Department of Housing and Urban Development (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.

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