

UNITY of Greater New Orleans Continuum of Care (CoC)

Housing & Service System: Coordinated Entry Policies and Procedures Handbook

Revised December 15, 2021

LA-503
New Orleans-Jefferson Parish-Kenner CoC

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I. BACKGROUND

A. Housing & Service System Plan

UNITY promotes a coordinated system of housing and services that facilitates the movement of individuals and families toward permanent housing. Over 100 non-profit and government entities operate programs included in the Housing and Services System Plan. Funding sources for these programs include the HUD Continuum of Care (CoC) Program, HUD Emergency Solutions Grant (ESG) Program, Health & Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Program, Housing Opportunities for People With Aids (HOPWA) funding, Community Development Block Grant (CDBG), Projects for Assistance in Transition from Homelessness (PATH), Supportive Services for Veteran Families (SSVF), and many other non-governmental foundation sources including United Way and private funders. The system includes these housing and service programs:

- **Homelessness Prevention:** Includes strategies preventing evictions or housing loss through short-term rental assistance and legal services.
- **Rapid Rehousing (RRH):** Includes short-term or medium-term rental assistance and services. Includes SSVF, ESG and CoC programs. In some instances, RRH may be a bridge to PSH.
- **Emergency Shelters:** Including crisis housing for youth, families, those fleeing domestic violence, and unaccompanied individual adults.
- **Transitional Housing:** Temporary housing programs for youth and families as a bridge to permanent housing,
- **Safe Havens:** Low-barrier shelters for persons living in places not intended for human habitation which transitions participants to PSH or other Permanent Housing placements; presently only one Safe Haven for women exists in the UNITY CoC.
- **Permanent Supportive Housing (PSH):** Affordable rental housing for persons with disabilities who had been living on the street or in shelters and who need ongoing supportive services in order to remain stably housed.
- **Affordable Housing:** The CoC works with private landlords and public housing authorities (PHAs) to prioritize and/or dedicate units and vouchers for homeless individuals and families. These units are braided with services as much as possible to continue to prioritize those with the greatest needs.
- **Coordinated Entry:** Programs that work with people in housing crisis, conduct problem-solving and triage, assist with emergency housing, and navigate prioritized clients to permanent housing outcomes as quickly as possible.

• **Supportive Services:** Programs offering services that homeless persons need to prevent and end their homelessness, including:

- Street outreach
- Crisis line services/information and referral
- Health care
- Employment services and job training
- Case management
- Substance abuse treatment
- Mental health treatment
- Housing search and placement
- Day program services/drop in services
- Legal services
- Services to victims of domestic violence
- Assistance obtaining income and benefits.

Programs work with the coordinated entry system to provide a uniform process for clients experiencing a housing crisis throughout the geographic area of the Continuum of Care (CoC).

B. Coordinated Entry System Policies

These policies shall provide guidance for the operation of the Coordinated Entry System (CES) for the homeless Continuum of Care (CoC) including CoC and ESG-funded programs within the New Orleans-Jefferson Parish-Kenner Continuum of Care (CoC). The policies include:

- Written standards for evaluating individual and family eligibility for assistance;
- Determining and prioritizing clients for Transitional Housing (TH) assistance;
- Determining and prioritization of clients for Rapid Rehousing (RRH) assistance;
- Determining percentage or amount of rent each participant must pay while receiving RRH assistance; and
- Determining and prioritizing which clients will receive Permanent Supportive Housing (PSH) assistance.

HUD requires each CoC to establish and operate a “centralized or coordinated assessment system” (referred to as “coordinated entry” or “coordinated entry process”) with the goal of increasing the efficiency of local crisis response systems and improving fairness and ease of access to resources, including mainstream resources. Both the CoC and ESG Program interim rules require use of the CoC’s coordinated entry process, provided that it meets HUD requirements. Coordinated entry processes are intended to help communities prioritize people who are most in need of assistance. They also provide information to CoCs and other stakeholders about service needs and gaps to help communities strategically allocate their current resources and identify the need for additional resources.

Pursuant to HUD requirements and in compliance with [HUD Notice CPD-17-01](#), the Orleans-Jefferson Parish-Kenner Continuum of Care has implemented a Coordinated Entry System for all those seeking homeless services. Included in the policies and procedures is a detailed account of the Coordinated

Entry System such as: entry points, level of services, prioritization, assessment, referral, and Homeless Management Information System (HMIS), and system evaluation.

This handbook shall be made available to providers, program participants, and the public on the UNITY of Greater New Orleans website at: <http://unitygno.org/providers/coordinated-entry-policies-and-procedures-handbook/>.

C. Disclaimer of Services

The Coordinated Entry System is a multi-step process that identifies an appropriate housing and services outcome for all persons that enter the system. Due to scarce resources, it is not guaranteed that an individual or household who contacts the Coordinated Entry System will be referred into a CoC housing program such as Permanent Supportive Housing (PSH) or Rapid Rehousing (RRH) services.

II. OVERVIEW OF COORDINATED ENTRY

Coordinated entry is a system that is intended to improve the access and efficiency of the intake and referral processes of the homeless continuum of care. Coordinated entry is designed to provide homeless or at risk individuals with housing and services by creating quicker linkages and matching needs to eligibility criteria and strengths of the providers, and to prioritize existing resources for those with the greatest needs and length of time literally homeless.

In accordance with the CoC Program interim rule at 24 CFR 578.7(a)(8) and the ESG interim rule at 24 CFR 576.400(d) and (e) these policies and procedures have been developed to guide the Coordinated Entry System and prioritization of services. Coordinated Entry Policies and Procedures will continue to evolve with periodic updates.

Aspects of the Coordinated Entry System include: access, triage, assessment, navigation, prioritization, and referral.

A. Populations Served

All homeless subpopulations are served by the CoC Coordinated Entry System: veterans, chronically homeless, families with children, youth, individuals and those fleeing domestic violence. Victims of domestic violence may receive emergency services outside of the CES but they may also be served through the CES. All steps of the Coordinated Entry System will take into account safety planning for all persons escaping Domestic Violence situations, including human trafficking.

B. Geographic Location Served

The LA-503 Continuum of Care serves persons within Orleans and Jefferson Parish. The LA-503 Continuum of Care has an open-door policy with multiple coordinated entry access points throughout the region. All access points should provide, at minimum, information and referral services to any household requesting assistance with a housing crisis.

C. Non-Discrimination Policies

CoC has developed and operates a Coordinated Entry System that complies with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC and ESG funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws including, but not limited to, the following:

- **Fair Housing Act** prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- **Section 504** of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance.
- **Title VI of the Civil Rights Act** prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance.
- **Title II of the Americans with Disabilities Act** prohibits public entities, which includes State and local governments, and special purpose districts, from discriminating against individuals with

disabilities in all their services, programs, and activities, which include housing, and housing related services such as housing search and referral assistance.

- **Title III of the Americans with Disabilities Act** prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.
- **HUD's Equal Access Rules** requires that recipients and sub-recipients for HUD funding are open to all eligible individuals and families regardless of sexual orientation, gender identity, or marital status. People shall have equal access to emergency shelters and other facilities, benefits, accommodations and services in accordance with the individual's gender identity, and in a manner that affords equal access to the individual's family.
 - A **Family** is defined as a group of persons residing together, and such group includes but is not limited to: a family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); elderly family; near-elderly family; disabled family; displaced family; and the remaining member of a tenant family.
 - **Programs must prevent family separation.** The age and gender of a child under age 18 must not be used as a basis for denying admission.
 - are prohibited from separating family members

For more information on ensuring your program operates in alignment with equal access requirements, please see HUD training available online here:

<https://www.hudexchange.info/course-content/equal-access-and-gender-identity-rules-training/Implementing-HUDs-Equal-Access-and-Gender-Identity-Rules-Slides-2016-11-17.pdf>.

D. **Reasonable Accommodations**

Each coordinated access or entry site, assessment site, navigation site, and all ESG or CoC-funded Housing Providers must provide reasonable accommodations and modifications to persons with disabilities to ensure equitable access to housing. The duty to provide reasonable accommodation may require that providers make changes to standard rules, policies, and procedures to allow a person with a disability to use and enjoy a dwelling. Accommodations should be offered to assist clients who have mobility issues, vision or hearing impairments, or for those who have special medical equipment like an oxygen tank. Providers are not required to bear an undue financial burden or administrative hardship or to make a fundamental alteration in the nature of the program or services. However, providers must consider each accommodation or modification request on a case by case basis.

E. **Transparency**

The LA-503 CoC Coordinated Entry System's process and governance will be clear and transparent to all internal and external stakeholders, including persons seeking access to the coordinated entry system. All persons will be assessed in a standardized, uniform process. These Coordinated Entry Policies and Procedures will be made available on the UNITY website and in accessible formats and additional languages upon request.

F. **Cultural Competency and Cultural Humility**

The LA-503 CoC Coordinated Entry System (CES) will work to ensure that all persons similarly situated seeking services have fair and equal access to the system and will reduce barriers. CES will pursue

human equity for marginalized populations and seek to find new ways to provide further accessibility to the system. The CES will do this through publicizing information regarding the system on the UNITY website, at partner sites and locations, and through ongoing training and feedback at monthly Service Providers and Professional (SPPA) Meetings of the Continuum of Care and its partners. Feedback will also be obtained from program participants and clients to identify training needs and other ways to improve the system to be more culturally responsive. **Annual training will be conducted on understanding and practicing cultural humility as well as other trainings that are identified through the CE Assessment Workgroup and/or the Racial Equity Task Force.**

G. Housing First and Low-Barrier Principals

The LA-503 CoC Coordinated Entry System utilizes housing first and low-barrier principles to ensure fair and equal access to housing and services for all eligible individuals and families. No prerequisite standards will be placed upon persons seeking services through coordinated entry. For instance, access to programs is not contingent upon sobriety, minimum income requirements, lack of a criminal record/history, completion of or compliance with treatment, participation in services, or other unnecessary conditions. People with disabilities are offered clear opportunities to request reasonable accommodations within application and screening processes and during tenancy.

H. Marketing and Advertisement of Coordinated Entry System

The LA-503 CoC Coordinated Entry system has an open-door policy with access points throughout the entire CoC geographic location, including in Orleans and Jefferson Parishes, as well as the City of Kenner. All coordinated entry sites will have multiple signs publicly posted indicating the procedure to access services, as well as the rights of clients accessing the system. Any person or agency may refer to the Coordinated Entry System. Furthermore, all programs that wish to be trained in coordinated entry will have the ability to ensure they can assist with accessing for their clients.

Coordinated entry sites will target marketing materials and advertisement of information to hard-to-reach audiences through the following:

- Using plain language materials regarding the CES process, including the CES materials and system maps included herein
- Posting materials on the entry site's social media and organizational websites
- Offering CES materials and information in accessible formats and multiple languages
- Targeting distribution of information and materials to locations where hard-to-reach audiences may best be contacted.

I. Education Policies

Consistent with the CoC Program Interim Rule 24 CFR §578.23, CoC and ESG programs should collaborate with local education authorities in identifying and serving families that become homeless. CoC and ESG programs assisting families with children or unaccompanied youth must:

- Take the educational needs of children into account when placing families in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education

- Inform families with children and unaccompanied youth of their educational rights, including providing written materials, help with enrollment and linkage to McKinney Vento Liaisons.
- Not require that children and unaccompanied youth enroll in a new school as a condition of receiving program services.
- Allow parents or the youth (if unaccompanied) to make decisions about school placement.

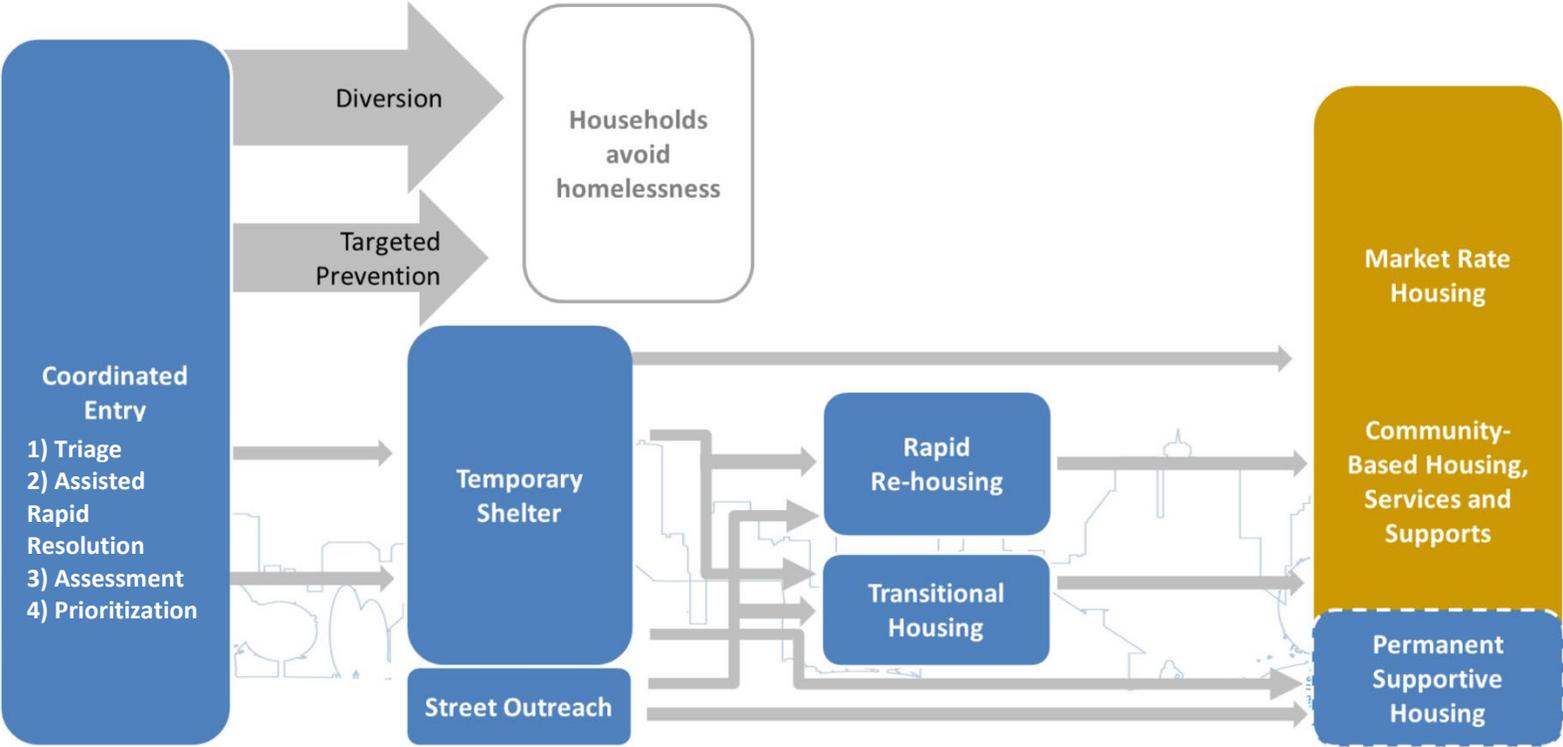
J. Grievance Policy

For agencies wishing to express a grievance regarding the operation of the Coordinated Entry System, they will first direct their written grievance to the CES Director; if the agency does not feel comfortable submitting such grievance to the CES Director, they may alternatively direct it to the Director of CoC Programs. A meeting will be arranged to address the grievance; should the agency not be satisfied with the result of such meeting, the grievance may be appealed to the CoC Governing Council for consideration.

For clients or program participants wishing to express a grievance regarding the operation of the Coordinated Entry System, they will first direct their grievance to the provider or entry point which completed their triage and/or VI-SPDAT assessment. If the grievance pertains to the overall Coordinated Entry System, the prioritization or referral process, the grievance should be submitted to the CES Director or alternatively to the Director of CoC Programs.

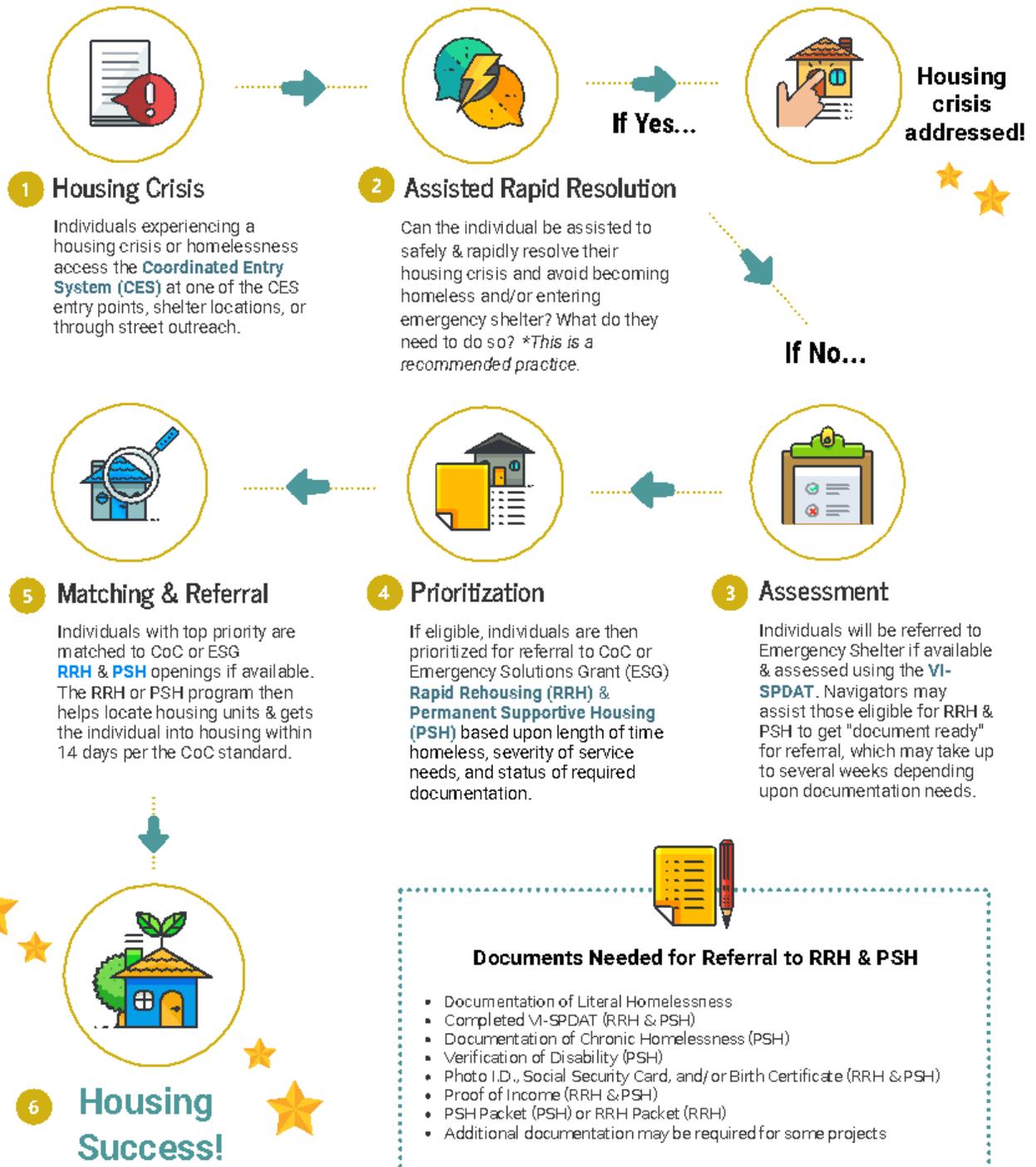
Each access point shall have a poster that informs participants of their rights and how to file a grievance. Grievances should include the contact information for the person filing the grievance, date of the incident, substance of the grievance, list any parties involved, and possible resolution. Any grievance received will receive an initial response within 7 days.

COMPONENTS OF A COORDINATED ENTRY SYSTEM



*Source: HUD Training on "[Notice Establishing Additional Requirements for Coordinated Entry](#)" (March 2017)

CoC Coordinated Entry System (CES)



CoC Family Coordinated Entry System (CES)



Coordinated Entry System Entry Points for Accessing Homeless Services New Orleans-Jefferson Parish-Kenner Continuum of Care

	<p>Connect with a Phone Call:</p> <ul style="list-style-type: none"> • Travelers Aid Society at the Community Resource & Referral Center (CRRC) (504) 658-2944
	<p>Drop-In Day Centers:</p> <ul style="list-style-type: none"> • Harry Tompson Center (HTC) at the Rebuild Center Phone: (504) 273-5547 Location: 1803 Gravier Street, NOLA 70112 • Travelers Aid Society at the CRRC Phone: (504) 658-2944 Location: 1530 Gravier Street, NOLA 70112 • Harry Tompson Center (HTC) Satellite & Case Management at the CRRC Phone: (504) 273-5547 Location: 1530 Gravier Street, NOLA 70112 • Drop-In Center for Youth Phone: (504) 350-8434 Location: 1461 N. Claiborne Ave, NOLA 70116
	<p>Street Outreach:</p> <ul style="list-style-type: none"> • UNITY Welcome Home Street Outreach (Orleans Parish) Phone: (504) 899-4589 ext. 100 or (504) 570-9812 • Covenant House Street Outreach (For Youth) Phone: (504) 584-1186 • Travelers Aid Society Street Outreach (Downtown New Orleans) Phone: (504) 658-2944 • Responsibility House (Jefferson Parish) Phone: (504) 366-6217
	<p>Emergency Shelters:</p> <ul style="list-style-type: none"> • Ozanam Inn (4 p.m.) Location: 2239 Poydras St, NOLA 70119 Phone: (504) 523-1184 • Salvation Army (4 p.m.) Location: 4500 S. Claiborne Street, NOLA 70125 Phone: (504) 899-4569 ext. 300 or 318 • New Orleans Mission (3:30 p.m.) Location: 1130 Oretha Castle Haley Blvd, NOLA 70113 Phone: (504) 523-2116 • Covenant House (For Youth, Ongoing) Location: 611 N. Rampart Street, NOLA 70112 Phone: (504) 584-1111 • Low Barrier Shelter and Engagement Center Location: 1530 Gravier Street, NOLA 70112 Phone: (504) 517-1815
	<p>Victim Service Providers:</p> <ul style="list-style-type: none"> • New Orleans Family Justice Center Phone: (504) 592-4005 • Metro Centers for Community Advocacy Phone: (504) 837-5400
	<p>UNITY Coordinated Entry System:</p> <ul style="list-style-type: none"> • Coordinated Entry for Families <ul style="list-style-type: none"> ▪ Family Hotline Phone: (504)-356-1859 ▪ Alecia Blanchard Phone: (504) 266-8907 ▪ Ty Richards Phone: (504) 899-4589, ext. 114 • Coordinated Entry for Individuals <ul style="list-style-type: none"> ▪ Brandi Gaines Phone: (504) 899-4589, ext. 105 ▪ Gionnie Wilson gwilson@unitygno.org

III. ACCESS TO THE COORDINATED ENTRY SYSTEM

A. Standardized Access

The New Orleans, Jefferson Parish, and Kenner CoC utilizes standard access. All coordinated entry locations offer the same triage, assessment, prioritization, and referral protocols to match clients to the most appropriate housing intervention. Access points include: Emergency Shelters, Day Centers, Street Outreach, and Domestic Violence Service Providers.

The CES system covers the entire geographic area of the CoC including New Orleans, Jefferson Parish and Kenner. Access will be evaluated no less than annually to ensure that access points:

- Cover the entire geographic area of the CoC;
- Are easily accessed by individuals and families seeking housing and services;
- Are well-advertised;
- Serve the needs of subpopulations, those with limited English proficiency, disabling conditions, and other barriers;
- Emergency services are operated with low barriers to accessing services;
- Access points are accessible to people with disabilities;
- Access points are in proximity to public transportation and other services;
- Street outreach covers the entire geographic area and reaches people who are least likely to access homeless assistance.

Each CES entry point will have a CoC designed poster to ensure people in different populations and subpopulations in the geographic area all have fair and equal access to the coordinated entry process. (See Appendix).

With this multi-step process of triage, assessment, and referral clients may exit out of the system at any stage. Not all clients will be referred to a CoC program and some clients will be diverted from entering the CoC homeless system to more appropriate resources or interventions.

The CoC affirmatively markets housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disabling condition as well as those who are least likely to apply in the absence of special outreach. The CoC does this through its in-person outreach efforts, through marketing of the CES online and through social media, as well as through written materials. The CoC will annually review its marketing efforts for compliance as well as for opportunities to better reach hard to reach populations.

All personnel must be trained in coordinated entry and administering the VI-SPDAT before being able to enter information into the HMIS system.

B. Triage and Assessment

All persons seeking services within the Continuum geographic area will be triaged to determine what services are needed to end their housing crisis. This may include: **problem-solving (diversion)**; a triage assessment to determine emergency needs; assisted rapid resolution or diversion to mainstream services; Vi-SPDAT assessment for acuity; and/or referrals to non-CoC and ESG services.

C. Triage for Homeless Status

Clients enter the CES through four primary ways:

- 1) Through contact Emergency Shelter for Individuals (Adults and/or Youth)
- 2) Through contact with Street Outreach
- 3) Through the Family Coordinated Entry System (including emergency intake at an Emergency Shelter or referral from CES Manager)
- 4) Through contact with Day Centers serving persons experiencing homelessness

Clients who are entering the system through emergency shelter or street outreach and are identified as such will be considered to be literally homeless and do not need triage to determine their homeless status. Clients entering the system through **street outreach** are considered to be literally homeless as long as the contact was made by street outreach at night. Street outreach teams are expected to follow the CoC standards of care to ensure that people encountered by street outreach are offered the same process as people who access CES through other locations. Street outreach is expected to attend weekly CoC outreach coordination meetings to ensure that the entire geography is covered, provide ongoing staff training to ensure prioritization of services to those in the greatest need, and ensure consistency among outreach teams as access points to the CES.

Clients entering the system from other locations will have an initial triage to determine their homeless status, determine immediate crisis needs, and evaluate client safety. Clients not literally homeless will be referred for assisted rapid resolution, prevention, and/or mainstream programs and services depending upon the needs they present. Triage will be conducted for clients accessing the system from day centers or other service locations designated at CES access or entry points.

Survivors will be assessed with the danger assessment. Survivors who access emergency shelter are not assessed with the Vi-SPDAT. A progressive engagement approach works with clients to determine a housing plan that can incorporate natural supports, rapid rehousing, PHA vouchers, and/or PSH if needed.

D. Assessment

Literally homeless families and individuals will be assessed for acuity using the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)*. This assessment will be for those who are staying in an emergency shelter, street, or other location not fit for human habitation. The VI-SPDAT tool is a pre-screening, or triage tool that is designed to be used by all providers within a community to quickly assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available. Each access or entry point will be trained to accurately assess clients using the VI-SPDAT.

The VI-SPDAT Assessment will only be completed with persons that are **documented literally homeless** which may include: letter from an outreach worker, HMIS documentation, and/or verification of Emergency Shelter stay.

Clients will be placed on a priority “Master By-Name List” based upon their stay in emergency shelter and/or VI-SPDAT assessment conducted by an outreach worker or other Navigator of the CES who has verified client homelessness. The purpose of the Master By-Name List is to know all homeless people by name, prioritize them for housing resources based upon acuity and length of time homeless, and to make referrals as appropriate for each client’s needs.

The family and youth versions of the VI-SPDAT will be used as appropriate to that client population. Clients completing the on-line VI-SPDAT with a Navigator will automatically be placed on the Master By-Name List. The VI-SPDAT score may also be input into HMIS. The VI-SPDAT score is augmented with information about the client length of time homeless to determine prioritization for navigation to a housing program.

E. Additional Tools

In some instances, additional assessments and/or tools may be used to determine level of need, particularly for families and youth. Additional information may also be needed to determine eligibility for specific programs. Coordinated Entry for Survivors uses the lethality assessment. Other tools may be used to determine vulnerability during an emergency situation or for specific resources. The intent of every tool is to provide a common assessment and prioritize those with the greatest needs for the appropriate resource.

F. Navigation

CES access or entry points have staff members who serve as Navigators to assist the client to become paperwork or “document ready” for referral to an appropriate housing program for which the client is eligible. Street outreach teams will also help navigate clients to housing programs. Documentation should include collection of the following documents as appropriate:

- Release of Information
- Documentation of Literal Homelessness
- Complete VI-SPDAT
- If Chronically Homeless, documentation of Chronic Homelessness
- Verification of Disability
- Photo I.D., Social Security Card, and/or Birth Certificate
- Proof of Income
- PSH Packet (PSH) or RRH Packet (RRH)
- Additional documentation may be required for some projects.

Navigators will work with CoC housing eligible clients as well as persons seeking non-CoC mainstream resources to end their housing crisis. Housing Navigators that are assigned to CoC-eligible clients will work with the clients until the warm-hand off to the case manager for the CoC housing program is complete. Please note that referral to the CES or specific Rapid Rehousing or Permanent Supportive Housing resources does not guarantee a client’s eligibility or receipt of services.

- **Warm Hand-Off Procedure**

- For all persons eligible for CoC housing program, the housing Navigator will assist the client in the gathering of necessary documentation until the referral to housing is complete and the client has met with the housing program case management team. The warm hand-off is to ensure clients are not lost or go missing during the process of moving from one program or service provider to the next.

IV. PRIORITIZATION AND REFERRAL

A. Order of Prioritization

Please see the Appendix for the Prioritization Policy and factors for referral into different housing program or resource types.

B. Prioritization and Navigation Meetings

Following the assessment each household should have identified what housing and/or services are necessary to end their homelessness. (Please see the Appendix for detailed scoring requirements for referral to specific housing program or resource types). Housing and services for CoC and ESG-funded programs will be based on the level of need, with clients prioritized based upon their length of time homeless and their VI-SPDAT score.

Navigation meetings are held on a regular basis to ensure that the process is client centered and driven by client choice. Navigation meetings provide an important case conferencing opportunity to improve communication and transparency in the process. The CES Director and Managers will hold navigation meetings on a regular basis for the following subpopulations: Veterans, Chronically Homeless Individuals, Families, and Youth. Navigation meetings will focus discussion on navigation of clients with the greatest needs, provide updates on their situation, and share resources. All attendees will follow strict confidentiality and privacy guidelines to safeguard the personally identifiable information of clients. (Please see the Appendix for additional detail regarding prioritization).

C. Referral

The CES Managers will make referrals to housing programs once required paperwork and documentation has been received from the Navigators and/or Outreach team. Emphasis will be placed on identifying those persons who are chronically homeless and particularly vulnerable and who are in the greatest need of Permanent Supportive Housing (PSH) to resolve their housing crisis. The CES Prioritization Policy will be reviewed and/or updated no less than yearly as part of a CoC gaps analysis.

Clients referred to housing programs for which they are eligible will have a choice in whether to be referred to a congregate housing program (if available) or a community-based, scattered site program in which housing is provided through independent landlords. Equal availability between these options cannot be guaranteed and will depend upon program openings and turnover.

D. Program Openings

All CoC and ESG-funded RRH and PSH programs will notify the CES Director within 24 hours of any program openings. These programs will ONLY take referrals from the CES system using the CoC's CES Prioritization Policy to refer clients from the Master By-Name List who are eligible for the program opening. CES Managers may also use HMIS to identify program openings to make referrals to.

RRH and PSH programs will be given one client referral for each program opening. If the agency feels that the referral is inappropriate, they may make an appeal to the CES Director. Such appeal must include in writing the reason for which the program believes the client is not

eligible for the program. A record of referral rejections and associated appeals, and their resulting action, will be maintained by the CES Director and used in the evaluation of housing programs. Programs must also retain such information in their records for a reasonable period of time following program rejection and appeal.

V. DATA AND HMIS REQUIREMENTS FOR COORDINATED ENTRY

A. HMIS

All persons enrolled in the Coordinated Entry System will be input into the local HMIS system. Data will include HUD required elements as well as information needed to improve the CoC system including a determination of client needs. If a client indicates that they are a victim of violence, or fleeing violence, and are receiving services from a victim services provider, the victim services provider will not enter personally identifying client information in HMIS but in an HMIS-comparable database.

All households, whether being served by a victim service provider or not, have the right to refuse to have their personally identifying information entered into HMIS and shared among CoC providers and still receive services. Non-victim service providers shall also protect the privacy of individuals and families who are fleeing, or attempting to flee violence, by not including intake and/or treatment data in HMIS.

Agencies shall adhere to the CoC's HMIS data quality and timeliness standards for the input and updating of participant information in HMIS.

B. Master By-Name List & Navigation Meetings

UNITY of Greater New Orleans will have responsibility for maintaining a Master By-Name List of clients seeking services from the homeless system. The list will be populated by HMIS information from emergency shelters, street outreach, coordinated entry access points, and through VI-SPDAT assessment data.

CES Managers, including the CES data manager, will be responsible for maintaining and updating the list. All referrals from the CES will be made from the Master By-Name List using prioritization criteria established by the CoC and eligibility criteria for the referring program.

Navigation meetings will be held weekly for veterans, the chronically homeless, and families. Monthly navigation meetings will be held for youth. The Master By-Name List will be reviewed and updated at each meeting. Paper copies of the Master By-Name List will be returned to CES managers at the end of each meeting and securely destroyed. Should electronic communication about the Master By-Name List be necessary, CES managers will communicate without transmitting personally identifying information via email. Client communications regarding CES and the Master By-Name List will only be transmitted to the following staff in the appropriate circumstances:

- Family & Youth CES Points of Contact:
 - Demetra Phoenix at dphoenix@unitygno.org
 - Ty Richards at trichards@unitygno.org
 - Alecia Blanchard ablanchard@unitygno.org
- Individual CES Point of Contact:
 - Brandi Gaines at bgaines@unitygno.org
 - Gionnie Wilson gwilson@unitygno.org
- CES Data Manager:
 - Robbie Keen at rkeen@unitygno.org

All CES managers, access point staff, and navigators will attend at least annual training regarding:

- Client privacy
- Protocols for participant consent to share data
- Data security
- HMIS workflow
- Referral Information
- Release of Information

All meeting attendees shall be provided a copy of the LSNDP Privacy Notice and sign an acknowledgment of receipt of the same. To help ensure privacy, client-level information shared verbally or through hard copies of documents at Navigation Meetings will be limited to that which is reasonably necessary to conduct case conferencing. It is not necessary to share sensitive medical or disability information. Attendees further agree to sign an acknowledgement of privacy and confidentiality annually. All relevant CES forms, including any changes to existing forms, will be regularly reviewed during Navigation Meetings.

C. Data Privacy & Security

Each CoC- and ESG-funded program agrees to adhere to the CoC's current LSNDP Privacy Notice and to post the Public Notice of Privacy Practices (see appendix). Each provider participating in CE must require its staff (including employees, volunteers, affiliates, contractors, and associates) to annually sign a confidentiality agreement that acknowledges receipt of and compliance with the LSNDP Privacy Notice. Each CE access point must keep the acknowledgement on file for compliance. As a secure database, HMIS shall be the primary data source to coordinate participants in the coordinated entry system. Coordinated Entry staff shall not transmit client PPI (birthdate, social security number, diagnosis) in an insecure emails or texts. Requests for client information from health care workers, government officials, family members, or other service providers shall be accompanied with a release of information.

Public Notice of Privacy Practice

AGENCY: _____
LOUISIANA SERVICES NETWORK'S HOMELESS MANAGEMENT INFORMATION SYSTEM

We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Your personal information that we collect is important to run our programs, to improve services for individuals that are homeless, and to better understand the needs of individuals that are homeless.

We only collect information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Privacy Notice describing our privacy practice is available to all clients upon request.

Public Notice (Federal Register / Vol. 69, No. 146) / Effective August 30, 2004
LA HMIS Public Notice of Privacy Policy (Rev 11/2006)

Unless restricted by other laws, participants' personally identifying information (PII) can be used by or disclosed to the following without the participant's specific written consent to:

- Authorized people who work in the agency for purposes related to providing services to participants and their families or for billing or funding purposes;
- Be utilized by other social service organizations utilizing the LSND System. Specifically, participant's first name, last name, and social security number may be viewable by all the LSND System case managers;
- Auditors or others who review the work of the agency or need to review the information to provide services to the agency;
- The LSND System Administrators run the computer system to maintain the data. They may see participants' information in the process of fixing problems or testing the system;
- Government or social service agencies which are authorized to receive reports of abuse, neglect or domestic violence, to the extent that such reports are required by law.
- People who are reasonably able to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, including the target of a threat or a current or imminent threat from a natural or human-made disaster;
- A coroner or medical examiner or funeral director to carry out their duties;
- Authorized federal officials for the conduct of certain national security or certain activities associated with the protection of certain officials;
- Others, to the extent that the state or local law requires release of information to law enforcement officials when requested.

Clients have the right to refuse to share data and still receive services through the Coordinated Entry System. Please see the attached decision tree below for additional guidance regarding use and disclosure of participants' personally identifying information (PII).

Each CoC- and ESG-funded programs also agree to store, transport, and transmit PII in a manner consistent with HUD guidance contained in its [Coordinated Entry Data Management Guide](#) published September 2018. Anyone who records, uses, or processes PII on participants for the CE data system must secure their data systems with:

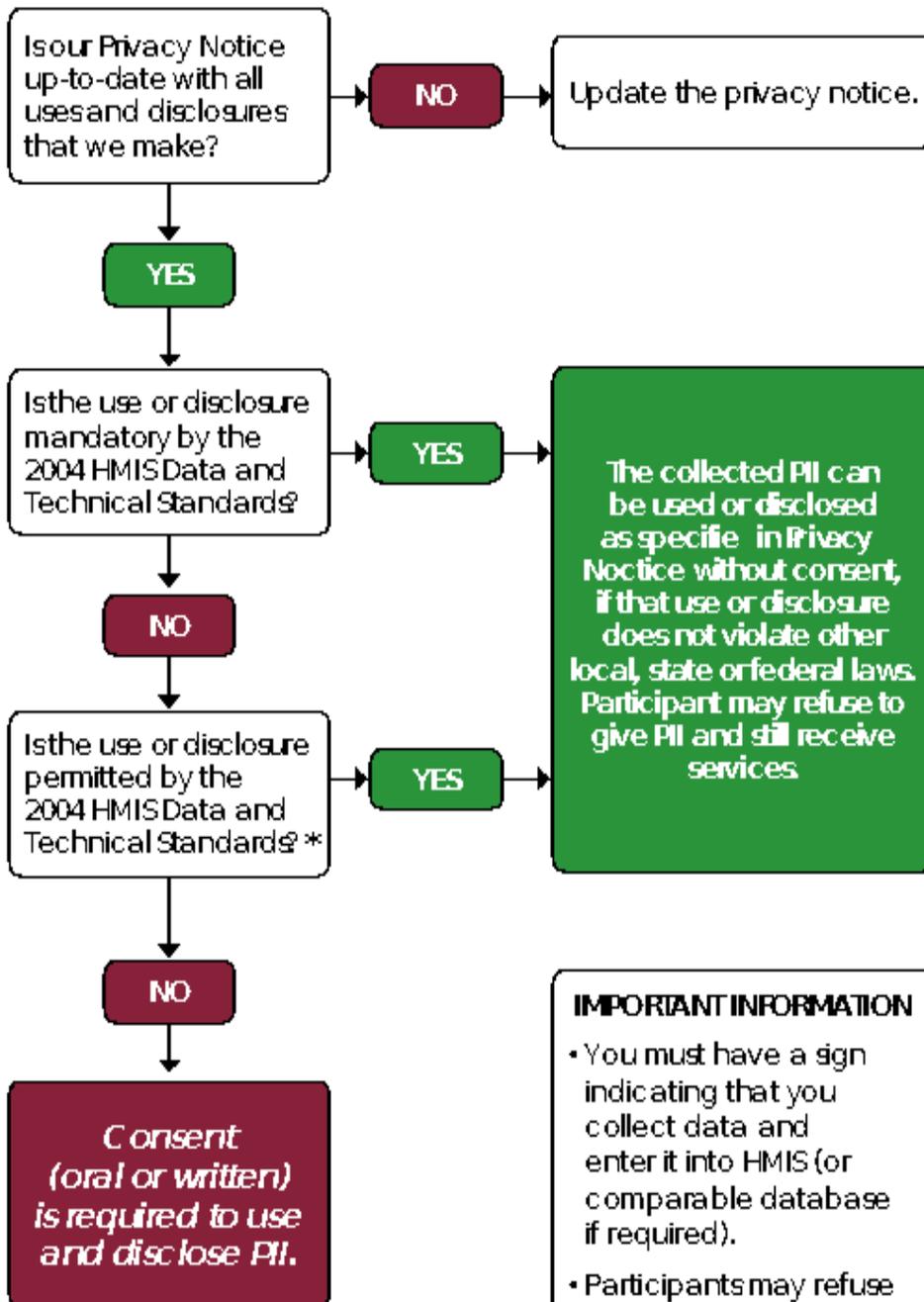
- Username and password protocols that meet industry standards for user authentication
- Commercially available virus protection software that automatically scans and updates
- Firewalls between the CE data system and other systems or networks outside the organization
- Secure connections from approved computers and systems.
- Access controls for data systems and paper records in public areas
- Back-up storage practices for disaster protection and recovery
- Reformatting practices to delete data on data storage media
- Regular, systematic monitoring of data security practices and user access logs

Paper records containing PII will be stored securely and, when appropriate, destroyed in a secure manner. Such records should not be left visible in public areas and shall be stored under lock and key; when paper records must be transported, they shall be kept within the possession of appropriate staff at all times. Records must not be transported to non-business locations such as a staff persons' personal residence or left in an unattended vehicle.

For grievances, questions, or complaints about data privacy and security policies and practices, program participants shall first contact the CE-participating agency with whom they have a grievance. Should the grievance not be resolved at the agency level, it will then be raised with the CoC Director of Programs and the HMIS Administrator; participants may also file a written complaint with the LSNDC Regional System Administrator by completing a LSNDC Grievance Form, available upon request. Participants may also contact the UNITY's Director of CoC Programs regarding data privacy and security policies and practices.

Security breaches impacting data privacy shall be reported immediately to ViaLink and the CoC Director of Programs. Depending upon the nature of the breach or potential breach, ViaLink and/or the CoC Director of Programs will undertake an investigation of the breach to determine the impact and corrective actions to be undertaken and/or consult with the LSNDC Regional System Administrator.

Do I need the client's consent (written or oral) to use or disclose information?



TYPES OF USES AND DISCLOSURES

Mandatory:

- Client access to their information; and
- Disclosures for oversight of compliance with HMIS privacy and security standards

Permitted:

- To provide or coordinate services to an individual;
- For functions related to payment or reimbursement for services;
- To carry out administrative functions including but not limited to legal, audit, personnel, oversight and management functions; and
- For creating de-identified P.I.

Additional permissions:

- Uses and disclosures required by law;
- Uses and disclosures to avert a serious threat to health or safety;
- Uses and disclosures about victims of abuse, neglect or domestic violence;
- Uses and disclosures for research purposes; and
- Uses and disclosures for law enforcement purposes

IMPORTANT INFORMATION

- You must have a sign indicating that you collect data and enter it into HMIS (or comparable database if required).
- Participants may refuse to give PII and still receive services.

VI. SYSTEM EVALUATION OF COORDINATED ENTRY

The CoC Governing Council has established the Coordinated Entry System (CES) Work Group to evaluate the coordinated entry system at least annually. This group will act as the Evaluation Entity and meet regularly to evaluate the system for compliance, effectiveness, and process. Members of this group will be drawn from CoC general membership, as well as the HMIS Administrator, ViaLink. The work group will obtain input from clients who have received services from the coordinated entry system in the previous 12 months. Evaluation will include a coordinated entry self-assessment, as well as:

- Client user experiences that include different user subpopulations (youth, families, chronically homeless, veterans, victims of domestic violence, LGBTQ);
- Provider experiences that include providers that have different roles in the coordinated entry process including street outreach, emergency shelter, day shelter, rapid rehousing and PSH;
- Experiences of other stakeholders such as Emergency Medical Services (EMS), Veterans Administration (VA), schools and education facilities, Department of Children and Family Services, Downtown Development District;
- HMIS and other data sources.

Evaluation will use design principles and system improvement methodologies to review CES policies and procedures, align standards of care for CES projects, ensure equal access to CES for all persons in housing crisis within the CoC geographic area.

On an annual basis, the CoC will conduct an online survey with all providers in the geographic region to ensure all parties understand the Coordinated Entry System and to provide feedback on how it is working. The evaluation will be submitted to the CoC Governing Council and CoC membership.

Interim evaluation will be conducted through the Coordinated Entry System (CES) Work Group and the CoC Evaluation and Project Selection Committee **in coordination with the CoC Racial Equity Task Force**. Process improvements may be made as needed through process improvement workshops or as a result of input received by clients, providers, or the public.

Metrics will include:

- Length of time homeless
- Acuity of clients entering system/exiting to housing
- Length of time homeless of clients entering system/exiting to housing/median length of time homeless
- Length of time from entry to referral to a housing program
- Length of time from referral to housing
- **Exit destinations by client race and ethnicity**

These metrics will directly relate to CoC system-wide measures. The CoC Evaluation and Project Selection Committee will monitor project performance, including participation in CES, through quarterly review of project-level data at regular meetings of the committee.

VII. TRAINING

A. New User Training

All new staff members who administer assessments, navigate clients, or provide assistance with the warm-hand off to CoC housing programs will be required to receive training on the standardized assessment approach and tool, HMIS protocols, and proper referral procedures. The training will be held by the UNITY Coordinated Entry team. All users will receive a copy of the CoC Coordinated Entry Policies and Procedures Handbook to keep on site at their offices.

B. Annual Training

The lead agency for the Continuum of Care will provide annual trainings for Coordinated Entry staff and navigators. All persons that enter information into the Coordinated Entry System will be required to attend to ensure compliance with all HUD regulations and to ensure all persons have the most up-to-date information on the LA-503 Coordinated Entry System.

Annual trainings shall include:

1. CES Policies and Procedures
2. Use of CE Triage and Assessment Tools
3. HMIS Protocols
4. Trauma Informed Care
5. Coordination with other systems of care including Victim Services, Veterans Affairs (VA), Emergency Medical Services (EMS), etc.
6. Safety Planning for those fleeing domestic or dating violence
7. **Understanding and practice of cultural humility**
8. **Implicit Bias**
9. Non-Discrimination Policies, Equal Access and Preventing Family Separation

Appendix A: Prioritization Policy for PSH

CoC LA-503

New Orleans-Jefferson Parish-Kenner CoC

Coordinated Entry Policy Regarding Prioritization of the Chronically Homeless and Other Vulnerable Populations in Permanent Supportive Housing

Revised March 2019

I. Purpose

Revision to the policies and procedures of the Coordinated Entry System to align with HUD's Notice CPD-16-11 to update the orders of priority to reflect the definition of chronically homeless final rule.

II. Coordinated Entry System

All programs funded through the CoC are required to report all openings and take all referrals from the CoC Coordinated Entry System. The Coordinated Entry System will use a Master By-Name List to prioritize chronically homeless individuals and families for referral to all PSH openings. If there are no PSH openings, households and individuals experiencing chronic homelessness will be referred to RRH as a bridge to PSH.

Chronically homeless will be prioritized based on acuity/service needs as measured by the VI-SPDAT and those with the longest history of homelessness.

All beds and units dedicated to the chronically homeless will only receive referrals of chronically homeless individuals and families with documentation of chronicity (with documentation of disabling condition).

All PSH units in the Continuum of Care that are not dedicated to the chronically homeless are prioritized for the chronically homeless.

III. Order of Priority

The CoC has determined that all PSH units not currently dedicated to the chronically homeless shall be prioritized for the chronically homeless. All referrals to PSH programs will be made consistent to this prioritization in a manner consistent with the project's current grant agreement.

In the event there are no chronic households eligible for the program (based only on criteria established in the current grant agreement) a referral shall be made using the following order of priority, consistent with HUD Notice CPD-16-11.

- 1) Household had documented homelessness on the streets, in shelter, or in a Safe Haven for at least 12 months but less than 4 occasions and with severe service needs.
- 2) Household has documented homelessness on the streets, in shelter, or in Safe Haven for less than 12 months total with severe service needs (by longest length of time homeless)

- 3) Household on streets, shelter, safe haven without severe service needs (by longest length of time homeless)
- 4) Household coming from transitional housing based on severity of service needs and length of time homeless.

Priority	Disabling Condition	Current Residence	Total Length of Time Homeless	Severe Service Needs	Episodes Homeless
1	Disabling Condition	Living in a place not meant for habitation, safe haven, or emergency shelter	12 months or more	Severe Service Needs	Less than 4 episodes
2	Disabling Condition	Living in a place not meant for habitation, safe haven, or emergency shelter	No minimum required, but longer lengths of homelessness prioritized	Severe Service Needs	--
3	Disabling Condition	Living in a place not meant for habitation, safe haven, or emergency shelter	No minimum required, but longer lengths of homelessness prioritized	No Severe Service Needs Identified	--
4	Disabling Condition	Transitional Housing (prior residence was street, ES or SH). Includes those in TH who were fleeing DV prior to TH entry.	No minimum required, but longer lengths of homelessness prioritized	Prioritized by Severity of Service Needs	--

Given the CoC data regarding chronic homelessness, it is expected that only PSH programs with the following eligibility criteria are likely to be referred a household that is not chronically homeless:

- Veteran status
- Youth status
- Families with children

In the event a non-chronic household is referred to a PSH program before the CoC has reached functional zero to end chronic homelessness, evidence must be maintained to document that there were no persons experiencing chronic homelessness or no persons of higher priority to fill the PSH opening. (See recordkeeping requirements below.)

Programs are not allowed to impose eligibility criteria beyond those required by HUD for the project funding.

IV. Non-Discrimination

PSH programs are required to prioritize otherwise eligible households in a non-discriminatory manner. Program implementation, including any prioritization policies, must be implemented consistent with the nondiscrimination provisions of the Federal civil rights laws, including, but not limited to the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Title II or III of the Americans with Disabilities Act, as applicable. For example, while it is acceptable to prioritize based on level of need for the type of assistance being offered, prioritizing based on specific disabilities would not be consistent with fair housing requirements or program regulations.

V. Record-Keeping

Documentation of chronic homelessness shall meet the standards established by HUD under 24 CFR 578.103(a)(4). Evidence of following prioritization shall be demonstrated by the following recordkeeping requirements:

- A) Severe service needs shall be documented by VI-SPDAT score and documentation of disabling condition that meets HUD standards for eligibility for PSH. Severity of needs may also include documentation such as notes from navigation meetings where case conferencing is held.
- B) The CoC prioritization standards shall be incorporated into the intake procedures for agencies conducting coordinated entry functions. Housing providers should incorporate into their intake procedures and program policies that they accept all referrals from the Coordinated Entry System and accept the prioritization of clients through the system.

VI. If there are no households meeting higher order of priority:

When prioritized PSH is used to serve non-chronic households, the housing provider should obtain documentation from the coordinated entry system regarding how it was determined that there was no chronic household identified for assistance at the point in which a vacancy became available. The documentation may include the by-name list or Master By-Name List the time of the opening, attempts to engage any other chronic households.

VII. Emergency Prioritization

Coordinated Entry Prioritization may temporarily change due to an emergency situation in order to address the emergency. Coordinated Entry Access points and community partners will be notified of changes that will become an addendum to this handbook.

Appendix B: Prioritization for Rapid Rehousing and Transitional Housing Programs for Families, Youth and Survivors

Referrals to **Rapid Rehousing** programs (funded through CoC or ESG) will prioritize clients with the highest acuity and length of time homeless. This could result in the referral of clients to long-term RRH programs that are chronically homeless or are otherwise in need of Permanent Supportive Housing in the event that no PSH is available for the client. If a client in RRH is in need of PSH, they shall remain on the CES Master By-Name List for referral to a PSH program as soon as an appropriate opening becomes available.

RRH programs providing short-term rental assistance (up to 6 months) will be referred clients who are either expected to bridge to PSH within 3-6 months or whose acuity level indicates moderate needs. These clients will still be prioritized based on those with highest acuity and longest length of time homeless.

Referrals to **Transitional Housing programs** will be made for clients only after they have been offered a permanent housing program. Clients who have been approved for RRH or PSH may be temporarily housed in a TH program (for up to 45 days) while they are in the process of obtaining permanent housing.

Specific Subpopulations

I. Families

Referrals to Family RRH programs will be made only from the Master By-Name List of families who are literally homeless. Referrals will prioritize those with the highest needs and longest length of time homeless. Chronically homeless families will be referred directly to a PSH program if an opening is available. Because all CoC funded PSH is prioritized for the chronically homeless, non-chronic families in need of PSH will be referred to a long-term RRH program as a bridge until a PSH spot becomes available. Such families will remain on the Master By-Name List until the PSH referral is completed.

II. Youth

Families with a head of household age 24 or younger will be placed on the Family Master By-Name List for navigation. Young families will be referred to a youth specific program if suitable openings are available. If no openings are available in a youth specific program, the young family will be referred to any other program for which they are eligible.

Unaccompanied youth will be prioritized for youth specific rapid rehousing programs based on acuity and length of time homeless. Priority will be made to house unsheltered youth and those who may be subject to victimization.

III. Survivors of Domestic Violence or Human Trafficking

When households come into contact with the Coordinated Entry System through an entry point or coordinated entry staff, an initial assessment will be conducted to determine if the household is fleeing domestic violence or attempting to flee domestic violence, dating violence, sexual assault, or stalking. A population appropriate triage tool will be used to identify the needs of the client.

People who are homeless because they self-report that they are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking will first be referred to victim-specific programs which will best fit their needs and is based upon client choice. Such referrals will be based on acuity and total length of time homeless, as well as an assessment of the client's current safety and risk of danger via a lethality assessment by a victim service or CES provider.

Coordinated entry and access point staff will safely refer the household to identified victim service providers, preferably with a warm hand-off including a phone call, transportation, or other transition to the victim service provider. Staff will ensure they have client consent to initiate any such warm hand-off or referral. Per the CoC Program Interim Rule at section 578.103(b), records containing personally identifiable information (PII) are to be kept secure and confidential and the address of any family violence project not be made public.

If no victim specific programs are immediately available, families will be referred to CoC or ESG-funded programs as appropriate to end their homelessness and address their unique safety needs. If the household does not wish to seek victim-specific services, they will have full access to the Coordinated Entry System and housing resources for which they are eligible. Safety planning and protections must be extended to victims of domestic violence who are staying at non-victim service provider projects. Such protocols include strict confidentiality of victim client records, information, and location. The non-victim service provider will also engage in safety planning and review with the household for the duration of program stay.

No CES entry point may deny access to programs or services on the basis that a participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking. All CES entry points must participate in safety planning training conducted by the CoC no less than yearly. Such training will be mandatory for CoC providers participating in the Coordinated Entry System. Each entry point must also ensure that victims have safe and confidential access to the CES process and immediate access to emergency victim services such as the domestic violence hotline and emergency shelter.

Consent for Data Entry

HUD ESG and CoC subrecipients who are victim service providers are prohibited from entering personally identifying information in HMIS. Additionally, all households, whether being served by a victim service provider or not, have the right to refuse to have their personally identifying information entered into HMIS and shared among providers within the CoC and are still able to receive services if eligible.

HUD Final Rule on the Violence Against Women Act (VAWA)

Pursuant to the HUD Final Rule implementing the Violence Against Women Act (VAWA), the CoC has in place an Emergency Transfer Plan in the event that an internal or external emergency transfer may be necessary for those households that believe there is a threat of imminent harm from further violence if the tenant remains within their current dwelling unit. Please see forms attached in Appendix H or on the UNITY website at: <http://unitygno.org/providers/violence-against-women-act-vawa-emergency-transfer-forms/>.

A tenant receiving rental assistance through, or residing in a unit subsidized under, a covered housing program who is a victim of domestic violence, dating violence, sexual assault, or stalking qualifies for an emergency transfer if:

- The tenant expressly requests the transfer; and
- The tenant reasonably believes there is a threat of imminent harm from further violence if the tenant remains within the same dwelling unit that the tenant is currently occupying; or
- In the case of a tenant who is a victim of sexual assault, either the tenant reasonably believes there is a threat of imminent harm from further violence if the tenant remains within the same dwelling unit that the tenant is currently occupying, or the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer.

Households eligible for an emergency transfer shall be prioritized for internal and external transfers outside the general order of priority cited for the CES as noted above and in Appendix A. Due to the unique safety needs involved, eligible households shall be prioritized above all other categories of transfer, as well as initial placements from the Coordinated Entry System.

CoC Program Interim Rule Section 578.51(c) establishes that a consumer may move to a different Continuum of Care geographic area to protect their health and safety and retain their CoC-funded rental assistance if they reasonably believe they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking.

Documentation of reasonable belief of further domestic violence, dating violence, sexual assault, or stalking includes written observation by the housing or service provider; a letter or other written documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has requested assistance; a current restraining order, recent court order, or other court records; or law enforcement reports or records. The housing or service provider may also consider other documentation such as emails, voicemails, text messages, social media posts, and other communication, including certification from the victim, utilizing optional HUD Form 5382. Please see forms attached in Appendix H.

Non-VAWA Emergency Transfers

Emergency Transfers for non-VAWA eligible households participating in RRH or PSH shall take the following factors into consideration:

- Ongoing emergency safety concerns for the program participant should an internal or external emergency transfer not be effected as soon as possible;
- The availability of openings to make an internal program transfer;
- The availability of openings to make an external program transfer, in the event an internal transfer is not immediately available; and
- Whether there are other available and adequate housing options and/or resources to ensure the safety of the program participant.

Recipients and subrecipients accepting program participants from other PSH or RRH projects must keep records on file demonstrating that the individual or family is: (1) transferring from another PSH or RRH project; (2) the reason for the transfer; and (3) that the individual or family met the eligibility requirements for PSH or RRH at the time they entered the original PSH or RRH project.

IV. Veterans

All Veterans are first referred to Supportive Services for Veteran Families (SSVF). SSVF will assess their needs and see if they need RRH, PSH, or VASH. The SSVF providers will enroll and house those Veterans whose assessment indicates that their need is only for RRH. If the Veteran is eligible for and selected to receive a VASH voucher, the Veteran will work with their VA caseworker who assists with the housing search and housing process. Veterans waiting on VASH vouchers can be housed in GPD beds while they wait on their voucher (if beds are available), or other ES or TH housing resources. CoC RRH and/or PSH will be prioritized for Veterans who are not eligible for SSVF or VASH.

Other Literally Homeless Clients Seeking Services through Coordinated Entry that are not part of the Four Major HUD Homeless Populations (Chronic, Veteran, Family, or Youth)

Referrals to **mainstream** programs will be made to clients indicating low acuity and shorter lengths of time homeless.

Appendix C: Access and Prioritization for Homeless Prevention & Emergency Shelter Services

For persons or families seeking service through coordinated entry that are not literally homeless will be assessed and referred by the coordinated entry staff to **homeless prevention** programs that are available in the geographic location as well as mainstream benefit resources to assist with their immediate housing crisis.

Homeless Prevention Service Providers includes:

- Total Community Action;
- Travelers Aid at the Community Resource and Referral Center (CRRC); and
- Jefferson Parish Community Development

Family Coordinated Entry

Families seeking homeless prevention and emergency shelter services will also be referred to the Family Coordinated Entry Manager to further discuss their housing crisis. Families may access emergency shelter services and the Coordinated Entry System in a number of ways. These include: through emergency intake at an emergency shelter site, contact with and referral from street outreach, via phone, or through direct contact with and referral from staff at the sites noted on Page 10 of this handbook.

Families accessing the Coordinated Entry System are able to access emergency services, such as Emergency Shelter, independent of the operating hours of the system's intake and assessment processes.¹ Because crisis housing options operate during evening hours, Families can access emergency services outside CES hours through the family crisis line operated by UNITY. Street outreach teams actively engage in street outreach during evenings and are able to place families in shelter overnight in coordination with the family crisis line.

Priorities for Service

While entry to Emergency Shelter will not be prioritized based on severity of service need or vulnerability, first priority for referral from CES to Emergency Shelter openings will be reserved for Families who are literally homeless or whom are fleeing, or attempting to flee, domestic violence. Should no family meeting that criteria be seeking Emergency Shelter at the time a shelter bed opening becomes available, second priority will go to those Families who will imminently lose their primary nighttime residence and who cannot be safely diverted from the system. Should there be multiple Families meeting that criteria, they will be prioritized by whose primary nighttime residence will be lost soonest in time. Families who are currently residing in sub-standard housing units within which it is unsafe to remain shall also be prioritized for emergency shelter openings.

¹ HUD Coordinated Entry Notice: Section II.B.7

Order of Priority for Emergency Shelter:

- 1) Literally Homeless Families
- 2) Imminently Homeless Families (within 14 days with no other resources)

For families seeking emergency shelter who do not appear to meet any of the above criteria or who may soon become homeless, staff may consider applying a vulnerability screening model derived from the work of Shinn, Greer, et al. which assists in predicting the likelihood of shelter entry.²

System of Referral

At a family's point of entry, such as through an Emergency Shelter or street outreach, the point of contact will engage the family to lightly triage and assess the family. They will assess for the family's homeless status and what the family may need to quickly resolve their housing crisis and/or avoid entering the homeless system of care.

Light Screening & Triage

Staff at the initial point of contact will engage the family to lightly screen and triage the family:

1. Can you please tell me where you slept last night and the night before?
2. Do you have a place to sleep tonight? Do you have any other housing options for the next few days or weeks?
3. Are you currently in danger or experiencing any safety concerns?
4. What is your family's most urgent need today?

Should the Family indicate that they are fleeing or attempting to flee domestic violence (DV), Entry Point staff shall offer to connect the consumer with a victim service provider. Those who are fleeing domestic violence are entitled to access all other CES resources and their access to resources may not be limited to DV-specific services or programs.

Assisted Rapid Resolution

Assisted rapid resolution -programs can reduce the number of families who become homeless for the first time, reduce demand for emergency shelter beds, and can help minimize the wait to enter Continuum of Care (CoC) programs. Such assistance is not only helpful from a system's perspective, but it empowers clients to be successful in solving their own housing challenges with light assistance. Approaches to rapid resolution include conflict resolution, conflict mediation, creative problem solving, and help connecting with a client's support network to end their housing crisis.

In some circumstances, and if resources permit, assisted rapid resolution approaches may also include: provision of financial assistance, utility deposits or assistance, rental assistance,

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3969118/pdf/AJPH.2013.301468.pdf> (2013)

short-term case management, connection to mainstream services or benefits, and housing search assistance.

Entry Points that are participating in rapid resolution will engage each Family in a client-centered conversation to brainstorm whether there are opportunities for the Family to quickly resolve their housing crisis through assisted rapid resolution (i.e. diversion or prevention interventions).

Families who are determined to be literally homeless and are seeking Emergency Shelter will be engaged in a conversation to determine whether the Family has any other safe and appropriate housing options.

- For instance, if they slept somewhere last night where they could potentially safely stay again, this might mean they are good candidates for assisted rapid resolution or diversion from the homeless system of care. Even if there is an option other than emergency shelter that is only available for a short time, it is worth exploring with the Family if this housing resource can be used to address the Family's immediate housing crisis.
- If the Family is staying in someone else's housing, what issues exist with the Family remaining in the current housing situation? Can those issues be resolved with financial assistance, case management, mediation, or other resources? Staff should engage Families in creative problem-solving and rapid connection to appropriate resources.
- If a Family is not literally homeless but is seeking Emergency Shelter, what resources might they need to stay in their current housing unit? Can those issues be resolved with financial assistance, case management, mediation, or other resources?

Staff will utilize the CoC's Assisted Rapid Resolution Framework and tools.

□ **Referral**

For Families that cannot be assisted to rapidly resolve their housing crisis or safely be diverted from the system, CES staff will apply the order of priority for referral from CES to Emergency Shelter as noted above. Families will be connected with the accepting emergency shelter and may also be connected to a housing Navigator depending upon their needs.

○ **Rejection of Referrals**

If a Family is referred for an Emergency Shelter opening but rejected, the Emergency Shelter provider must communicate the reason for rejection to the CES Manager and the Family, and document the same, retaining the information in their records for a reasonable period of time following rejection. Reasons for rejection may include the following:

- That the Family is ineligible to participate in the Emergency Shelter program because of limitations based upon governmental regulations and/or other funding sources;
- The Family's household composition or size cannot be accommodated in the available bed/unit; or, in very rare cases,
- The program cannot safely accommodate the Family or the safety of other clients at the facility should the referral be accepted.

Assisted Rapid Resolution Framework

The below is a general overview of the principles and practices guiding the role of assisted rapid resolution or diversion in the Family CES and access to emergency services.

1. Assisted rapid resolution should occur at all stages of the CES process through ongoing conversations with families by CES staff and staff of emergency shelters and transitional housing programs;
2. Goals for assisted rapid resolution of families contacting the CES are set, tracked, and reviewed regularly by CES Managers, system participants, and clients;
3. Assisted rapid resolution occurs in a client-centered and trauma-informed manner;
4. Staff help families recognize their strengths while assisting with problem-solving during a housing crisis;
5. Staff regularly assess the safety of alternate housing arrangements (i.e. doubling up, staying with friends or family, etc.) and assess the ability of family to remain, return, or enter into such living arrangement.
6. Staff assist the family in accessing the resources that may support appropriate assisted rapid resolution.

□ **Navigation**

Families who cannot safely be assisted to resolve their housing crisis or prevented from entering the homeless system of care who ultimately enter Emergency Shelter will, if eligible, be connected with a Family Navigator who will assist them in gathering the documents required for referral to Rapid Rehousing (RRH) and/or Permanent Supportive Housing (PSH). A Family's referral to these housing options will follow the order of priority noted in the CoC's CES Policies and Procedures.

Please note that not all families will be referred for RRH or PSH assistance; referral will depend upon the order of prioritization outlined in Appendix A.

Appendix D: Triage Tool

Coordinated Entry Triage

UNITY Guide For Providing Information and Referral Based on Housing Status

<p style="text-align: center;">If Client is Not Literally Homeless (couch surfing, apartment, with family/friends)</p>	<p style="text-align: center;">If Client is Unverified Literally Homeless (reports homelessness but not yet verified)</p>	<p style="text-align: center;">If Client is Verified as Literally Homeless (verified street, shelter, vehicle, abandoned building: see Homeless Documentation and Verification toolkit)</p>
<ol style="list-style-type: none"> 1. Remember that even though the client is not literally homeless they may be experiencing extreme financial, social and/or emotional problems. Use Resource and Referral Guide to give a referral to a resource that will assist them. For example, employment services, food services, or healthcare services may be useful. Some CoC Resources may be available for Homelessness Prevention. 2. If they report living with family/friends, let them know about LAHousingSearch.org or www.unityhousinglink.org for an affordable housing online search. If they do not have access to a computer or internet, tell them about computers and internet available at public libraries. 3. Give shelter information if housing is precarious. Please note that ES for families is prioritized as detailed in Appendix C. Do not promise housing if client goes to the shelter. Client may need to understand that housing resources are limited to decrease their expectation of permanent housing should they 	<ol style="list-style-type: none"> 1. Attempt to verify homelessness by checking HMIS for Shelter Stays and Outreach entries. If no entry is found but client reports knowing an outreach worker, contact the outreach worker to reconnect. 2. If client is sleeping outside, in a vehicle, or in an abandoned building, get detailed information about location and anyone who may have witnessed the homelessness. You can encourage them to go to a shelter and give them the emergency card with resources listed on it. 3. Some clients refuse to go to shelters and this could mean they are actually not homeless, but it could also mean they prefer to sleep outside. You cannot ask outreach to go out to verify homelessness on everyone who claims to be homeless so use those requests judiciously. Elderly and very disabled individuals who appear to be homeless should be verified. 	<ol style="list-style-type: none"> 1. Once homeless documentation is obtained on very vulnerable individuals, a plan must be made for navigation to housing. To decide who navigates: <ol style="list-style-type: none"> A. If client is currently working with a navigator (case manager or outreach worker) then assist them in connecting with that person for continued navigation to housing. See contact numbers attached for outreach workers. If you have homeless documentation obtained by outreach, they will complete a VI-SPDAT and begin navigation. B. Shelter Residents can be served by the shelter case management; if client seems very vulnerable, refer to case management staff at Ozanam Inn. C. Seniors eligible for Senior Housing can be referred for application assistance to those housing programs or if literally homeless can be assisted by a UNITY Jesuit Volunteer. D. Information & Referral staff can navigate a limited number of very vulnerable homeless individuals. Check with Kathleen North before taking on client for navigation.

<p>go to a shelter. This encourages them to maintain their current housing to the best of their ability.</p> <p>4. If it is obvious that they are literally homeless and have no transportation, and if bus tokens are available, give them a few bus tokens to get to the shelters or day programs. Log the client's initials, date, and your initials on a bus token log sheet.</p> <p>5. Document referrals on Client Intake Form</p>		<p>2. Once client has a navigator, they may still show up at Information & Referral. When this happens, always refer them back to that navigator for assistance by contacting the navigator and allowing them to speak when possible. If navigator is unavailable send them an email with their client's needs and concerns and encourage the client to follow up with the navigator. If client is clearly too disabled to follow through and the navigator does not respond, seek direction from Kathleen North.</p>
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Contact Numbers

CoC Outreach Workers

*Please do not give out cell phone numbers to clients.

Agency/Worker	Contact Information
UNITY Welcome Home Outreach (Dispatch)	(504) 899-4589 ext. 100 (504) 570-9812
UNITY Street Outreach (Orleans Parish)	(504) 899-4589 ext. 117
Volunteers of America (VOA)	(504) 482-2130
Resources for Human Development (RHD)	(504) 832-5123
Covenant House Street Outreach (Youth)	(504) 584-1186 (504) 584-1111
Travelers Aid Society (Downtown New Orleans)	(504) 658-2944
New Orleans Police Department (NOPD) Homeless Assistance Collaborative (New Orleans)	(504) 259-9336 (504) 658-6715 nopdhomeless@yahoo.com
Responsibility House (Jefferson Parish)	(504) 366-6217

Appendix E: VI-SPDAT

The VI-SPDAT can be found at:

- Individual VI-SPDAT: <https://goo.gl/forms/m4SwltomVgk4g5jW2>
- Family VI-SPDAT: <https://goo.gl/forms/TPragCO89rcgZ7I33>

VI-SPDAT Scoring Matrix:

Housing Resource	Scoring for Individuals (Adult)	Scoring for Families with Children	Scoring for Youth
PSH	9+	9+	35 - 60
RRH	5 - 9	5 - 9	20 - 34
TH	-- No requirement	5+ (Bridge to RRH and/or PSH)	20+ (Bridge to RRH and/or PSH)
Mainstream	0 - 4	0 - 4	0 - 19

VI-SPDAT scores are used as an indicator of acuity. Other factors may impact the prioritization of individual clients based on: vulnerability to victimization or severity of service needs not otherwise scored in the VI-SPDAT.

In the weekly Navigation meetings, the Coordinated Entry Manager and Navigators will review each of the cases. Where there is indication that the VI-SPDAT score may not be accurate based upon information known by the Navigator and/or other service providers, the Coordinated Entry Manager will review the case with the Navigation Team to determine if the individual or household should be prioritized for housing resources in a manner differing from the above scoring matrix. Supplementary information about household need should be objective and documentable.

The CoC is re-evaluating the use of the VI-SPDAT as an assessment tool and will replace use of the VI-SPDAT in 2022 once an alternative assessment has been identified by the Coordinated Entry System Workgroup in coordination with the Racial Equity Task Force.

Appendix F: Organizations and Roles in the Coordinated Entry System

Organization Name	Project Type	Project Name	Planning & Evaluation	Triage	Assessment & Navigation	Prioritization & Referral	Receives Referrals
Baptist Friendship House	ES	Baptist Friendship House			X		
Priority Health Care		HOPWA	X		X		
Catholic Charities Archdiocese of New Orleans	RRH	Bridges to Self Sufficiency Rapid Rehousing					X
NAMI New Orleans	PSH	Ciara House Permanent Housing					X
NAMI New Orleans	PSH	Voyage House					X
City of Kenner			X				
City of New Orleans	PSH	City of N.O. Shelter Plus Care					X
City of New Orleans	PSH	Housing Authority of New Orleans - VASH, EHV, Moving On, FUP, HCV					X
Housing Authority of Jefferson Parish		Housing Authority of Jefferson Parish - EHV, Moving On					
City of New Orleans		ESG/HOME/CDBG	X				
City of New Orleans Behavioral Health Council		SAMHSA	X				
Concerned Citizens for a Better Algiers	PSH	Concerned Citizens for a Better Algiers - PSH					X
Covenant House	RRH	Covenant House ESG Rapid Rehousing					X
Covenant House	RRH	Covenant House RRH for Youth and Families					X
Covenant House	TH	Covenant House RHY Transitional Living					X
Covenant House	ES	Crisis Shelter		X	X		
Covenant House	PSH	Permanent Housing for Young Adults					X
Covenant House	RRH	Rapid Rehousing for Young Families					X
Covenant House	PSH	Rights of Passage Apartment Living					X
Covenant House	PSH	UNITY/MHSD Shelter Plus Care					X
Crescent Care - NO AIDS Task Force	PSH	Crescent Care New Orleans Equity & Inclusion Initiative					X
Crescent Care - NO AIDS Task Force	PSH	CrescentCare d.b.a NO AIDS Task Force PSH					X
Crescent Care - NO AIDS Task Force	PSH	Partners in Health and Housing					X
Crescent Care - NO AIDS Task Force		HOPWA	X		X		X
Depaul USA	RRH	Safe at Home RRH					X
Easterseals USA	RRH	Safe at Home RRH					X
DePaul USA/ Harry Thompson Center	PSH	DePaul USA / HTC - Coming Home PSH					X
DePaul USA/ Harry Thompson Center	RRH	DePaul USA/ Harry Thompson Center RRH					X

Organization Name	Project Type	Project Name	Planning & Evaluation	Triage	Assessment & Navigation	Prioritization & Referral	Receives Referrals
First Evangelist CDC	PSH	Magnolia Villa - UNITY/MHSD Shelter Plus Care					X
GCHP Esplanade LLC	PSH	The Deaconess					X
Goodwill Industries	RRH	Goodwill Rapid Rehousing					X
Goodwill Industries	PSH	Home at Last - Esplanade					X
Harry Tompson Center		Day Center Coordinated Entry		X	X		
Hope Center Incorporated	RRH	Hope Center SSVF - Veteran's Endurance for Hope		X	X		X
Hotel Hope	ES	Hotel Hope Family Shelter					
Hotel Hope	ES	Hotel Hope Housing					
Housing Authority of New Orleans		HCV	X				X
Jefferson Parish Community Development		ESG/HOME/CDBG	X				
Jefferson Parish Department of Community Development	RRH	Jefferson Parish Community Development Rapid Rehousing					X
Jefferson Parish Human Service Authority	PSH	Jefferson Parish CD Shelter Plus Care					X
Jefferson Parish Human Service Authority	PSH	Samaritan Project					X
Jefferson Parish Human Service Authority	PSH	Supportive Housing Program for Person with Disabilities					X
Jefferson Parish School Liaison		McKinney-Vento	X	X			
Kenner Housing Authority	PSH	VASH Voucher Program, Moving On Vouchers					X
Louisiana Housing Corporation	PSH	LA PSH	X				X
Louisiana Housing Authority		EHV, Project Based Vouchers	X				X
McCaleb Foundation	PSH	UNITY/MHSD Shelter Plus Care					X
Metropolitan Center for Community Advocacy	ES	Emergency Shelter Program		X	X		
Metropolitan Center for Community Advocacy	TH-RRH	Turning Point TH-RRH		X	X		X
Metropolitan Human Services District		PATH and Behavioral Health	X	X	X		
Ministry of Grace United Methodist Church	ES	Hagar's House Emergency Shelter			X		
National Alliance for Mentally Ill	PSH	Finally Home					X

National Alliance for Mentally Ill	PSH	NAMI Housing - scattered sites (PSH & Independent Living Programs)						X
National Alliance for Mentally Ill	PSH	NAMI - New Orleans Equity and Inclusion Initiative						X
Start Corp.	SH	Start-Womanspace			X			X
New Orleans Family Justice Center	ES	Crescent House		X	X			X
New Orleans Family Justice Center	PSH	NOFJC - Permanent Supportive Housing						X
New Orleans Family Justice Center	RRH	NOFJC = Rapid Rehousing						X
New Orleans Family Justice Center	SSO-CE	Coordinated Entry for Survivors	X	X	X	X		X
New Orleans Family Justice Center	TH-RRH	Turning Point TH-RRH						X
New Orleans Mission	TH	Discipleship Program						
Organization Name	Project Type	Project Name	Planning & Evaluation	Triage	Assessment & Navigation	Prioritization & Referral	Receive Referrals	
New Orleans Mission	ES	Men's Emergency Shelter Program						
New Orleans Mission	ES	Women's Emergency Shelter Program						
New Orleans Women and Children's Shelter	ES	New Orleans Women & Children's Shelter - Baronne St.			X			X
New Orleans Women and Children's Shelter	RRH	New Orleans Women & Children's Shelter Rapid Rehousing						X
New Orleans Women and Children's Shelter	TH	Transitional Housing Program						X
New Orleans Women and Children's Shelter	ES	Women's Shelter - Liberty Street			X			X
Odyssey House	PSH	Odyssey House MHSD Shelter Plus Care						X
Odyssey House	PSH	Odyssey House Samaritan Program						X
Orleans Parish School Liaison		McKinney-Vento	X	X				
Ozanam Inn/St. Vincent de Paul Society	PSH	Home for Good						X
Ozanam Inn/St. Vincent de Paul Society	RRH	Ozanam Inn Rapid Rehousing						X
Ozanam Inn/St. Vincent de Paul Society	ES	Ozanam Inn Shelter			X			
Priority Healthcare	RRH	Safe at Home RRH				X		
Resources for Human Development	PSH	UNITY/MHSD Shelter Plus Care						X
Responsibility House	PSH	Keys Project						X
Responsibility House	PSH	Permanent Supportive Housing #2 (3007)						X
Responsibility House	PSH	Responsibility House Pathways						X
Responsibility House		Jefferson Parish Outreach			X			

Salvation Army	TH	Family Transitional Housing Program					X
Salvation Army	ES	Men's Emergency Shelter Program			X		
Salvation Army	RRH	Rapid Rehousing for Families Program					X
Salvation Army	ES	Women and Children Shelter Program			X		
Salvation Army	ES	Women's Emergency Shelter Program			X		
Start Corp.	RRH	Safe at Home RRH (ESG)					X
Start Corp.	ES	New Orleans Low Barrier Shelter		X	X		
Start Corp.	PSH	New Start Permanent Supportive Housing					X
Start Corp.	PSH	Partners in Health and Housing					X
Start Corp.	RRH	Start Corp Rapid Rehousing					X
Start Corp.	PSH	Start MHSD S+C					X
Start Corp.	RRH	Start Rapid Rehousing for Families					X
Start Corp.	RRH	Start SSVF-NOLA			X		X
Organization Name	Project Type	Project Name	Planning & Evaluation	Triage	Assessment & Navigation	Prioritization & Referral	Receives Referrals
State of Louisiana		ESG/HOME/PBV	X				
State of Louisiana Dept. of Health & Hospitals		PATH	X				
Total Community Action	RRH	Total Community Action Rapid Rehousing					X
Start Corp.	Pre	Louisiana Emergency Rental Assistance Program (LERAP)					X
Traveler's Aid Society of Greater New Orleans	Pre	Louisiana Emergency Rental Assistance Program (LERAP)					X
Traveler's Aid Society of Greater New Orleans	RRH	Safe at Home RRH					X
Traveler's Aid Society of Greater New Orleans	PSH	Housing First Permanent Supportive Housing					X
Traveler's Aid Society of Greater New Orleans	PSH	Journey Home Permanent Supportive Housing					X
Traveler's Aid Society of Greater New Orleans		Day Center Coordinated Entry		X	X		
Traveler's Aid Society of Greater New Orleans		Street Outreach (Downtown)			X		
Drop In Center		Youth Coordinated Entry		X	X		
UNITY of Greater New Orleans	Pre	Bezos Day One Family Fund					X
UNITY of Greater New Orleans	Pre	Emergency Food and Shelter Board (Jefferson Parish)					X
UNITY of Greater New Orleans	PSH	Dr. Everett and Melva Williams Building					X

UNITY of Greater New Orleans	PSH	John's Place UNITY/MHSD Shelter Plus Care					X
UNITY of Greater New Orleans	PSH	Lasalle St. Apartments - UNITY/MHSD S+C					X
UNITY of Greater New Orleans	PSH	Rebuilding Communities Shelter Plus Care					X
UNITY of Greater New Orleans	PSH	Rosa F. Keller Building					X
UNITY of Greater New Orleans	PSH	Sacred Heart Apartments - Transformation					X
UNITY of Greater New Orleans	RRH	Welcome Home Rapid Rehousing					X
UNITY of Greater New Orleans		Welcome Home Street Outreach			X		
UNITY of Greater New Orleans		Coordinated Entry System	X	X		X	X
Veterans Administration			X				
Volunteers of America	PSH	Duvernay Place SRO					X
Volunteers of America	SH	GPD - Napoleon Avenue Veterans Housing			X		
Volunteers of America	TH	Napoleon Avenue Veterans TH			X		
Volunteers of America	TH	Tolmas Center - GPD			X		
Volunteers of America	ES	Tolmas Center - HCHV			X		
Volunteers of America	PSH	Tulane Ave. SRO					X
Volunteers of America	PSH	VOA New Orleans Equity and Inclusion Initiative					X
Volunteers of America	PSH	VOA PH for Homeless Persons with Disabilities					X
Volunteers of America	RRH	VOA Supportive Services for Veteran Families			X		X
Organization Name	Project Type	Project Name	Planning & Evaluation	Triage	Assessment & Navigation	Prioritization & Referral	Receives Referrals
Volunteers of America		Street Outreach (Veterans)			X		
UNITY Youth Action Board			X				
UNITY LGBTQ Task Force			X				
ViaLink		HMIS	X				
ViaLink		211		X			

Appendix G: Client Rights Poster (English)

Welcome!

This program has agreed to serve an entry point for the Homeless Coordinated Entry System to assist you in your housing crisis. Every participant in this program has the following rights:

***If you are fleeing domestic violence, you may also contact the Domestic Violence Hotline: 1-888-411-1333**

***Families have a right to stay together as a family. This includes families whose head of household or any family member is male, female, transgender, or gay. This agency will serve all people regardless of gender identity or sexual orientation.**

***School age children & Youth will be connected to a school liaison to maintain school attendance, which may include those attending college or pre-school.**

***Do you have a speech or hearing disability? TTY Relay Service 711**

***Do you need information in an alternate format? Let us know if you need another language, Braille, audio, large type, assistive listening devices, or sign language interpreters.**

***Información en español está disponible.**



RESPECT

- I have a right to be treated with dignity and respect.
- I have a right to be treated with Cultural Sensitivity.

PRIVACY & CONFIDENTIALITY

- I have a right to privacy, and to have private conversations with my case manager.
- I have a right to confidentiality. No information will be disclosed without my permission.
- I have a right to be informed when information will be shared and who it will be shared with and why.
- I can request a copy of any of my client records or documents that are maintained by the program.

SAFETY

- If my case manager believes that I or someone else may be neglected or in danger, they are responsible for sharing information necessary for ensuring everyone's safety.
- If I am fleeing violence or human trafficking, I can ask to receive services through a dedicated domestic violence or victims service provider.

DECISION MAKING & INFORMATION

- I have a say in setting my goals in this program.
- I have the right to information about services that are available and the purpose of the services being delivered.
- If I am at-risk of being discharged from the program choosing to graduate out of the program, I have a right to a prevention plan or assistance with discharge planning.

ACCESS & ACCOMMODATIONS

- Everyone who qualifies for this program may access this program regardless of their race, color, religion, sex, national origin, disability, or familial status (Pregnant or with children), gender or gender identity, marital status, sexual orientation or family composition.
- Parents and Children will receive assistance enrolling in Early Childhood Education or Public School.
- I have a right to help overcoming any barriers related to: Literacy, Language, Fleeing Trafficking or Domestic Violence, or Physical or Mental Health.
- I can invite an advocate to help me access services or during an appeal.

GRIEVANCES & APPEALS

- I can make a grievance if I am not treated with respect.
- I can request an appeal about my qualification for a program or a decision that is made about my level of care.
- If you feel that you have not been treated fairly, you may file a grievance with this agency by talking to:

- To file a grievance with the Homeless Continuum of Care (CoC), contact UNITY of Greater New Orleans at: (504) 821-4496.

HOUSING CHOICE & SAFE HOUSING

- If I participate in a housing program, I can choose which neighborhood and what kind of unit I want to live in. I can say no to any housing unit that is not up to code, is dirty, or is unsafe.
- Every effort will be made to keep children in their school of choice.

INVOLVEMENT

- I have a right to get involved in the program- to volunteer, to participate in employment or work exchange opportunities, to provide support as a peer support person or through another role, and to have input on programs through a client advisory board, tenant council or other decision-making groups or meetings, as well as UNITY's participant feedback sessions.

LEGAL AID

- Even if this agency does not provide legal aid, they will share information about legal resources covering landlord-tenant rights, consumer protection, etc.

PROTECTIONS FROM DISCRIMINATION

- The **Federal Fair Housing Act** prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- **Section 504 of the Rehabilitation Act** prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance.
- **Title VI of the Civil Rights Act** prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance.
- **Title II of the Americans with Disabilities Act (ADA)** 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 rental assistance. **Title III of the ADA** prohibits private entities that, own, lease, or operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.
- HUD's **Equal Access Rule** requires that recipients and sub-recipients of HUD funding are open to all eligible individuals & families regardless of sexual orientation, gender identity, or marital status.

Appendix G: Client Rights Poster (Spanish)

Bienvenido(a)!

Este programa ha aceptado servir como punto de entrada para "Homeless Coordinated Entry System" (Sistema coordinado de entrada para personas sin habitación) para asistirle en su crisis de alojamiento. Cada participante en este programa tiene los siguientes derechos.



*Si está usted huyendo de violencia doméstica, puede también hacer contacto con la línea "Domestic Violence Hotline" para recibir servicios de víctimas específicas: 1-888-411-1333.



*Las familias tienen derecho a permanecer unidas. Esto incluye a familias cuya cabeza de casa o cualquiera de sus miembros es varón, hembra, transgénero u homosexual. Esta agencia servirá a toda la gente independientemente de su identidad de género u orientación sexual.

*Jóvenes y niños en edad escolar, serán conectados con un coordinador(a) de escuela para mantener registro de asistencia a la Universidad o de aquellos que asisten a preescolar.



*Sufre usted alguna incapacidad del habla u oído?

Contacte: TTY Relay Service 711

*Necesita usted información en un formato que le resulte accesible?

Dejen saber si necesita información en otro idioma, en Braille, audio, letras grandes, dispositivos de asistencia auditiva e intérpretes de lenguaje mudo.

Si usted siente que no ha sido tratado(a) con justicia, puede poner una queja en esta agencia hablando con:

Para poner una queja del CoC, haga contacto con UNITY de Greater New Orleans al (504) 821-4498.

RESPECTO.

- Tengo derecho a ser tratado(a) con dignidad y respeto.
- Tengo derecho a ser tratado(a) con sensibilidad cultural.

PRIVACIDAD Y CONFIDENCIALIDAD.

- Tengo derecho a privacidad y a tener conversaciones privadas con el administrador(a) de mi caso. Tengo derecho a confidencialidad. Ninguna información se dará a conocer sin mi consentimiento.
- Tengo derecho a ser informado cuándo vaya a compartirse información, así como de la razón por la que será compartida y con quién(es).
- Puedo requerir cualquiera de mis registros o documentos conservados por el programa.

SEGURIDAD.

- Si mi administrador(a) de caso piensa que yo u alguien más podría ser vulnerado o encontrarse en peligro, él(ella) y el programa son responsables de compartir la información necesaria para lograr la seguridad de todos(as).
- Si estoy huyendo de la violencia o del tráfico de personas. Yo puedo solicitar recibir servicios a través de la autoridad avocada a la violencia doméstica.

TOMA DE DECISIONES Y INFORMACION.

- Tengo derecho a ser escuchado sobre mis metas en este programa.
- Tengo derecho a información acerca de servicios disponibles y del propósito de los servicios que se estén dando.
- Si me tomo en riesgo de ser descargado del programa o elijo finalmente salirme del programa, tengo derecho a un plan de prevención o asistencia con planeación de descarga.

ACCESO Y ARREGLOS.

- Toda persona que califique para este programa, puede tener acceso a él, independientemente de su raza, color, religión, sexo, nación de origen, discapacidad o estatus familiar (embarazada o con niños), género o identidad de género, estado civil, orientación sexual o composición familiar.
- Padres y niños recibirán asistencia en inscribirse a "Early Childhood Education" (Educación temprana de niños) o a escuelas públicas.
- Tengo derecho a recibir ayuda para superar cualquier barrera relacionada con Nivel escolar, Idioma, Huyendo de Tráfico humano o Violencia Doméstica, o Salud Física o Mental.
- Puedo pedirle a una autoridad asignada su ayuda para tener acceso a servicios o durante una apelación.

QUEJAS Y APELACIONES.

- Puedo poner una queja si no soy tratado con respeto.
- Puedo requerir una apelación acerca de mi calificación para un programa o una decisión que se haga acerca de mi nivel de cuidados ("level of care").

ELECCION Y SEGURIDAD EN ALOJAMIENTO HABITACIONAL.

- Si participo en un programa de alojamiento habitacional, puedo elegir en que vecindad y en que clase de unidad deseo vivir.
- Puedo rehusar una unidad habitacional que no es apta para mí, que esté sucia o que sea insegura.
- Se realizará el mayor esfuerzo para mantener a los niños en la escuela de su preferencia.

INVOLUCRAMIENTO.

- Tengo derecho a ser involucrado en el programa, a ser voluntario para participar en oportunidades de empleo e intercambio de trabajos, a dar apoyo al soporte de compañero (peer support person) o a través de otras funciones y a influir en los programas a través de un consejo de asesoría al cliente, juntas de arrendatarios u otro consejo o grupos de toma de decisiones, así como participante de sesiones de retroalimentación (feedback) de UNITY.

AYUDA LEGAL.

- Aún si esta agencia no provee ayuda legal, compartirá información acerca de recursos legales cubriendo derechos arrendador-arrendatario (landlord-tenant rights), protección al consumidor, etc.

Protecciones contra la Discriminación.

- El acta federal de alojamiento justo (Federal Fair Housing Act) prohíbe prácticas discriminatorias en alojamiento, basadas en raza, color, religión, sexo, origen nacional, discapacidad o estado civil y familiar.
- La Sección 504 del Acta de Rehabilitación (Rehabilitation Act) prohíbe la discriminación con base en discapacidades bajo cualquier programa o actividad que reciba ayuda Federal.
- El Título VI del Acta de Derechos Civiles (Title VI of the Civil Rights Act) prohíbe la discriminación basada en raza, color u origen nacional bajo cualquier programa o actividad que reciba ayuda financiera Federal.
- El Título II del Acta de Americanos con Discapacidad (Title II of the Americans with Disabilities Act "ADA") prohíbe a entidades públicas, incluyendo gobiernos locales y estatales así como distributos con propósitos especiales, discriminar contra individuos con discapacidades en todos sus servicios, programas y actividades incluyendo alojamiento y servicios relacionados como búsqueda de alojamientos y ayuda con referencias. El Título III del Acta de Americanos con Discapacidad (ADA) prohíbe a entidades que poseen, rentan y operan lugares de servicios de acomodo public, incluyendo refugios, establecimientos de servicio social y otros arreglos publicos que den alojamiento; discriminar con base en discapacidad.
- Regla de acceso igualitario a HUD (HUD's Equal Access Rule) requiere que la recepción y subrecepción de fondos de HUD esté abierta a todos los individuos y familias elegibles, independientemente de orientación sexual, identidad de género o estado civil.

Appendix H: Emergency Transfer Plan & Violence Against Women Act (VAWA) Forms

- **Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, form HUD-5381:**
 - <https://www.hud.gov/sites/documents/5381.docx>
- **Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, form HUD-5383:**
 - <https://www.hud.gov/sites/documents/5383.docx>
- **HUD Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation, form HUD-5382:**
 - <https://www.hud.gov/sites/documents/5382.docx>
- **HUD Notice of Occupancy Rights Under the Violence Against Women Act, form HUD-5380:**
 - <https://www.hud.gov/sites/documents/5380.docx>

****Please note that the above forms are available in fourteen additional languages on the HUD website at: https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a.***

Appendix I: Prioritization Based on Emergency Factors

COVID-19 Prioritization Changes

In March 2020, prioritization was changed to address the COVID-19 pandemic to prevent the spread of COVID-19 and better protect individuals experiencing homelessness at greater risk of contracting the illness:

- Individuals with higher COVID risk were prioritized for non-congregate shelter and permanent housing. Risk factors identified by the CDC and local health officials were used as considerations to identify risk. These factors included: older individuals and those with underlying medical conditions.
- Unsheltered homeless individuals were prioritized due to the inability to maintain sanitary conditions necessary to prevent the spread of COVID-19.
- Unvaccinated individuals or those unable to be vaccinated who are at a higher risk of contracting and spreading COVID-19.
- Programs shall not require testing or vaccination for entry into the program. Vaccinations should be encouraged to reduce the spread of COVID.

COVID-19 Prioritization implementation:

The CoC will seek out and implement non-congregate sheltering to reduce the spread of COVID. The CoC will coordinate with local and state health and emergency management officials to ensure those experiencing homelessness are prioritized in the plans to address the pandemic.

Non-Congregate sheltering will be prioritized for:

- Homeless individuals and families who need isolation or quarantine per guidelines of local health officials.
- Homeless individuals and families at greater risk of COVID.
- Review CDC and health department risk criteria for COVID on a regular basis to adapt prioritization accordingly.
- COVID risks will be noted in the By-Name-List/Masterlist used for navigation.
- Vaccination data will be maintained in HMIS

Street Outreach should identify and prioritize individuals who are at greater risk of COVID for engagement, non-congregate shelter, and navigation to housing.

Transitional Housing – shall assist residents to quickly obtain independent housing to reduce the risk of COVID spread in congregate facilities.

Permanent Housing Programs – COVID risk factors will be used to prioritize individuals and families for RRH and PSH programs. This may include households that have previously been prioritized for non-congregate shelter.

Navigation Meetings –Additional navigation meetings may be held as needed for populations prioritized due to COVID risk.

Providers should utilize all available HUD waivers to expedite the rapid movement into housing.

Coordinated Entry System Contacts for Grievances

Coordinated Entry for Individuals	Director of Coordinated Entry Brandi Gaines-Girard bgaines@unitygno.org
Veterans	Kathleen North knorth@unitygno.org
Families	Ty Richards trichards@unitygno.org Alecia Blanchard ablancard@unitygno.org
Youth	Demetra Phoenix dphoenix@unitygno.org
Survivors	Anthony Hingle ahingle@nofjc.org
All CoC Programs	Director of CoC Programs Valerie Coffin vcoffin@unitygno.org 504-821-4496 x1012