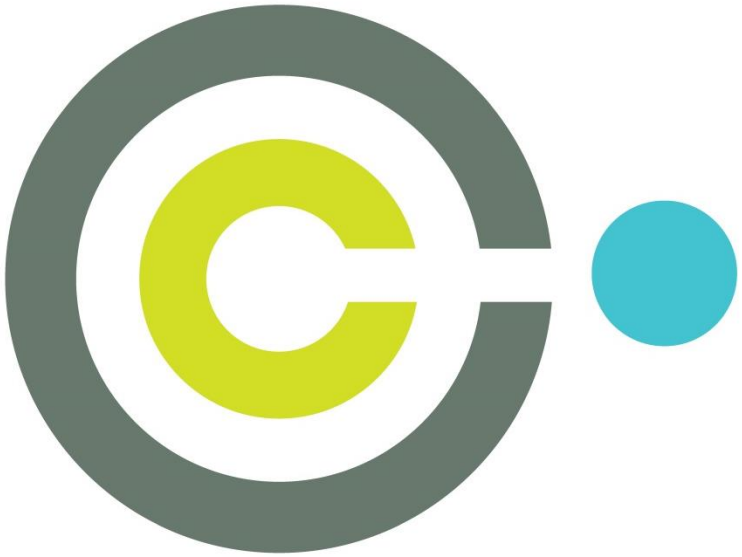
FREDERICKSBURG REGIONAL
CONTINUUM OF CARE

Fredericksburg Regional Continuum of Care
CoC Lived Experience Committee Agenda
February 10, 2022 6-7PM

- Introductions
- CoC Overview
- By-laws Review
- Committee Roles and Expectations
- Compensation Discussion
- Questions and Feedback
- Review Coordinated Entry Policy for next meeting

Next Meeting: March 10th at 6PM (Second Thursday of month)



FREDERICKSBURG REGIONAL

CONTINUUM OF CARE

Continuum of Care (CoC)

A federally-mandated **network** of organizations

working together to **prevent and end homelessness**

in a given **region**

through a **strategic planning process**.

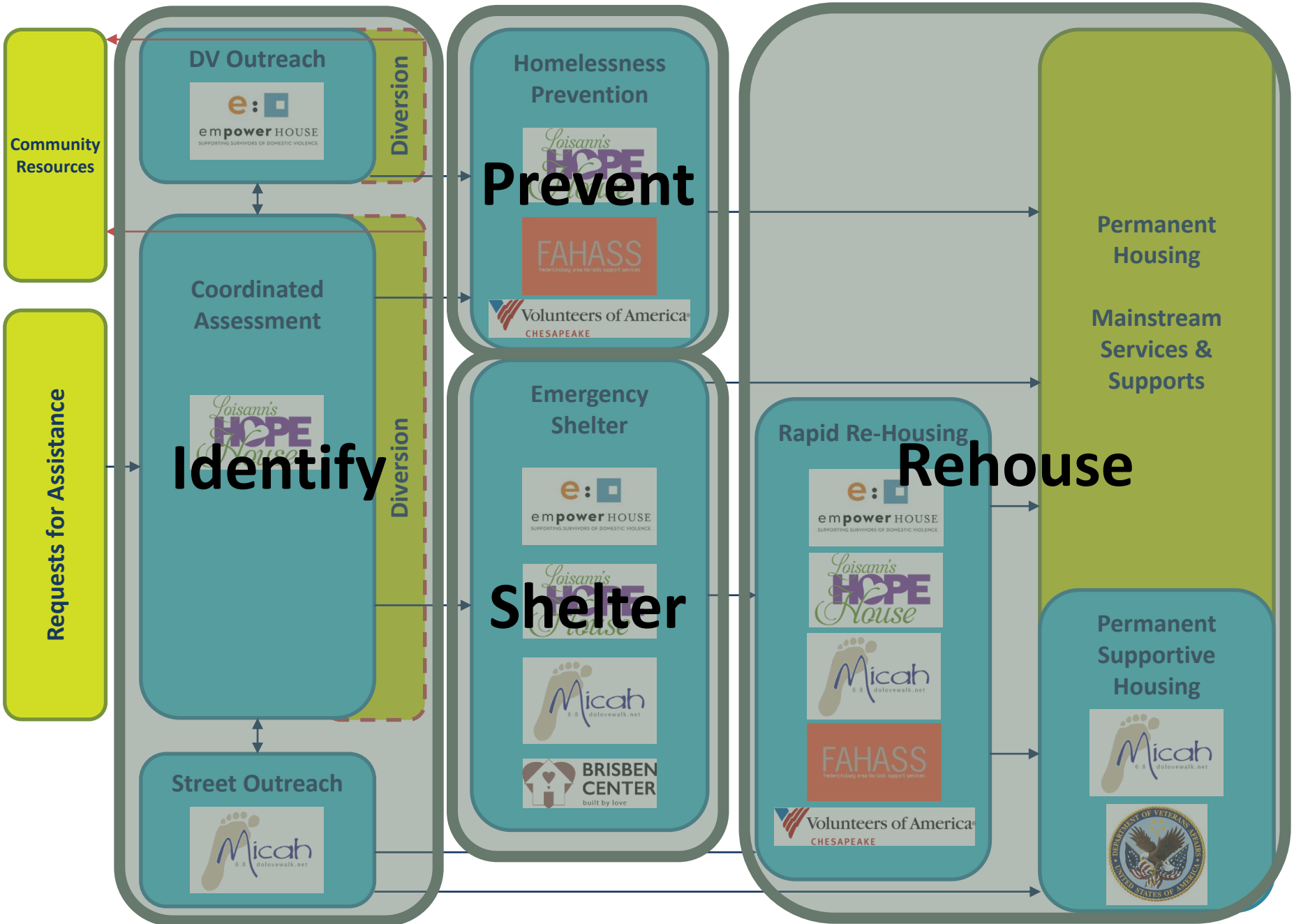
the community foundation
County of Caroline Virginia
King George County Virginia
City of Fredericksburg Virginia
County of Spotsylvania Virginia
Stafford County Virginia Progress Since 1664
dRC
Fredericksburg Public Schools Excellence in Education Since 1870
Stafford County Public Schools
Justice for All Justitia Omnibus Est. Law 1973
Virginia Employment Commission
easterseals all abilities. limitless possibilities.
RCASA appahannock Council Against Sexual Assault
Department of Veterans Affairs United States of America
George Washington Regional Commission
A Vision for the Homeless 2021 Homeless Paradise
Greater Fredericksburg Habitat for Humanity
Spotsylvania County Public Schools
hopestarter
empower HOUSE Supporting Survivors of Domestic Violence
Rappahannock Goodwill Industries
Caroline County Habitat for Humanity
United Way
Loisann's Hope House
Volunteers of America Chesapeake
Rappahannock United Way
Open Hand Faith • Community • Dignity • Career
Micah 6:8 dolovewalk.
Fredericksburg Regional Continuum of Care partners ending homelessness
Germanna Community College
Haven For Hero's End Veteran Homelessness
Fredericksburg Area Since 1992 FAHASS Health and Support Services
FailSafe ERA Changing Lives... Rebuilding Communities... Helping Families Affected by Incarceration
Brisben Center A Place for Transformation
Healthy Generations Area Agency on Aging
#ENOUGH!
Virginia Community Food Connections
FXBG 1728 Downtown
Fredericksburg SPCA
FCS Fredericksburg Counseling Services, Inc. A Free Mental Health Clinic
S.E.R.V.E.
Lloyd F. Moss Free Clinic
office on youth
Warfighters Refuge Project Helping Homeless Veterans
University of Mary Washington where great minds get to work
RAHD Rappahannock Area Health District Caring for a Healthy Community
FAAR Fredericksburg Area Association of Realtors
Central Virginia Housing Coalition
The Salvation Army Doing the Most Good Fredericksburg VA
Mary Washington Healthcare

Who We Serve

- Literally Homeless
  - Sleeping outside
  - Sleeping in car, tent, or abandoned building
  - Sleeping in emergency shelter
- At Imminent Risk of Homelessness
  - Fleeing domestic violence…
  - Temporarily staying in a hotel or motel…
  - Temporarily staying with family or friends…
  - Exiting hospital, jail, or other institution…
  - Being evicted within two weeks…

… and have nowhere else to go

Homelessness Response System



Homelessness Helpline

Call our one number to complete an intake.

- Sleeping outside (including in a car, tent, or abandoned building)
- In need of emergency shelter
- At risk of sleeping outside or needing emergency shelter within 14 days

540-358-5801

- Also a Domestic Violence Survivor

empowerHOUSE
SUPPORTING SURVIVORS OF DOMESTIC VIOLENCE

540-373-9373 or 1-877-734-7238

Prioritization

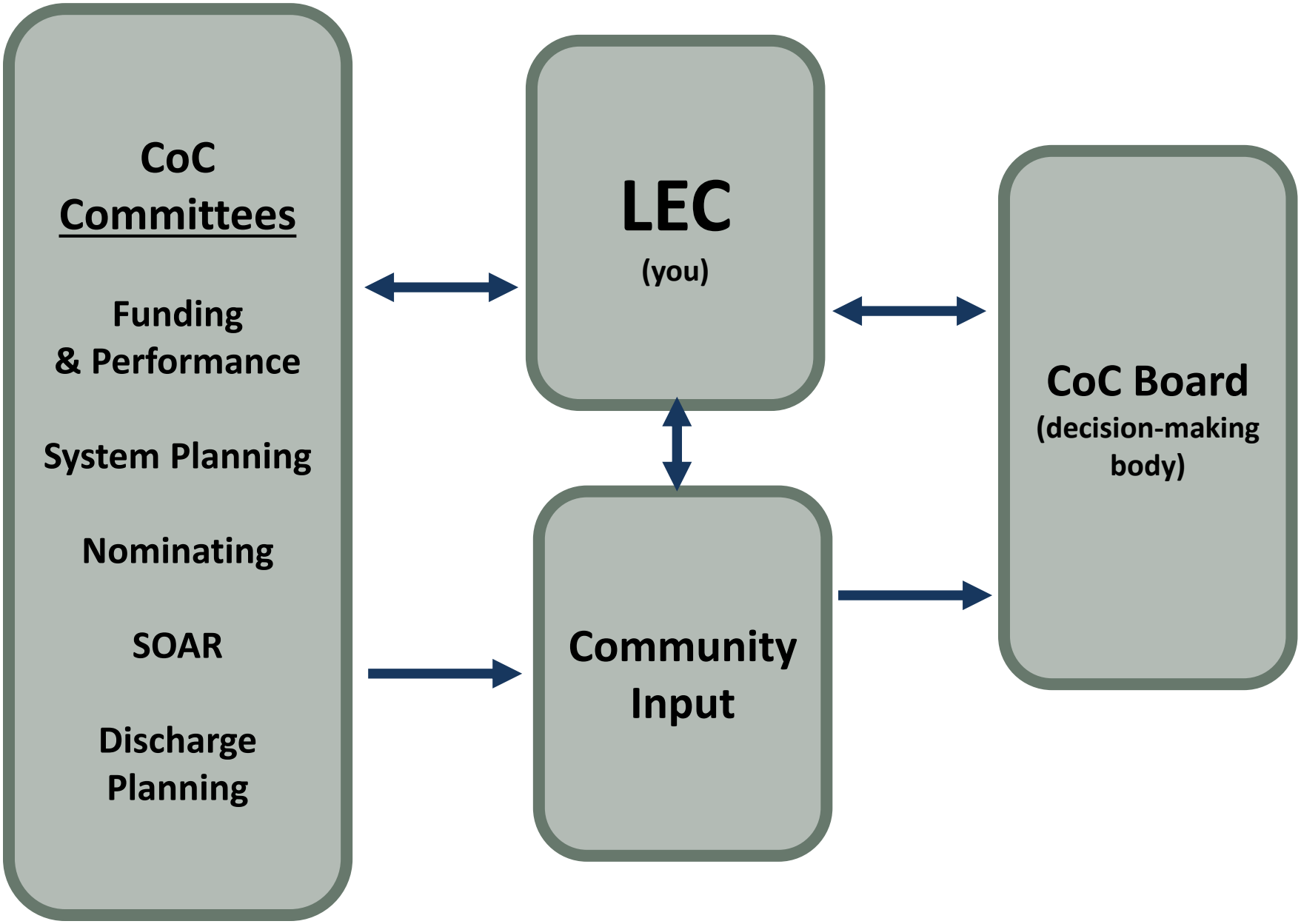
- By-name community list of all persons who have been in an emergency shelter and/or on the street for at least 14 days
- Targets limited housing resources to those who need them the most and are least likely to self-resolve
- Used for Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH)

Housing Resources

- Rapid Re-Housing
  - Short-term housing subsidy
  - Housing case management
- Permanent Supportive Housing
  - Chronic homelessness
  - Long-term housing subsidy
  - Housing case management

Housing Outcomes

How does the LEC fit into this process?



Funding & Performance Committee - Performs regular project and system evaluation and reviews and recommends to the CoC Board, via the application review process, all projects for collaborative applications, including those for Continuum of Care Program and Virginia Homeless Solutions Program funding. Meets: First Wednesday of each month at 9 AM

System Planning Committee - Operates the homelessness response system and develops solutions to challenges and gaps within the system. The System Planning Committee shall be composed of providers that operate projects within the homelessness response system, including coordinated entry, outreach, diversion, prevention, emergency shelter, rapid re-housing, permanent supportive housing, and housing location services, as well as other interested FRCoC members.
Meets: Third Wednesday of each month at 3 PM

Nominating Committee - Responsible for recruiting qualified, willing members of the FRCoC to serve as CoC Board members. The Nominating Committee will be composed of three to five members, with at least one representative from the CoC Board. No Standing Meeting Time.

SSI/SSDI Outreach, Access, and Recovery (SOAR) - Program designed to increase access to SSI/SSDI for eligible adults* and children who are experiencing or at risk of homelessness** and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.
Meets: Fourth Wednesday every other month at 11 AM

Discharge Planning Committee - Brings together stakeholders focused on ensuring that processes are in place to connect people being released from area medical hospitals, mental health facilities, correctional facilities, or foster care/social service programs to homeless services to ensure transition smoothly between these systems. Meets: Third Thursday every other month at 1 PM

Lived Experience Committee

Purpose

The Lived Experience Committee (LEC) advocates for those who utilize the homelessness system through policy planning recommendations and feedback to decision-makers while supporting each other to develop professionally.

Composition

The LEC shall be composed of persons who have directly experienced homelessness in their lifetime, either currently or in the past. This experience may have taken place in the Fredericksburg Region or elsewhere, and the member does not need to have utilized services in the Fredericksburg Region.

Duties

The LEC shall be responsible for the following:

- Providing lines of communication between CoC leadership, staff, and consumers to resolve issues as they arise and better anticipate future consumer needs.

- Reviewing policy documents, new and ongoing program and project initiatives, and grant applications.

- Developing and managing consumer feedback channels.

- Advising the CoC Board, committees, and working groups on policy development.

- Making recommendations for Homelessness Response System improvement and assist with implementation of programs and services.

- Engaging civic organizations, government representatives, and other community groups to dispel misconceptions about homelessness.

- Partnering with the Nominating Committee to ensure people with lived experience are on the CoC Board.

- Assisting with the planning and implementation of the CoC's annual Point-in-Time Count.

- Supporting member skill development to engage in planning and evaluation and be leaders in the community for people experiencing homelessness.

FREDERICKSBURG REGIONAL
CONTINUUM OF CARE
partners ending homelessness

CoC Board Meeting
November 9, 2021

- Introductions
- Approve October 28, 2021 Minutes (ACTION ITEM)
- Approve HUD Collaborative Application and Project Ranking (ACTION ITEM)
- Approve CoC Monitoring & Evaluation Plan (ACTION ITEM)
- Presentation: Jeremiah Community Update, Meghann Cotter
- Develop 2022 Policy Priorities

Next meeting: Discuss December and January dates

Fredericksburg Regional Continuum of Care

Coordinated Entry Policies & Procedures

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I. Policy Intent

The Department of Housing and Urban Development (HUD)'s Continuum of Care (CoC) Program Interim Rule requires each CoC establish and operate a centralized or coordinated assessment system. This system will be based on evidence that the process increases the local crisis response system efficiencies, improves fairness, and eases access to resources. Coordinated Entry System (CES) Projects use the process established and operated by the local CoC to manage coordinated intake and assessment, standardize the prioritization process for allocating housing resources, and facilitate referrals to housing and resources across the community. The CES aims to prioritize timely assistance to the most vulnerable and least-likely to succeed persons. The CES' primary goal is for assistance to be easily accessible, no matter how people present, and allocated as effectively as possible. The CES' priority is to assess each household's situation and rule out other options before offering services designated for those experiencing or at imminent risk of homelessness.

The Fredericksburg Regional Continuum of Care (FRCoC) develops, implements, and refines a CES to cover the entire Planning District 16 that ensures homelessness is prevented whenever possible and is otherwise rare, brief, and non-recurring. This policy governs the administration of the FRCoC's CES, including coordinated entry, outreach, diversion, prevention, emergency shelter, rapid re-housing, permanent supportive housing, and housing location. All CoC, Emergency Solutions Grants Program (ESG), and Virginia Homeless Solutions Program (VHSP) funded projects are required to participate in the local CES and adhere to these guidelines. The CoC also aims to have all homeless assistance projects within the CoC's geographic area participating in its CES process, regardless of funding source, and will work with all local projects and funders to facilitate their participation in the CES.

II. Definitions

Coordinated Entry System (CES) - a process developed and implemented by the local FRCoC to ensure that all people experiencing or at risk of experiencing homelessness have fair and equal access and are quickly identified, assessed, referred, and connected to housing and assistance based on their strengths and needs.

Ending Homelessness (local definition) – The FRCoC will have ended homelessness when the CES is right-sized to ensure that all persons experiencing homelessness have a path to permanent housing. Specifically, it means:

- Identifying all persons experiencing homelessness
- Providing immediate access to shelter for anyone experiencing unsheltered homelessness
- Ensuring that all persons experiencing homelessness have the opportunity to move back into permanent housing within 30 days of becoming homeless
- Preventing new episodes of homelessness whenever possible

At Imminent Risk of Homelessness (24 CFR 91.5) – An individual or family who will imminently lose their primary nighttime residence provided that:

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

Literally Homeless (24 CFR 91.5) – An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

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

Chronically Homeless (24 CFR 91.5) –

- A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C 11360(9)), who:
- Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- Has been homeless and living as described in section (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months; and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in section (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility.
- An individual who has been residing in an institutional care facility, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in section (1) of this definition, before entering the facility; or
- A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Fleeing/Attempting to Flee Domestic Violence (24 CFR 91.5) –

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

III. Guiding Principles

The FRCoC establishes the following guiding principles for its CES:

1. The CES will operate with person-centered approaches and outcomes.
2. The CES will ensure that clients quickly receive access to the most appropriate services and housing resources available.
3. The CES will reduce the traumatic experiences of homelessness by limiting assessments and interviews to only the most pertinent information necessary to determine the severity of the

client's needs and identify the best referral strategy for them to resolve their immediate housing crisis.

4. The CES will incorporate cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.
5. The CES will implement standard assessment tools and practices to ensure consistency, transparency, and fairness across all community providers and systems.

Housing First

The FRCoC has adopted a Housing First approach to homeless services. Housing First is a whole-system orientation that centers on first helping households obtain permanent housing and then providing services as needed. A central tenet of the Housing First approach is that services to enhance household well-being can be more effective when people are in their own home.

Local partners also have adopted a Housing First approach by reducing barriers to services and shifting project focus to helping clients create a housing plan and move into permanent housing as quickly as possible.

IV. Roles

CES Coordinator (FRCoC Program Director) **–** Staff position responsible for managing day-to-day CE functions, which may include the following: maintaining a prioritization list, facilitating case conferencing meetings, assisting with grievance and appeal processes, monitoring CE activity, and preparing CE monitoring and evaluation reports.

CES Governing or Leadership Committee (FRCoC System Planning Committee) – Responsible for performing regular CES evaluation and reviews and recommends to the FRCoC Board any updates to improve service delivery

CES Management Entity (Loisann's Hope House) – Responsible for the day-to-day CES operations.

CES Providers – Providers that have agreed to provide homelessness supports/services on behalf of the FRCoC. These providers must execute a FRCoC CE Participation Agreement, which outlines the standards and expectations for the provider's project to ensure it follows CES policies and procedures. For a project to receive FRCoC or ESG Program funding from HUD, it is required to participate in the CES.

FRCoC Board – Responsible for the general CES oversight, including the approval of the CE Policies & Procedures document.

HMIS Lead Agency (George Washington Regional Commission) – Operates the Homeless Management Information System (HMIS) on the FRCoC's behalf. Ensures HMIS software and functionality for the collection, management, and analysis of data on persons served by the CES. The entity designated by the FRCoC may apply for FRCoC Program funds to establish and operate its HMIS.

Mainstream Service Providers – Providers not directly associated or accepting referrals from the CES. May be main contact point for some service seekers and would refer to the line. May also provide needed services for those seeking services and could receive informal referrals from the CES.
Referral Partner Agreement – Referral partner will receive and consider referrals to its project from the CES. It will sign a Referral Partner Agreement with the CE management entity affirming it is aware of and will adhere to all CES expectations.

U.S. Department of Housing and Urban Development (HUD) – Federal agency responsible for overseeing housing and homelessness programs including the CoC and ESG Programs.

U.S. Department of Veteran Affairs (VA) – Federal agency responsible for providing health care and other services, including assistance to end homelessness, to veterans and their families.

V. Versions of Document

The FRCoC Board shall be responsible for the revision, review, and approval of the Coordinated Entry Policies & Procedures. The revision process will be completed at least once annually. Updates to this policy may be suggested by any FRCoC member or committee and shall be approved by the FRCoC Board.

Version	Date Adopted	Key Changes
1.0	May 18, 2017	N/A
2.0	January 3, 2018	
3.0		

VI. Marketing

All persons participating in any aspect of the CES such as access, assessment, prioritization, or referral shall be afforded equal access to services and resources without regard to a person's actual or perceived membership in a federally protected class such as race, color, national origin, religion, sex, age, familial status, or disability. Additionally, all people in different populations and subpopulations in the FRCoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, shall have fair and equal access to the coordinated entry process.

To ensure that stakeholders throughout the FRCoC coverage area are informed on the CES, the FRCoC developed numerous avenues for continuous communication on awareness, changes, and updates.

Primary Target- Potential System Users

For community services to be successful, the CES must be well advertised across the FRCoC coverage area. The FRCoC will use the following communication methods to ensure that all persons in the region are aware of where to go for assistance. The FRCoC markets housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disabled or who are least likely to apply in the absence of special outreach.

- **FRCoC website**. The Lead Agency maintains a website on behalf of the FRCoC. Key information and regular updates will be posted. The FRCoC's website includes information for persons in need of assistance and potential system users to learn about how to access the homelessness response system.
- **CES providers.** Each provider participating in the CES is required to post or otherwise make publicly available a notice (provided by the CoC) that describes coordinated entry process. This notice should be posted in the agency waiting areas, as well as any area where clients may congregate or receive services (e.g., dining hall). All agency staff are required to know which agency personnel can discuss and explain CES to a client who seeks more information.
- **Social media.** The Lead Agency also maintains social media accounts on behalf of the FRCoC. These platforms will be used to inform potential system users on how to utilize system services.

- **Marketing materials.** Marketing materials such as brochures, fact sheets, posters, etc. will be created and distributed to the broader mainstream providers offering information to potential system users on the process of seeking assistance.

Secondary Target- Mainstream Service Providers

Mainstream Service Providers play an integral part in marketing and advertising the CES. As the first point of contact for many potential users, community partners must be knowledgeable about the CES so that users can enter the system through the most effective method. There are several methods that will be utilized to ensure that community partners are educated about the CES:

- **FRCoC website**. The Lead Agency maintains a website on behalf of the FRCoC to keep stakeholders informed. Key information and major updates and system changes will be posted. The website will also be a platform for partners to make comments or suggestions to improve the system.
- **Full FRCoC membership meetings.** Large system change items shall be presented at quarterly FRCoC meetings. Following FRCoC Board approval, updates will be shared with the full FRCoC at these meetings and through email blasts.
- **Cross-sector trainings.** FRCoC staff will offer coordinated entry trainings to mainstream providers to educate and update community partners on their CES role.

For communication with mainstream service providers to be effective, each agency should ensure that key FRCoC points of contact are up-to-date. It is the responsibility of each partner agency to inform FRCoC staff of any changes to contact information that may impair their ability to receive information. FRCoC staff will maintain contact lists, which will be used to keep mainstream service providers informed of CES updates.

VII. Nondiscrimination

The FRCoC's coordinated entry process will operate in compliance with all federal, state, and locally applicable civil rights and fair housing laws and requirements. In addition, projects participating in coordinated entry that receive funding from federal, state, or local sources that have promulgated local civil rights and fair housing laws and requirements must comply with all additional civil rights and fair housing laws and requirements such as:

- *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 include 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.

The FRCoC does not use any data collected during the coordinated entry process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status. If at any time a client feels that they have been treated unfairly, they are able to file a non-discrimination complaint. The complaint will be reviewed and investigated by the FRCoC Coordinator within 60 days. A full report will be made available within 30 days of the completed investigation.

VIII. Access

The FRCoC uses a centralized access model to serve as the primary access and assessment for all homeless and prevention services. All households seeking services for prevention, emergency shelter, or housing, must go through the CES to be assessed and connected to services. Clients experiencing homelessness or at imminent risk of homelessness are able to access the CES by calling the Fredericksburg Regional Homelessness Helpline at 540-358-5801. The helpline is staffed 24 hours a day, seven days a week, and can be contacted from any location within the FRCoC. Though the line may not always ensure a live answer to every call, callers are able to leave a message, which is returned usually within 3 hours.

Street Outreach

In addition to the centralized access point, street outreach teams will also be considered an access point for coordinated entry to engage those that are less likely to access services on their own. Street Outreach staff connects with households on the street and assesses their need for services in the same way as those that connect to services via phone or walk-in. Therefore, street outreach teams will be trained on coordinated entry and the assessment process. They will also have the ability to offer coordinated entry access and assessment services to clients they contact through their street outreach efforts.

Accessibility

The FRCoC works to engage people at risk of and experiencing homelessness who might encounter the greatest difficulty reaching an access point due to geography, physical or mental disability, or concerns about personal safety. The FRCoC's centralized access point is accessible for those with physical disabilities, such as persons with wheelchairs. The FRCoC also has resources to accommodate the needs of those with vision and hearing impairments by providing audio, large type, and sign language interpreters. The FRCoC has also taken steps to accommodate those with Limited English Proficiency (LEP) by providing materials in multiple languages and utilizing resources for language interpreters. Physical assessment areas are made safe and confidential to allow for individuals to identify sensitive information or safety issues in a private and secure setting.

Access for Domestic Violence

Per HUD guidelines, community domestic violence (DV) providers have set up a separate CES outside of the FRCoC's system. However, this system meets all HUD requirements in CPD-17-01. All households will be screened to determine if the household is fleeing or attempting to flee DV. If so, the household will be offered connection to the local DV agency. If the client does not wish to be connected to those services, they will be served at a non-DV provider. Clients may not be denied access to the CES on the basis that the client is or has been a victim of DV, dating violence, sexual assault, or stalking. Non-DV providers will ensure that clients are provided with a safe and confidential space to complete assessments.

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Providers Who Are Not Access Points

The FRCoC will provide ongoing, regular information and training to all providers on how clients are able to access emergency services and housing in the region. All providers are expected to provide information about the CES and make proper Homelessness Helpline referrals to clients that are identifying as a homeless household or at imminent risk of homelessness. If the providers provides homeless services, but are not an approved access point, they must send households to the centralized access point to be assessed. Providers are able to assist households with providing a warm hand off to an access point and by providing information.

IX. Assessment

The assessment process is used to ensure clients are provided with the most useful intervention based on their current situation. The process also seeks to ensure that no unnecessary services are provided when other less intensive services are appropriate and available. Since FRCoC supports the Housing First model, FRCoC projects are prohibited from screening people out of the CES due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record. In addition, the CES may collect and document clients' membership in Civil Rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering clients to particular referral options.

Client assessment information should be updated at least once a year, if the client is served by CES for more than 12 months. Additionally, staff may update client records with new information as it becomes known by staff.

Standardized Assessments

The FRCoC's CES provides a standardized assessment process to all clients, ensuring uniform decision-making and coordination of care for persons experiencing a housing crisis. The FRCoC uses a phased approach, which progressively collects only enough client information to prioritize and refer clients to available housing and support services. Clients will be screened and assessed based on their current situation and referred to the most appropriate resources using the community decision tree.

Coordinated Assessment Tool

Clients initially accessing the CES, through the centralized access system or street outreach, will be assessed using a common coordinated assessment tool. The tool is designed to identify the client's immediate needs and assess eligibility for emergency shelter, homelessness prevention resources, or referral to specialized services (e.g., veterans or domestic violence survivors). The assessor will conduct a brief conversation with the client to complete the tool and determine the appropriate next steps. See Appendix A for a copy of this assessment tool.

Diversion

Diversion is a strategy used to help people avoid using homeless services. By helping individuals and families identify alternative housing arrangements and connecting them with mainstream and community resources, some people find permanent housing options without utilizing homeless services. All clients seeking assistance should be diverted, if safe and appropriate options are available. Utilizing the coordinated assessment tool diversion questions, access points can work with clients on diversion options. If diversion is unsuccessful, clients will be referred to the services needed to fit their situations.

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Housing Barrier Assessment

The Housing Barrier Assessment is completed as soon as a client is enrolled in emergency shelter or street case management. The Assessment is also used to assess housing barriers and client housing preferences and needs. This is completed with all clients, regardless of housing options being pursued. The information collected will allow case managers and clients to understand possible challenges to obtaining and maintaining housing. See Appendix B for a copy of this assessment tool.

VI-SPDAT

The VI-SPDAT is completed at least 14 days after enrollment into a shelter or street outreach project once quick self-resolution is identified to not be an option to determine prioritization for rapid re-housing and permanent supportive housing. Adults in households without children will complete the Individual VI-SPDAT v2, and adults in households with children will complete the Families VI-FSPDAT v2. Adults who have custody and wish to be housed as a family but are not currently residing with their children will complete the Families VI-F-SPDAT v2. VI-SPDAT assessment results will be used in determining prioritization for rapid re-housing and permanent supportive housing. See Appendix C for a copy of this assessment tool.

Domestic Violence Assessment

Empowerhouse, the community's domestic violence provider, completes an assessment relevant to domestic violence experience as part of their coordinated entry process. See Appendix D for a copy of this assessment.

Assessor Training

The FRCoC will provide training opportunities at least annually to CES participating staff. The FRCoC updates and distributes training protocols at least annually.
The purpose of the training is to provide staff administering assessments with access to materials that describe the methods that adhere to CES policies and procedures. Training will be offered at no cost.
The FRCoC's coordinated entry training curricula will include the following topics:

- Review of the FRCoC's written CE policies and procedures, including any adopted variations for specific subpopulations;
- Requirements for use of assessment information to determine prioritization; and
- Training on the use of the coordinated entry assessment tools.

Client Protections and Autonomy

Coordinated entry participating agencies are required to notify and obtain client consent for the collection, use, and disclosure of personally identifiable information. Coordinated entry participating agencies shall obtain written client consent when the client entries the CES and when additional data is collected during an in-person assessment.

All client information collected, stored, or shared in the operation of CE functions, regardless of whether or not those data are stored in HMIS, shall be considered personal and sensitive information worthy of the full force of protection and security associated with HMIS data. Information collected during the CES shall not be shared without formal client consent.

Clients are allowed to refuse to answer assessment questions and to refuse housing and service referrals without retribution or limiting their access to other forms of assistance. In both instances, client refusal to respond to assessment questions or to accept a referral shall not adversely affect their CES

prioritization list position. Clients are also not required to disclose specific disabilities or diagnoses and such disclosures will only be used to determine program eligibility and make appropriate referrals.

Some funders require collection and documentation of a client's disability or other characteristics or attributes as a condition for determining eligibility. In these instances, clients who choose not to provide information may be limiting potential referral options.

Clients are informed of their ability to file a discrimination complaint during the assessment process. Clients are provided instructions on how to file this complaint. When a discrimination complaint is received, the FRCoC Program Director will complete an investigation within 60 days. The Program Director will attempt to contact and interview persons likely to have relevant knowledge and by collecting any documents likely to be relevant to the investigation. Within 30 days of completing the investigation, the FRCoC Program Director will write a report of the investigation's findings, including the investigator's opinion about whether inappropriate discrimination occurred and the recommended action(s) to prevent future discrimination. If appropriate, the investigator may recommend that the complainant be re-assessed or re-prioritized for housing or services. The report will be kept on file for two years.

VII. Eligibility and Prioritization

The current FRCoC supply of homeless assistance resources does not match demand. Therefore, the system must use data collected through the CES to prioritize homeless persons. The FRCoC uses data to determine a client's vulnerability level and target limited resources to those with the most need. The FRCoC manages a central, by-name prioritization list for the region, created using HMIS data. Clients are placed on the by-name list after their VI-SPDAT is completed. The list is prioritized by vulnerability using the factors outlined below to calculate an overall vulnerability score. HMIS data protection standards extend to the by-name list.

Vulnerability Factors Used to Prioritize Housing Resources	
Households without Children	Households with Children
• VI-SPDAT Score • Disabling Condition • Consecutive Time Homeless • Number of Homeless Episodes • Total Months Homeless in 3 years	• VI-FSPDAT Score • Disabling Condition • Consecutive Time Homeless • Number of Homeless Episodes • Total Months Homeless in 3 years • Number of Children • Education Level • Monthly Income

The most vulnerable individual or family will be prioritized for housing openings as they become available through their position on the list and case conferencing.

Emergency Services

Based on the coordinated assessment results, assessors will make referrals to emergency services, including homelessness prevention, emergency shelter, or community resources. Providers that receive the referral will make the final eligibility determination.

Homelessness Prevention

A household must be at imminent risk of homelessness or fleeing /attempting to flee DV (as defined in Section II) to be eligible for homelessness prevention resources. Grant guidelines may dictate additional

eligibility requirements by funding source. Homelessness prevention eligibility is assessed through the coordinated assessment tool. Clients will not be required to have income before being re-housed and will not be required to pay a portion of their rent to receive assistance.

Homelessness Prevention Prioritization

The FRCoC prioritizes households eligible for homelessness prevention in the following order:

1. Households fleeing or attempting to flee DV, labor trafficking, or sex trafficking
2. Households temporarily staying in a hotel or motel that is self, family, or friend paid and have to leave
3. Households temporarily staying with family or friends and have to leave
4. Households exiting hospital, jail, or other institution with no identified housing plan
5. Households being evicted within two weeks

Emergency Shelter

Emergency shelter serves as temporary, short-term crisis housing with services as a first step toward being quickly and permanently re-housed. The purpose of emergency shelter is to support households quickly move back into permanent housing. A household must be literally homeless (as defined in Section II) or have nowhere else to sleep tonight to occupy an emergency shelter bed. Emergency shelter eligibility is assessed through the coordinated assessment tool. Empowerhouse completes a separate shelter eligibility assessment for their DV shelter.

Emergency Shelter Prioritization

There is no additional prioritization for shelter beds beyond ensuring that they only go to households who are literally homeless and cannot be diverted.

Housing Resources

Households are prioritized for housing resources to ensure that those that are most vulnerable and least likely to self-resolve are provided with assistance first.

Rapid Re-Housing (RRH)

RRH is vital to ensure that all persons experiencing homelessness move back into permanent housing within 30 days of becoming homeless. RRH is an intervention designed to help individuals and families quickly exit homelessness and return to permanent housing. RRH assistance is offered without preconditions — like employment, income, absence of criminal record, or sobriety — and the resources and services provided are tailored to the household's unique needs. A household must be literally homeless (as defined in Section II) to be eligible for RRH resources. Grant guidelines may dictate additional eligibility requirements by funding source.

RRH core components are:

- Housing Identification
- Rent and Move-In Assistance
- RRH Case Management and Services

Financial assistance is time-limited and should provide the minimum amount necessary for each household to succeed. Providers will determine the rental subsidy level needed for the upcoming month(s) through case management and home visits. Each RRH provider will employ the following financial assistance best practices, as appropriate:

- Progressive Engagement

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- Graduated Subsidies

Clients will not be required to have income before being re-housed and will not be required to pay a portion of their rent to receive assistance. Specific standards and benchmarks for all FRCoC RRH programs are outlined in the *FRCoC Rapid Re-Housing Standards*.

RRH Prioritization

The FRCoC implemented a community process that prioritizes those least likely to self-resolve for housing resources. This process involves generating a community list of all persons who have been in an emergency shelter or on the street for at least 14 days. Households are prioritized for RRH based on their prioritization list position and case conferencing. Households that are prioritized through the list are assigned to a RRH provider based on caseloads and provider expertise with specific subpopulations.

The FRCoC has three prioritization lists: households without children, households with children, and DV survivors. Criteria and associated scoring are detailed on the *FRCoC Prioritization Criteria* sheet.
This process will adhere to the *FRCoC Prioritization Guidelines*.

Permanent Supportive Housing (PSH)

PSH is an evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services. Research has proven that supportive housing is a cost-effective solution to homelessness, particularly for people experiencing chronic homelessness. PSH clients contribute 30% of their income to housing costs; the project covers the remaining costs.

PSH beds within the FRCoC are prioritized for persons experiencing chronic homelessness. A household must be literally homeless (as defined in Section II) to be eligible. Grant guidelines may further restrict eligibility requirements by funding source.

PSH Prioritization

The FRCoC adopted the Notice CPD-16-11 recommended orders of priority for PSH beds.
In alignment with Notice CPD-16-11, the FRCoC implemented a community process that prioritizes those least likely to self-resolve for housing resources. This process involves generating a community list of all persons who have been in an emergency shelter or on the street for at least 14 days. Households are prioritized for PSH beds, when they are available, based on documented chronic homelessness status, prioritization list position, PSH flags, and case conferencing.

The FRCoC has three prioritization lists: households without children, households with children, and DV survivors. Criteria and associated scoring are detailed on the *FRCoC Prioritization Criteria* sheet.

This process will adhere to the *FRCoC Prioritization Guidelines*.

VIII. Referral

Emergency shelter or homelessness prevention referrals are made directly to admission staff by submitting a completed referral form. Emergency services referrals should be made immediately after completing the coordinated assessment so clients can be quickly notified of acceptance and referred to other services if denied. The provider who completed the coordinated assessment is responsible for completing referrals for emergency services. All FRCoC and ESG program recipients and sub-recipients must use the coordinated entry process as the only referral source to consider filling housing vacancies or services funded by CoC and ESG programs. Emergency shelter vacancies should be communicated daily to the coordinated assessment staff to ensure the next client for shelter is contacted.

When a RRH or PSH vacancy occurs or is expected to occur, the Provider with the vacancy must alert the FRCoC Program Director within 5 business days via email. The notification must include specific vacancy details, including the project name, unit size, location, and any funder-defined eligibility requirements. The FRCoC Program Director will provide vacancy information to the prioritization team. The prioritization team will identify a prioritized household to fill the vacancy during the next regularly scheduled prioritization meeting or from the bi-weekly prioritization list. If a housing provider requires a referral for admission, referrals will be submitted within 24 hours of prioritization meeting. Referrals should be sent electronically to ensure referral documentation is preserved. The shelter or street case manager working with the household is responsible for completing the referral to housing assistance.

The community's housing locator(s) will work with RRH and PSH providers to identify housing opportunities. The housing locator(s) will seek out and maintain relationships with local landlords and property managers and provide training to staff and clients on housing opportunities and tenant/landlord roles and responsibilities. Providers shall make a housing locator referral by submitting a completed *Fredericksburg Regional CoC Needs Assessment Tool* to the housing locator(s).

Client Choice

Clients must be made aware of any referrals that are being made on their behalf. All referral options should be explained to the clients. The client should agree to all options prior to having information referred to another program. Clients who refuse or decline a referral option will maintain their place on the prioritization list and continue to be engaged until housing is accepted or an alternative housing option is found.

Referral Denials

There may be instances where a program does not accept a CES referral. Refusals are acceptable only in certain situations:

- The client does not meet the program's eligibility criteria
- The project is at capacity and is not available to accept referrals
- The client would be a danger to others or themselves if allowed to stay at this particular project
- The project services are not sufficient to address the intensity and scope of the client's need
- Other justifications as specified by the "referred to" project.

For emergency services, if a provider determines a client is not eligible for their project after they have received the referral from coordinated assessment, the provider must communicate the referral refusal to the coordinated assessment coordinator within 2 business days. If a project is consistently refusing referrals, the project will meet with the FRCoC Program Director and Systems Planning Committee to discuss the issue.

For housing services, the provider must communicate the refusal to the FRCoC Program Director within 5 business days. The provider must report why the referral was rejected, how the client was informed, alternative resources made available to the client, and whether project staff foresees similar refusals in the future. This information will then be shared by the FRCoC Program Director with the prioritization team, which will discuss and decide on the most appropriate next steps for the client.

IX. Victim Service Coordinated Entry Process

Victim service providers are not required to use the FRCoC's CES. However, if victim service providers funded by FRCoC and ESG program funds choose not to use the FRCoC's CES, the victim services

providers must create an alternative CES for survivors of DV, dating violence, sexual assault, and stalking that meets HUD's minimum coordinated entry requirements. FRCoC victim service providers have chosen to create an alternative, comparable system which is outlined below.

Access

Survivors of DV, dating violence, sexual assault, and stalking can access services by phone or in-person. Empowerhouse, the FRCoC's DV provider, hosts a 24-hour hotline that allows survivors to seek assistance. Households can also connect with an advocate at the Empowerhouse office during business hours. Any survivor that uses the FRCoC's CES will be provided the option to use the victim service process.

Assessment

At the initial contact, Empowerhouse assesses the client's needs using a standardized intake form. The intake assesses survivor safety and wishes to determine the most appropriate course of action. Based on the assessment, survivors are referred to prevention services, shelter, or other community services. If the client does not pose a major safety risk or does not wish to come to shelter, the client will be diverted to other options through safety planning.

If the client goes to shelter, they will be assessed for housing once able. Most assessments occur within 14 days of shelter entry, but the assessment time is flexible to accommodate client's needs and be trauma-informed.

Prioritization

Empowerhouse manages a by-name prioritization list for DV survivors. Created using housing assessment data, clients are placed on the by-name list based on their assessment score. Vulnerability is measured using the following criteria:

- Safety/Risk of Harm
- Length of Homelessness
- Documentation Status
- Disabling Condition
- Education
- Income
- Number of Children

Empowerhouse case conferencing meetings are used to discuss all prioritization list cases. Housing case managers and shelter staff meet to discuss each client's needs and determine who will be prioritized for housing services. Prioritization is based on client score and housing wishes.

Referral

Clients that are prioritized for housing are referred to the DV housing team, where they will receive housing search and placement assistance. Survivor services may also refer clients to the community housing locator to assist with the search process. If the client meets other criteria, they may be referred to other mainstream resources. For example, if the client is a veteran, they may be referred to explore veteran housing services before utilizing DV housing resources. However, all decisions about housing resources to be used are based on the client's wishes.

X. Data Management

All providers – except DV service providers and Housing Opportunities for Persons With AIDS (HOPWA) providers – administering coordinated assessment, outreach, diversion, homelessness prevention, emergency shelter, RRH, PSH, and housing location projects shall enter data into HMIS. The provider

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shall enter the data in accordance with the *Homeward Community Information System (HCIS) Policies and Procedures* and applicable HUD guidelines, including HMIS Data and Technical Standards. CES partners and participating agencies must ensure client's data is secured regardless of the system or location that the data is collected, stored, or shared. Additionally, clients must be informed how their data is being collected, stored, managed, potentially shared, and for what purpose.

Clients of any program that utilizes HMIS, including coordinated assessment, must give written consent, for the provider to share and store their information for the purpose of assessing and referring through the CES.

Client consent must identify:

- The data that will be collected
- The data that will be stored or managed
- How the data will be used for the purposes of helping the client obtain housing and assistance and for other administrative purposes
- The data that will be shared with others with client consent.

The FRCoC prohibits the denial of services to clients for refusing to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of personally identifiable information as a condition of the program participation. Clients who refuse to disclose information must be informed that some programs require certain information to determine program eligibility and that the client may not be eligible without disclosing the information. If the client continues to decline, they should be served in any other way possible. Data must not be collected without the client's written consent, according to the FRCoC's defined and adopted privacy policies.

HMIS users will be informed and understand the privacy rules associated with collection, management, and reporting of client data. HMIS users will receive annual and ad hoc training as required to remain current of these privacy rules. Users are responsible for adhering to all privacy rules and standards as detailed in the *HCIS Policies and Procedures*.

All shared DV clients (those served by a DV and a non-DV provider) receive confidential services and shall not entered into HMIS.

DV and HOPWA providers must, in lieu of HMIS, use a comparable system. DV providers are responsible for meeting all HMIS data standards and reporting requirements regardless of the data collection system used.

XI. Evaluation

In creating a system focused on constant improvement and data-informed decision making, evaluation of community projects and the entire CES becomes an integral piece of the FRCoC's work. The purpose of these evaluations is to assess the quality and effectiveness of the entire coordinated entry experience for clients and participating projects. For this to be accomplished thoroughly and effectively, numerous evaluation strategies will be used. All feedback collected through the course of the evaluation process will be treated as confidential information.

HMIS Data

The CES will be evaluated using HMIS data at least annually. Results will be reviewed by the FRCoC Board after being reviewed by the System Planning Committee. The following measures will be reviewed:

- Reduction in the length of time homeless (system and project level)
- Reduction in the number of persons experiencing first-time homelessness (system and project level)
- Increase in the number of permanent housing placements (system and project level).

Client Surveys

Upon entry and exit from all projects, clients will be provided an opportunity to complete an anonymous electronic survey to provide feedback regarding their program experiences. The survey is optional, and all completed surveys will be sent directly to FRCoC staff for analysis. Indicators measured via the client survey will include:

- Appropriateness of assessment questions
- Effectiveness of process to find and secure referrals
- Satisfaction with placement

Provider Surveys

All CES projects will be surveyed annually to evaluate their effectiveness. Other community providers who work in partnership with the CES system will also be annually surveyed. The evaluation will be focused on the CES ease of use for providers and the perceived usefulness or burden of each CES component. Provider staff will be solicited for challenges and areas of improvements.

Provider staff will be asked to participate via electronic survey. All survey participation will be anonymous and confidential. Survey clients will be provided with a FRCoC generated survey tool, focused on the detailed evaluation of each CES component. Data will be analyzed and used to inform system changes and process improvements.

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