



A Coordinated Entry System

**500 Nebraska Balance of State Continuum of Care
502 Lincoln, NE Continuum of Care**

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WHY COORDINATED ENTRY

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act governs much of the federal assistance that communities receive to address homelessness. When the HEARTH Act was signed in 2009, it included a provision that communities would be required to develop and implement a coordinated access and assessment system for shelter, rapid re-housing, prevention, transitional housing and permanent supportive housing.

Successful coordinated entry processes are to help communities move toward their goal of ending homelessness by matching people with the housing and support they need and connecting them to those resources quickly.

Coordinated entry:

- Diverts people away from the system who have other safe options for housing.
- Helps unclog the system by moving people more quickly through the referral process.
- Reduces duplication of efforts and help serve individuals better.
- Reduces frustration for service providers through targeting and engagement efforts.
- Quickly moves people from homelessness by connecting them to the most appropriate housing program available.
- Creates a more effective and defined role for emergency shelters and housing providers.
- Increases housing stability by targeting the appropriate housing intervention to correspond with the needs.
- Allows Continuum of Cares to be good stewards of limited resources.

Successful coordinated entry requires the participation of all housing and service providers in the community, participate in a designated process to coordinate entry to housing; including the use of coordinated referrals and triage, common applications, common entrance criteria and centralized lists.

Key Elements:

Access	<ul style="list-style-type: none">• No wrong door approach• Ensure all geographical areas are covered• Easily accessible
Assessment	<ul style="list-style-type: none">• Divert first• Determine vulnerability via a common assessment
Assign	<ul style="list-style-type: none">• Prioritize• Housing placement• Acceptance of referrals• Adhere to process
Accountability	<ul style="list-style-type: none">• Measurement of time and progress (data)• Governing body• System evaluation

ROLES AND EXPECTATIONS

The Continuum of Care (BOS and Lincoln)

- Overseeing body for the community-wide planning and coordination of programs for individuals and families who are homeless.
- The purpose and objectives of the Balance of State CoC and Lincoln CoC are:
 - (1) to gather information in order to identify and fill the gaps in services and community needs;
 - (2) to protect and improve the lives and safety of the homeless and near homeless;
 - (3) to actively engage homeless and other stakeholders in developing solutions to achieving self-sufficiency;
 - (4) to communicate with funding entities, other organizations and the public at large to promote the general welfare of the homeless and to increase self-sufficiency; and
 - (5) to ensure full development of a continuum of care with the shelter, housing and programs necessary to meet the needs of all homeless people and efficiently and effectively move them to self-sufficient life.

Housing Providers

- All CoC grantee providers are required to fill vacancies using Coordinated Entry. In addition, providers outside the CoC funding stream are encouraged to use Coordinated Entry for housing vacancies.
- All User Agencies need to sign a Memorandum of Understanding to have access to the database. The database is utilized to select households to interview for vacancies/anticipated vacancies.

The University of Nebraska Lincoln, Center on Children, Families, and the Law

Designated by the CoCs as the Coordinating Entity. CCFL houses the Coordinated Entry Manager who is responsible for the day-to-day administration of the Coordinated Entry System, which includes but is not limited to the following:

- Create and widely disseminate marketing materials regarding services available through the Coordinated Entry System and how to access those services;
- Ensure training regarding Coordinated Entry is available to participating agencies. At a minimum, the trainings will cover:
 - Verification of chronic homelessness
 - Who to assess
 - How to administer the VI-SPDAT
 - Process and procedure for referring to coordinated entry
 - Review of policies and procedures
 - Assessments and prioritization
 - Criteria for uniform decision making

- Management of participant HMIS record;
- Ensure pertinent information is entered into HMIS for monitoring and tracking the process of referrals, including availability of resources, completion of assessments, and referrals made;
- Arrange case reviews to resolve rejections by housing programs and refusal by participants to engage in housing plan in compliance with the housing program guidelines;
- Manage appeals process utilizing protocol described in this manual;
- Manage processes to enable participation in Coordinated Entry by providers not participating in HMIS;
- Organize ongoing quality control activities to ensure function and performance remain accountable to participants, referral sources and homeless service providers throughout the Coordinated Entry process;
- Evaluate efforts to ensure Coordinated Entry is functioning as intended;
- Update Coordinated Entry system and process as determined necessary by a broad and representative group of stakeholders;
- Update Operations Manual as needed;
- Manage all public relations requests relating to Coordinated Entry.
- Provide open and transparent communication to referral sources, homeless and housing provider, and community members;
- Respond to email questions and provide guidance;

Street Outreach

Often time's street outreach workers are the initial point of contact, and have the ability to maintain contact throughout the process, as well as connect individuals and families with mainstream resources and community based services as needed.

- Educated and trained on the process of Coordinated Entry and how to make referrals.
- Maintain contact and open communication regarding housing status and resources being utilized.
- Provide assistance to those unsheltered who may be in need of additional supports.

REGULATORY REQUIREMENTS

POPULATION SERVED

The All Doors Lead Home Coordinated Entry System provides access to referrals for housing for all people experiencing homelessness in accordance to the HUD definition of homelessness as outlined by the HEARTH Act regulations. See Acronyms/Definitions for further details.

CULTURAL COMPETENCE

Cultural competence involves understanding and appropriately responding to the unique combination of cultural variables, including age, ability, beliefs, ethnicity, experiences, gender identity, gender, linguistic background, national origin, religion, sexual orientation and socioeconomic status. Agency staff are expected to be culturally competent and strongly encouraged to engage in training opportunities to build these skills. As part of this process all are advised to explore how their own values, biases, and beliefs influence their communication and service delivery. This self-reflection will help ensure that staff responsible for assessing, referring and housing, are respectful of the different cultural backgrounds, preferences and practices of participants, and incorporate this information into participant action plans. In doing so, it will provide a trauma informed approach.

FAIR AND EQUAL ACCESS

Coordinated Entry will take all necessary steps to ensure the All Doors Lead Home system is administered in accordance with the Fair Housing Act, Civil Rights Act, and Americans with Disabilities Act. The Coordinated Entry System complies with the nondiscrimination requirements of the Fair Housing Act, which prohibits discrimination in all housing transactions on the basis of race, national origin, sex, color, religion, disability status, and familial status. This also includes protection from housing discrimination based on source of income. Additionally protected classes under state law include sexual orientation (including gender identity), marital status, military discharge status, age (40+). Agencies cannot preference any protected class unless allowed by statute/regulation, or written waiver from their funding or regulatory body (i.e. U.S. Department of Housing and Urban Development).

Participants may not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking.

The BOS and Lincoln Coordinated Entry Systems have a “No Wrong Door Approach”, meaning anywhere an individual or household presents, should be the right door to help connect the household with appropriate resources and referrals. Each agency will follow due diligence in order to accommodate access to the system, whether it be physical accommodations,

communication aides, transportation, etc. At times it may mean connecting the household with another location that can better meet the needs of the household. All agencies are encouraged to document any accommodations made to meet physical and communication needs of individuals/families.

If a household presents with the need for transportation, each participating agency will provide education and information on the local transportation resources available and how to access the transportation available for that area. Moreover, if a household presents with the need to be connected with mainstream resources and community-based emergency assistance services, such as supplemental food assistance and application for income assistance, the participating agency will either help the household or provide a referral to an agency able to assist in meeting this need.

All authorized user agencies who utilize the Coordinated Entry system agree to take full accountability for complying with Fair Housing, HUD's Equal Access rule, and all other funding and program requirements. See reference section for more information.

Coordinated Entry will request the eligibility criteria from each receiving agency. Included in this will be details regarding any eligibility criteria from programs that allow a specific subpopulation of person to be served. It's further recognized that the Fair Housing Act recognizes that a housing provider may seek to fulfill its "business necessity" by narrowing focus on a subpopulation within the homeless population as long as the focus is in compliance with the HUD Equal Access rule. The Coordinated Entry System may allow filtered searches for subpopulations while preventing discrimination *against* protected classes.

Placement/housing of an individual should be based on the person's gender identity and ensure that services do not isolate or segregate individuals based upon actual or perceived gender identity. An individual's own views with respect to personal health and safety should be given serious consideration in making the placement.

HUD-funded providers must provide individuals with access consistent with their gender identity to programs, benefits, services and accommodations without asking them to provide documentation. Furthermore, a broad definition of family should be used that allows for female headed, male-headed, two parent, same sex parent, LGBTQ parent, and extended families to be served together with their children.

COORDINATED ENTRY POLICIES AND PROCEDURES

CONNECTING TO THE COORDINATED ENTRY SYSTEM

The BOS and Lincoln All Doors Lead Home system provides an all-encompassing system that will allow anyone experiencing homelessness within the BOS and Lincoln CoCs access to the Coordinated Entry System. Balance of State and Lincoln will maintain separate prioritization lists, however if relocation is desired or in the best interest of the participant, crossing the CoC lines is allowed and encouraged. As a result of the wide coverage area across Nebraska, the geographic area has identified regional segments in order to most quickly serve those in the local area.

If an individual or family experiencing homelessness is willing or prefers to relocate in another area of Nebraska, the referring agency should make appropriate referrals across the regional lines, and make efforts to assist the individual in building connections and preparing to transition to another location outside of the regional area. This could include making referrals to another CoCs Coordinated Entry systems.

1. **Location and Hours:** Assessments are conducted at Public and Non-Public Access Points. Current locations and hours can be found on the Coordinated Entry website and the BOS and Lincoln NE All Doors Lead Home Facebook page. Each participating agency within the Region is strongly encouraged to post and advertise in a variety of places, such as: hospital emergency rooms, local police and sheriffs' offices, city libraries, rest stops along I-80, etc. All Street Outreach programs will prioritize all persons experiencing a housing crisis who are encountered on the streets, in the same manner as any other person assessed.

Access to emergency shelter and other crisis services are not prioritized to receive services. Therefore access should not be affected by the locations and hours for the Coordinated Entry system.

2. **Eligibility:** The Coordinated Entry All Doors Lead Home system is intended to facilitate the most appropriate housing intervention for those individuals or families that meet the HUD definition of category 1 and category 4 homeless whose immediate and long-term housing needs and ensure that the limited resources are targeted to those who are most appropriate for the housing solution.

OVERVIEW AND WORKFLOW

Consumer's Housing Situation	Intervention Used	Services Provided or Referred/Connected To: (In ALL Interventions)
AT IMMINENT RISK OF LOSING HOUSING (Precariously housed and not yet homeless)	PREVENTION	Housing Search Rental Subsidy Other Financial Assistance
REQUESTING SHELTER (at the "front door" or another program/system entry point seeking a place to stay, or in shelter for 5 days or less)	DIVERSION	Case Management Mediation Connection to Mainstream Resources Legal Services
IN SHELTER (homeless/in the homeless assistance system)	COORDINATED ENTRY	RRH PSH Referral to other housing resources as appropriate and available
UNSHELTERED (living in place not meant for human habitation)		Self-Resolve or Diversion, if appropriate

ACCESS

- A. *“Public Access Points”*, are entities who will be publicly known and advertised, utilize the HMIS system, and are able to make referrals to the All Doors Lead Home Coordinated Entry system. The Public Access Points will include agencies who have signed a Memorandum of Understanding and have agreed to the following (see Appendix for information on MOUs and more information on expectation):
1. Obtain releases from individuals and families presenting experiencing homelessness or risk of homelessness to be placed and reviewed on the prioritization list.
 2. Assess individuals and families by utilizing the Triage/Assessment tools available through the All Doors Lead Home Coordinated Entry System. This includes the Diversion, and VI SPDAT tools.
 3. Refer individuals and families to the All Doors Lead Home Coordinated
 4. Entry System through the Homeless Management Information System (HMIS).
- B. *“Non-Public Access Points”* can be HMIS or non HMIS agencies and will not be publicly advertised. The Non-Public Access Points could include, but are not limited to Outreach providers, Domestic Violence shelters, hospitals, basic need centers, etc. who have agreed to the following:
1. Obtain releases from individuals and families presenting experiencing homelessness or risk of homelessness to be placed and reviewed on the prioritization list.
 2. Assess individuals and families by utilizing the Triage/Assessment tools available through the All Doors Lead Home Coordinated Entry System. This includes the Diversion, and VI SPDAT tools.
 3. Refer individuals and families to the All Doors Lead Home Coordinated Entry System through partnering with a local agency that uses HMIS. If the agency utilizes HMIS and is not a public access point, they still have the capability of making the referral within the system.
- C. *Emergency Services*
1. Crisis response services will operate with the fewest barriers possible and will not function under the prioritization process specified by the Coordinated Entry System.
 2. Anyone in need of emergency services during the hours when the All Doors Lead Home Coordinated Entry Public Doors are not open, is encouraged to identify the closest emergency service agency, such as a shelter and/or hospital, to receive needed services immediately. If it is a life threatening situation, calling 9-1-1 is the best solution.
 3. Prevention is seen as a crisis response, each agency is using individual tools to identify who is appropriate to receive these homeless prevention services within their region or community.

ASSESSMENT

DIVERSION

Diversion provides an opportunity to assist those who are requesting emergency shelter in finding possible housing options outside of the traditional homeless system, ensuring that immediate and alternative arrangements are fully explored and supported while keeping shelter beds open for those individuals/families who are not able to be diverted

Diversion offers light-touch services with connections to minimal financial assistance to families who are homeless, and whose housing options may likely include less-than-ideal housing situations. It does not necessarily ensure that families will have housing that meets the standard affordability standard (meaning housing where the household pays only 30 percent of their income toward housing costs), nor is it designed to eliminate poverty or housing mobility.

Process

1. May be conducted in person or over the phone
2. Perform the Diversion Intervention on anyone arriving at shelter door, presenting as homeless, has been in shelter for 5 days or less, or others who have been identified as possibly having a Diversion Solution.
3. If it is determined they are eligible for Diversion, attempt to divert household.
4. Hand off to shelter or other case manager for additional services and resources as needed.

If it is determined that the individual or family is homeless, or not able to be diverted, they are referred to an emergency shelter or outreach worker.

STANDARDIZED ASSESSMENT

VI-SPDAT (Vulnerability Index Service Prioritization Decision Assistance Tool) is the common and standardized assessment tool agreed upon by the Nebraska Balance of State and Lincoln Continuums of care for the purposes of housing prioritization and placement within the “All Doors Lead Home” Coordinated Entry System. All programs will utilize the VI-SPDAT Prescreen as the initial triage assessment for Coordinated Entry. There are 3 different VI-SPDATs, one for Transition Aged Youth, Families and Singles. The VI SPDAT should be completed by agency staff upon initial meeting except for those entering emergency shelter. It is recommended to wait 5 days before completing the standardized assessment on those only entering emergency shelter. Whenever possible, the VI-SPDAT should be completed in HMIS. When not possible, the VI-SPDAT should be completed in its paper form and then entered into HMIS for each participant by a partnering agency. The VI-SPDAT and other resources can be found on the CCFL website listed under References and Resources Section.

SAFETY PROTOCOL

When considering the safety of persons fleeing or attempting to flee family violence, stalking, dating violence, or other domestic violence situations confidentiality is of the utmost concern within the Coordinated Entry process

Before beginning the triage and assessment for Coordinated Entry, it is strongly suggested to begin with the following questions. If a couple presents as a unit, interview separately initially, to assess for domestic violence:

"One thing I'd like to do before we begin is see if you'd like information about local domestic violence resources? So, for instance, if a partner has ever threatened to hurt you, or made you afraid, or hit, slapped, kicked or otherwise physically hurt you or made you do something sexual you did not want to, it might be helpful for you to talk to someone confidentially. A domestic violence advocate can help you fill out this survey, the answers you give will be kept confidential. This level of confidentiality could be really important at some point in the future, because some of these questions that must be asked are very personal. Would you like to speak to someone at that program, and perhaps fill out this survey with them?"

1. If the answer to the question above is "yes" then the service provider will ask if they may make a referral to a domestic violence program so that the program can continue the triage and assessment in a manner that is sensitive to survivors' needs and offer additional services.
2. If the person declines a referral, the service provider will continue assessment.
3. If the answer to the question above is "no" then the service provider will continue the triage and assessment

If the household does not wish to seek DV specific services, the household will have full access to a referral being made in the HMIS system immediately.

If the household would like to be referred to the All Doors Lead Home Coordinated Entry System, but for safety concerns would opt out of having information entered into the HMIS system, an "Anonymous" referral can be made. **The expectation is that this is used as a last resort.**

The expectation is that information is given to the participant by the assessing agency, regarding the security of the HMIS system and that only licensed users who have agreed to follow strict confidentiality guidelines are allowed to see information in the HMIS system. Furthermore, the MVRT review processes will focus on the homeless and housing situation, and not discuss personal issues and diagnosis during the review time. If the individual is still concerned about safety factors, the referring provider THEN makes the referrals as "Anonymous". The agency making the referral will be responsible for tracking the identifying code assigned with the "Anonymous" referral and will provide updates on the individual/family

on a weekly basis utilizing this assigned code.

For Further Instructions on how to add an Anonymous referral, please contact the Coordinated Entry Manager.

PRIVACY AND SECURITY

The All Doors Lead Home Coordinated Entry System utilizes the Nebraska Management Information System, which collects basic information about being referred to the system. The information collected is minimal and what is considered to be appropriate and needed.

We also ask that participants being referred to the All Doors Lead Home Coordinated Entry system complete the HMIS release of information in order for the data to be placed into the HMIS system, as well as the “All Doors Lead Home Release of Information”. The releases allow the MVRT to brainstorm housing solutions and make rapid connections with individuals and families when a housing offer becomes available.

If a participant refuses to sign the HMIS release of information or All Doors Lead Home release of information, it does not prohibit the denial of services. In order to properly prioritize them in Coordinated Entry, the same protocol as detailed in DV protocol will be followed. Upon being offered a housing placement, the receiving agency will follow their agency protocol for this situation and it shall not prohibit the denial of services.

ASSIGN

ALL DOORS LEAD HOME COORDINATED ENTRY MOST VULNERABLE REVIEW TEAM (MVRT):

Due to the geographic and population differences, the two CoCs have some differences in the Protocol and daily functioning of the referral process. Both CoCs worked jointly to develop the overarching principles for the system, and have established there may be a time and place for individuals and families who are experiencing homelessness to cross geographic lines. This is possible by following the protocols below, and referring to the CoC geographical area that can serve the needs the best and most immediate.

BALANCE OF STATE MVRT PROTOCOL:

The MVRT membership will include required and recommended members and is open to any housing or housing service provider in the Lincoln CoC.

Required Members: BOS CoC Housing Providers, NHAP Street Outreach, NHAP RRH, ESG funded agencies, Coordinated Entry Lead, Agency submitting person to MVRT for housing placement.

Recommended Members: Projects for Assistance in Transition from Homeless (PATH) providers, NDHHS Behavioral Health Rental Assistance Project providers (RAP), regional CoC representative, emergency shelters, HUD VASH & SSVF VA Grants, emergency responders such as police or fire and rescue, other permanent housing providers.

Current BOS MVRT attendees:

Region 1: CAPWN

Region 2: Hope Harbor, The Salvation Army - Grand Island, Region 3 Behavioral Health, Goodwill Industries,

Region 3: CAP MID - Kearney, The Connection

Region 4: Blue Valley CAP, Region V Systems,

Region 5: NENCAP

Others: Domestic Violence Sexual Assault Coalition, DHHS

Any literally homeless person at time of referral (HUD Category 1 or Category 4) with a vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) and with signed release of information will be reviewed by the MVRT.

Any person, between the ages of 16-24 (with guardian approval for 16 and 17 years of age), at time of referral (HUD Category 1, 2, 3 or Category 4) with a Transition Age Youth Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) and with signed release of information will be reviewed by the MVRT.

All Doors Lead Home Coordinated Entry Release of Information Form

An affirmative response to the All Doors Lead Home Coordinated Entry Release of Information Form will be completed and documented in the HMIS all by all persons referred to the MVRT.

Pre-MVRT Requirements / Duties

Agency conducting the VI-SPDAT on individuals or families who are experiencing homelessness should enter VI-SPDAT assessment into HMIS and immediately make referral in HMIS to BOS All Doors Lead Home Coordinated Entry. Agency / case manager making referral to the MVRT should plan on providing a weekly update on the status of the individual or family.

Weekly updates should include the following:

1. Homeless Status
2. If there has been contact in the last week and if the individual/family is engaged.
3. If there is a housing plan.

Updates can be made by:

1. Enter directly into Service Point
 - a. If the staff person has access to the priority list in HMIS, the note can be documented directly under the participant. The provider should select "Enter Data As - All Doors Lead Home Coordinated Entry" then complete the note.
 - b. If the staff person has access to HMIS, but not the list, the note can be documented under the Assessment Tab and All Doors Lead Home Coordinated Entry section.
2. Email or phone communication with a Public Access Point Agency, or Coordinated Entry Manager.

The coordinated entry lead will maintain the MVRT referral inventory in HMIS and it will be available for review by all Housing Providers in HMIS and available for review by non-HMIS MVRT team members from the Coordinated Entry Manager.

Housing providers will attend each MVRT meeting with a listing of their current PSH and RRH housing availability and expected vacancies within the next week.

All participants should review and provide updates within the MVRT listing in HMIS and accompanying client profile information in HMIS prior to MVRT call. For those unable to review prior to the meeting providers in the BOS will have access during the meeting.

Housing Plan & Placement Priority Order

- BOS CoC shall prioritize those experiencing chronic homelessness based on the length in time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individuals or families service needs;
- Where there are no chronically homeless individuals and families within the CoCs geographic area, BOS CoC and recipient of CoC Program-Funded PSH are encouraged to follow the order of priority under 'Order of Priority in permanent supportive housing beds not dedicated or prioritized for persons experiencing chronic homelessness';
- Recipients of CoC Program-Funded PSH beds should also consider the goals and any identified target populations served by the project.
- Recipients must also practice due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. CoC Program-funded PSH providers are not required to allow units to remain vacant indefinitely while waiting for someone identified as chronically homeless to accept an offer of PSH. Person who are chronically homeless shall continue to remain as a priority until they are housed.

Order of priority in permanent supportive housing beds not dedicated or prioritized for persons experiencing chronic homelessness:

- First priority: families and individuals experiencing homelessness with a disability with a long period of continuous or episodic homelessness.
- Second priority: families and individuals experiencing homelessness with a disability and the most severe service needs.
- Third priority: families and individuals experiencing homelessness with a disability coming from a place not meant for human habitation, safe have, or emergency shelter without severe service needs.
- Fourth priority: families and individuals experiencing homelessness with a disability coming from transitional housing.

The MVRT Priority Ranking Formula Score is as follows:

1. Chronic Status (after Documented up) – 10 points
2. VI SPDAT score (which captures service need, history, vulnerability, etc.)
3. Fleeing Domestic Violence – 1 point
4. Veteran – 1 point
5. TAY – 1 point
6. 0-3 months homeless – 0 points
7. 4-6 months – 2 points
8. 7-9 months – 4 points
9. 10-12 months – 6 points

All individuals and families shall be updated by the MVRT on a weekly basis.

- All individuals and families who score a 10 on the VI SPDAT or greater OR meet the definition of Chronic Homelessness shall be prioritized for Permanent Support Housing.
- All individuals and families who score a 5-9 on the VI SPDAT shall be prioritized for Rapid Rehousing.
- Participants in Transitional housing shall be referred to the MVRT list and remain on the list until have exited.
- All Transition Age Youth not scoring above a 5 and/or not street or shelter homeless will be prioritized on the bottom of the single Coordinated Entry list under the TAY non-HUD section.
- Anyone experiencing homelessness and scoring under a 5 will be referred to the Self-Resolve/Divert section by date of referral and no further scoring.

When more than one individual or family have identical Priority Scores, prioritization will be organized by date of referral.

In order for an individual or family to be prioritized as Chronic, they must be “Documented Up” to show they meet the length of time homeless. Those who identify as chronic and are not “Documented Up” will be prioritized amongst others in the process of being “Documented Up”. If an individual or family cannot be “Documented Up” within 30 days of the referral or updated chronic status, they will be prioritized amongst the most appropriate portion of the list, which may best meet their needs, according to the triage and assessment scoring. If at any time after the 30 days they become Documented Up, the prioritization as listed above will be followed. Referrals sources and the MVRT will start gathering the homeless verifications immediately when an individual identifies he/she has the length of time and disability status that fits the chronic status. Upon the verification of homelessness, the individual will be prioritized in the order noted above

MVRT Meeting

The BOS MVRT will meet via phone and web every Thursday at 9:00 am Central Time. The MVRT meetings will be scheduled to last no more than 1.5 hours.

MVRT Staffing

MVRT Staffing will be structured to provide both the highest degree of standardization and efficiency.

1. Housing Providers will each announce the availability, number and location of current openings to include the number of single individual, family, and special population units. The next highest priority that fits the basic criteria will be identified for the Housing Provider and referring agency to coordinate communication to verify the individual/family meets all criteria for the program and an offer is made.

2. If multiple housing availabilities exist for individual/family the team will identify the most appropriate.
3. When an availability is identified, the date is documented on the MVRT list. Offers can and should be made as soon as knowledge of an opening is known. It is not necessary to wait until the next MVRT meeting to identify the next priority in line for an offer.
4. The MVRT will then begin review of MVRT priorities.
5. The referring agency, in addition to any other agency that has contact or updates on the family or individual will provide a weekly update either by noting in the HMIS system or during the meeting verbally.
6. Verbal reviews will be held during the MVRT meeting time when an update has not been provided in the notes section, or an issue has arisen that needs to be communicated, answered or problem solved.
7. The next case will then be identified by the Coordinating Entity and the process will continue until all clients on the MVRT Priority list have been reviewed.
8. MVRT referrals needing to become “Documented Up” will be staffed and MVRT members will identify where documentation can be gathered.

Function of the MVRT List “outside” of meeting time

In order to move people more quickly through the referrals process, the Priority List is available to housing providers at all times, in order to facilitate making the offer to the next priority in line the housing provider with an opening does not have to wait until the next MVRT meeting to make an offer.

Identification of Housing intervention

PSH (Permanent Supportive Housing):

When PSH availability is identified between meetings times, the PSH provider will look at the MVRT priorities and identify the next person on the list without a housing plan identified. At this time, they may contact the shelter/referring agency, or the individual themselves to begin the process of making an offer to that priority and ensuring the individual/family meets criteria of the specific program. If the PSH has difficulty identifying the referring agency, the provider can contact the Coordinated Entry Manager for assistance in identifying the best way to contact the individual or agency. If the opening is not identified until the weekly call time, this can be communicated during the MVRT call. If a RRH provider has availability and identifies someone as appropriate for their programming in this priority scoring group, it is encouraged they offer assistance to those where RRH intervention could be a successful intervention.

RRH (Rapid Rehousing) Providers:

The RRH priority section of the “BOS All Doors Lead Home Coordinated Entry MVRT” is organized in this manner:

1. RRH Region 1
2. RRH Region 2
3. RRH Region 3
4. RRH Region 4
5. RRH Region 5
6. RRH Willing to Relocate

All referrals who have identified they are willing to relocate are either prioritized under “RRH Willing to Relocate” or if it is limited to one location, they will be prioritized under that specific Region.

Each RRH provider will follow these steps:

1. Look in the Region they are located in
2. Look at the “RRH Willing to Relocate” section
3. Compare priority scores listed under the notes section
 - a. The provider can hover over the right hand column that looks like a piece of paper to find the priority score and location of referral
 - b. Identify the referral who has the highest priority score
4. Begin the communication process with the highest priority either by contacting the referring agency, or the individual themselves.

RRH providers have the ability to take anyone on the priority list, even if their score is greater than the RRH maximum suggested score. If there is questions whether the individual or family is appropriate for a RRH intervention, a case discussion can occur during the weekly MVRT call or the receiving provider can staff with the referring agency.

Permanent Supportive Housing Disability Verification/Documentation

The documentation/verification of a person’s disability is the responsibility of the PSH provider. Persons referred to the MVRT are not required to have disability verification/documentation on file in the HMIS to be reviewed and prioritized. It is encouraged the referring agencies assist the PSH provider in gathering this documentation

MVRT Priority Listing Maintenance and Use

The MVRT Priority Listing will be maintained in the HMIS and be available for all PSH, RRH, and Transitional housing providers to access through Shelter Point which includes the prioritization ranking for housing programs, prior referrals made from MVRT staffing and reason not accepted, contact information of current housing/shelter provider and contact information for homeless person/family.

For providers not participating in HMIS the MVRT Priority Listing Report will be available upon request from the Coordinated Entry Manager.

Prioritized Persons not housed prior to Next MVRT Meeting

Persons, for which the MVRT has reviewed, prioritized, and a housing plan has been identified by the MVRT with a specified housing provider are to be served with the specified MVRT placement plan even if the placement takes more than 1 week. The progress of the placement, including engagement will be reviewed. If an individual or family has not accepted the offer within one week, the receiving provider, in collaboration with other members of the MVRT as needed, will make the recommendation if the offer should continue, or be revoked. At any time after the offer had been accepted, if an individual or family becomes disengaged or inactive in the placement process, the Receiving Program will make the recommendation to the MVRT if the offer should continue or be revoked.

Prioritized Persons without Provider Contact

Prioritized Persons that remain on the MVRT priority listing for two weeks without continuing or new contact (contacts include continuing entry in shelter or motel/voucher program) since the initial referral will be removed from the Priority Listing. If they are subsequently contacted a new MVRT Referral will need to be conducted.

LINCOLN MVRT PROTOCOL:

The MVRT membership will include required and recommended members and is open to any housing or other service provider in the Lincoln CoC.

Required Members: Lincoln CoC Housing Providers, ESG Street Outreach, NHAP RRH, Coordinated Entry Lead, Agency submitting person to MVRT for housing placement.

Recommended Members: Projects for Assistance in Transition from Homeless (PATH) providers, DHHS Behavioral Health Rental Assistance Project providers (RAP), regional CoC representative, HUD VASH & SSVF VA Grants, emergency responders such as police or fire and rescue, other permanent housing providers, behavioral health providers..

Current LNK MVRT attendees: Lancaster County Jail, CenterPointe, Matt Talbot Kitchen and Outreach, Cedars Youth Services, Community Action of Lancaster and Saunders Counties, Veteran's Administration, SSVF, Lincoln Police Department, TASC, The Bridge Behavioral Health, Lutheran Family Services, Mental Health Association, Region V Systems

Any person literally homeless at time of referral (HUD Category 1 or Category 4) with a vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) and with signed release of information will be reviewed by the MVRT.

Any person, between the ages of 16-24 (with guardian approval for 16 and 17 years of age), at time of referral (HUD Category 1, 2, 3 or Category 4) with a Transition Age Youth Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) and with signed release of information will be placed reviewed by the MVRT.

All Doors Lead Home Coordinated Entry Release of Information Form

An affirmative response to the All Doors Lead Home Coordinated Entry Release of Information Form will be completed and documented in the HMIS all by all persons referred to the MVRT.

Pre-MVRT Requirements / Duties

Agency conducting the VI-SPDAT on individuals or families who are experiencing homelessness should enter VI-SPDAT assessment into HMIS and immediately make referral in HMIS to CSMIS All Doors Lead Home Coordinated Entry. Agency / case manager making referral to the MVRT should plan on providing a weekly update on the status of the individual or family.

Weekly updates should include the following:

1. Homeless Status
2. If there has been contact in the last week and if the individual/family is engaged.
3. If there is a housing plan.

Updates can be made by:

1. Enter directly into Service Point
 - a. If the staff person has access to the priority list in HMIS, the note can be documented directly under the participant. The provider should select "Enter Data As - All Doors Lead Home Coordinated Entry" then complete the note.
 - b. If the staff person has access to HMIS, but not the list, the note can be documented under the Assessment Tab and All Doors Lead Home Coordinated Entry section.
2. Email or phone communication with a Public Access Point Agency, or Coordinated Entry Manager.

The coordinated entry lead will maintain the MVRT referral inventory in HMIS and it will be available for review by all Housing Providers in HMIS and available for review by non-HMIS MVRT team members from the Coordinated Entry Manager.

Housing providers will attend each MVRT meeting with a listing of their current PSH and RRH housing availability and expected vacancies within the next week.

All participants should review and provide updates within the MVRT listing in HMIS and accompanying client profile information in HMIS prior to MVRT call. For those unable to review prior to the meeting providers in Lincoln will have ability to do so during the meeting.

Housing Plan & Placement Priority Order

- Lincoln CoC shall prioritize those experiencing chronic homelessness based on the length in time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individuals or families service needs;
- Where there are no chronically homeless individuals and families within the CoCs geographic area, Lincoln CoC and recipient of CoC Program-Funded PSH are encouraged to follow the order of priority under 'Order of Priority in permanent supportive housing beds not dedicated or prioritized for persons experiencing chronic homelessness';
- Recipients of CoC Program-Funded PSH beds should also consider the goals and any identified target populations served by the project.
- Recipients must also practice due diligence when conducting outreach and assessment to ensure that individuals and families who are chronically homeless are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. CoC Program-funded PSH providers are not required to allow units to remain vacant indefinitely while waiting for someone identified as chronically homeless to accept an offer of PSH. Person who are chronically homeless shall continue to remain as a priority until they are housed.

Order of priority in permanent supportive housing beds not dedicated or prioritized for persons experiencing chronic homelessness:

- First priority: families and individuals experiencing homelessness with a disability with a long period of continuous or episodic homelessness.
- Second priority: families and individuals experiencing homelessness with a disability and the most severe service needs.
- Third priority: families and individuals experiencing homelessness with a disability coming from a place not meant for human habitation, safe have, or emergency shelter without severe service needs.
- Fourth priority: families and individuals experiencing homelessness with a disability coming from transitional housing.

The MVRT Priority Ranking Formula Score is as follows:

1. Chronic Status (after Documented up) – 10 points
2. VI SPDAT score (which captures service need, history, vulnerability, etc.)
3. Fleeing DV – 1 point
4. Veteran – 1 point
5. TAY – 1 point
6. 0-3 mos homeless – 0 points
7. 4-6 months – 2 points
8. 7-9 months – 4 points
9. 10-12 months – 6 points

All individuals and families shall be updated by the MVRT on a weekly basis.

- All individuals and families who score a 12 on the VI SPDAT or greater OR meet the definition of Chronic Homelessness shall be prioritized for Permanent Support Housing.
- All individuals and families who score a 5-11 on the VI SPDAT shall be prioritized for Rapid Rehousing.
- Participants in Transitional housing shall be referred to the MVRT list and remain on the list until have exited.
- All Transition Age Youth not scoring above a 5 and/or not street or shelter homeless will be prioritized on the bottom of the single Coordinated Entry list under the TAY non-HUD section.
- Anyone experiencing homelessness and scoring under a 5 will be referred to the Self-Resolve/Divert section by date of referral and no further scoring.

When more than one individual or family have identical Priority Scores, prioritization will be organized by date of referral.

In order for an individual or family to be prioritized as Chronic, they must be “Documented Up” to show they meet the length of time homeless. Those who identify as chronic and are not “Documented Up” will be prioritized amongst others in the process of being “Documented Up”. If an individual or family cannot be “Documented Up” within 30 days of the referral or updated chronic status, they will be prioritized amongst the most appropriate portion of the list, which may best meet their needs, according to the triage and assessment scoring. If at any time after the 30 days they become Documented Up, the prioritization as listed above will be followed. Referrals sources and the MVRT will start gathering the homeless verifications immediately when an individual identifies he/she has the length of time and disability status that fits the chronic status. Upon the verification of homelessness, the individual will be prioritized in the order noted above.

MVRT Meeting

The LNK MVRT will meet in person at every Thursday at 2:30 pm Central Time. The MVRT meetings will be scheduled to last no more than 1.5 hours.

MVRT Staffing

MVRT Staffing will be structured to provide both the highest degree of standardization and efficiency.

1. Housing Providers will each announce the availability, number and location of current openings to include the number of single individual, family, and special population units. The next highest priority that fits the basic criteria will be identified for the Housing Provider and referring agency to coordinate communication to verify the individual/family meets all criteria for the program and an offer is made.
2. If multiple housing availabilities exist for individual/family the team will identify the

most appropriate.

3. When an availability is identified, the date is documented on the MVRT list. Offers can and should be made as soon as knowledge of an opening is known. It is not necessary to wait until the next MVRT meeting to identify the next priority in line for an offer.
4. The MVRT will then begin review of MVRT priorities.
5. The referring agency, in addition to any other agency that has contact or updates on the family or individual will provide a weekly update either by noting in the HMIS system or verbally during the meeting .
6. Verbal reviews will be held during the MVRT meeting time when an update has not been provided in the notes section, or an issue has arisen that needs to be communicated, answered or problem solved.
7. The next case will then be identified by the Coordinating Entity and the process will continue until all clients on the MVRT Priority list have been reviewed.
8. MVRT referrals needing to become “Documented Up” will be staffed and MVRT members will identify where documentation can be gathered.

Function of the MVRT List “outside” of meeting time

In order to move people more quickly through the referrals process, the Priority List is available to housing providers at all times, in order to facilitate making the offer to the next priority in line the housing provider with an opening does not have to wait until the next MVRT meeting to make an offer.

Identification of Housing intervention

PSH (Permanent Supportive Housing):

When PSH availability is identified between meetings times, the PSH provider will look at the MVRT priorities and identify the next person on the list without a housing plan identified. At this time, they may contact the shelter/referring agency, or the individual themselves to begin the process of making an offer to that priority and ensuring the individual/family meets criteria of the specific program. If the PSH has difficulty identifying the referring agency, the provider can contact the Coordinated Entry Manager for assistance in identifying the best way to contact the individual or agency. If the opening is not identified until the weekly call time, this can be communicated during the MVRT call. If a RRH provider has availability and identifies someone as appropriate for their programming in this priority scoring group, it is encouraged they offer assistance to those where RRH intervention could be a successful intervention.

Permanent Supportive Housing Disability Verification/Documentation

The documentation/verification of a person’s disability is the responsibility of the PSH provider. Persons referred to the MVRT are not required to have disability verification/documentation on file in HMIS to be reviewed and prioritized. It is encouraged the referring agencies assist the PSH provider in gathering this documentation.

RRH (Rapid Rehousing) Providers:

The LNK RRH priority section of the “All Doors Lead Home Coordinated Entry MVRT” is organized in this manner:

RRH Families

RRH Singles

RRH providers have the ability to take anyone on the priority list, even if their score is greater than the RRH maximum. If there are questions whether the individual or family is appropriate for a RRH intervention, a case discussion can occur during the weekly MVRT call or the receiving provider can staff with the referring agency.

MVRT Priority Listing Maintenance and Use

The MVRT Priority Listing will be maintained in the HMIS and be available for all PSH, RRH, and Transitional housing providers to access through Shelter Point which includes the prioritization ranking for housing programs, prior referrals made from MVRT staffing and reason not accepted, contact information of current housing/shelter provider and contact information for the person/family.

For providers not participating in HMIS the MVRT Priority Listing Report will be available upon request from the Coordinated Entry Manager.

Prioritized Persons not housed prior to Next MVRT Meeting

Persons, for which the MVRT has reviewed, prioritized, and a housing plan has been identified by the MVRT with a specified housing provider are to be served with the specified MVRT placement plan even if the placement takes more than 1 week. The progress of the placement, including engagement will be reviewed weekly. If an individual or family has not accepted the offer within one week, the receiving provider, in collaboration with other members of the MVRT as needed, will make the recommendation if the offer should be continued, or revoked. At any time after the offer had been accepted, if an individual or family becomes disengaged or inactive in the placement process, the Receiving Program will make the recommendation to the MVRT if the offer should continue or be revoked.

Prioritized Persons without provider Contact

Prioritized Persons who remain on the MVRT priority listing for two weeks without continuing or new contact (contacts include continuing entry in shelter or motel/voucher program) since the initial referral will be removed from the Priority Listing. If they are subsequently contacted, a new MVRT Referral will need to be conducted.

VETERAN PROTOCOL FOR BALANCE OF STATE AND LINCOLN

The Veteran By Name List was created by the BOS and Lincoln CoCs for individuals and families whom are experiencing homelessness and are identified with veteran status as verified by the VA.

The objective of the Veterans By Name List is to identify the situation and circumstance of the veteran, identify appropriate and available housing options, and offer housing as quickly as possible.

The Veterans By Name membership will include required and recommended members and is open to any housing or housing service provider in the BOS and Lincoln CoC.

Required Members: SSVF Grant, VA Homeless Programs, CoC housing providers, ESG Street Outreach, Coordinated Entry Lead, Agency submitting person to Vets By Name List for housing placement.

Recommended Members: Projects for Assistance in Transition from Homeless (PATH) providers, NDHHS Behavioral Health Rental Assistance Project providers (RAP), regional CoC representative, HUD VASH, emergency responders such as police or fire and rescue, other permanent housing providers

Any Veteran, at time of referral (HUD Category 1 or Category 4) with a Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen total of 1 or greater and with signed release of information will be placed on the Vets By Name list.

All Doors Lead Home Coordinated Entry Release of Information Form

An affirmative response to the All Doors Lead Home Coordinated Entry Release of Information Form will be completed and documented in the HMIS all by all persons referred to the MVRT.

Pre-Veterans By Name List Referral

On a weekly basis the Coordinated Entry Manager runs a report to identify any new veterans that have entered the Emergency Shelter system. If an ROI for All Doors Lead Home has not been signed, the CE Manager will follow up with the shelter requesting an ROI, or reason as to why a referral has not been made to the Vets By Name List.

Any agency in contact with an individual or family who reports being a veteran and is experiencing homelessness or at risk of homelessness, will proceed with the Coordinated Entry Triage and Assessment process. If the veteran is homeless and in need of housing, the agency will make a referral to the CSMIS or BOS Vets By Name List, there is not a minimum score on the VI SPDAT to indicate the need to refer to the By Name List.

The Coordinated Entry Manager will maintain the Vets By name referral inventory in HMIS and it will be available for review by all Veteran specific housing providers in HMIS and available for

review by the non-HMIS team members.

Housing Plan & Placement Priority Order

All individuals reporting to be a veteran will be referred and reviewed on a weekly basis. In the Lincoln CoC, veteran eligibility (HUD VASH, SSVF, or GPD) is determined prior to being placed on the Veterans By Name List, through the Homeless Program Social Workers. In the BOS CoC, this confirmation occurs during the call.

The By Name List prioritization will be done prior to staffing meetings utilizing the following: 1) Chronic Homeless Status; 2) history of homelessness; 3) months continuously homeless;

Veterans By Name List Meeting

The BOS BNL will be via phone and web meeting every 1st and 3rd Thursday at 9:00 am Central Time. The Lincoln BNL will meet in person at every Thursday at 2:30 pm Central Time. The BNL meetings will be scheduled to last no more than 1 hour.

Staffing

BNL Staffing will be structured to provide both the highest degree of standardization and efficiency.

1. The Coordinating Entity will open the list to review and update status
2. The review will follow this order below:
 - a. Chronic
 - b. Unsheltered
 - c. Sheltered
 - d. Institution (Jail, treatment, hospital, etc.)
 - e. Transitional
 - f. No contact
3. The agency that conducted the pre-screen assessment on the individual/family will briefly review the VI-SPDAT score, the client profile and any special circumstances related to the homeless individual/family (including pre-knowledge of individual/families willingness to relocate).
4. The BNL team will update the "Homeless Veteran Report" in HMIS with the following information:
 - a. Date Veteran Identified
 - b. List Status
 - c. Permanent Housing Track
 - d. Expected Permanent Housing Date
 - e. VA Eligible
 - f. SSVF Ineligible
5. During the review, the team will identify plans for the top 5 individuals/families without a housing solution plan in place.

Veterans By Name List Persons without Provider Contact

Persons that remain on the Veterans BNL for 90 days without continuing or new contact (contacts include continuing entry in shelter or motel/voucher program) since the initial referral will be removed from the BNL and added to the Inactive Vets List. If they are subsequently contacted a new Referral to the BNL will need to be conducted.

ACCOUNTABILITY

The implementation of the All Doors Lead Home Coordinated Entry System marks a statewide system change. To help ensure that the system will be effective and manageable for individuals and families who are homeless and at risk of homelessness as well as for the housing and service providers tasked with meeting their needs, particularly during the early stages of implementation, the BOS and LNK Continuums of Care anticipate adjustments to the process as described in this Operations Manual. To inform those adjustments, The CE system will evaluate periodically, and there will be ongoing opportunities for stakeholder feedback, including but not limited to Referral and Receiving Program work groups convened and managed by the Coordinating Entity. Specifically the Coordinating Entity is responsible for:

- Leading periodic evaluation efforts to ensure that the Coordinated Entry System is functioning as intended; such evaluation efforts shall happen at least annually.
- Leading efforts to make periodic adjustments to the Coordinated Entry System as determined necessary; such adjustments shall be made at least annually based on findings from evaluation efforts.
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders.
- Ensuring that the Coordinated Entry System is updated as necessary to maintain compliance with all State and Federal Statutory and regulatory requirements.

Evaluation efforts shall be informed by metrics established annually by the Coordinating Entity in conjunction with the governing body and workgroups as needed.

The Coordinated Entry process must be flexible and responsive to new information about more effective approaches.

The Coordinating Entity will evaluate the following benchmarks:

Measure	Target #	Universe #	Target (%) (Calculated)
Time on CE Priority List for Permanent Supportive Housing			8%
CE Referrals to Permanent Supportive Housing Placement			65%
No re-entry into the Homeless System after Permanent Supportive Housing up to 24 months after initial placement			90%

The Focus Groups and/evaluations will address the following topics on at least an annual basis:

- Does CE work for persons experiencing a housing crisis?
- Does CE work for providers of homeless assistance?
- Is CE functioning according to CoCs design principles?
- Is CoC system more efficient and effective as a result of CE?

The focus groups and evaluations will be a combination of service providers, referral sources and participants and or family members who have accessed the Coordinated Entry System within the last year. The groups will be offered in person, online, or over the phone as most appropriate for the geographical area. The surveys will be dispersed through agencies involved in the Coordinated Entry System via electronic methods. The participating agencies will be asked to circulate them in the best manner possible to those who have participated in Coordinated Entry within the past year. This could be via an electronic option or paper copies.

Governing Body:

The Governing Body will be made up of a variety of entities from the BOS and LNK. It will include representation from Shelter, RRH, PSH, Transitional, Outreach, System Administration, and others identified as having a key interest in the Coordinated Entry System. The Governing Body will be the responsible entity for developing and administering Focus Groups and Evaluations to the participants on at least an annual basis.

AGENCY DENIAL, LOSS OF ENGAGEMENT, AND PARTICIPANT REJECTION

A. Agency Denial

Providers shall accept all referrals of eligible households. Providers are responsible for ensuring that referred households meet eligibility requirements and for gathering eligibility documentation. Referred households may not be offered a housing solution in the following circumstances:

1. If the household does not meet the project's eligibility requirements, as established by the funder; or
2. If the household fails to engage in the assessment and leasing up process;
3. If the household has had previous violations of an agency's policies that have had serious implications on programming. ex. threats or actual violence toward staff members and/or other participants, significant property damage; or
4. Current concerns of physical aggression and violence.

The Provider must document if any of the above occurs within the HMIS system. The Coordinated Entry Manager may follow-up with the Provider and/or referral source to understand the circumstances if a referral is turned down. If an agency has 3 or more instances of refusal or denial within 6 month, the agency would be subject to review by the governance body.

B. Loss of Engagement

While providers are expected to make every effort to engage CE individuals and families, with the assistance of the referring provider and outreach teams, housing units must not stay vacant longer than needed. For this reason, housing programs may discontinue working with a referred household and ask for an additional referral if the household fails to accept a housing offer within two weeks of agency committing to provide one to that individual and the agency has documented efforts regarding attempts to make offer, and/or if the household does not engage in the leasing up process within 2 weeks of accepting the housing opportunity.

*Note: Housing provider agency can make recommendations to extend these time periods if there are circumstances that justify the need for an extended period.

If a provider does discontinue working with a household, providers must document the reason for the decision in the HMIS system. The program agency is responsible for ensuring the household is notified the housing opportunity is no longer available to them, either by the program agency, or other entity the program agency sees most appropriate.

C. Participant Rejection

The Coordinated Entry System is person-centered and based on participant choice. Individuals and families have the right to refuse any housing resource that is offered to them. Refusing a resource does not impact eligibility for future referrals. However, agencies and other referral sources must ensure that participants understand that the CE process does not operate as a point in time waitlist and that referrals are made to programs based on a household's eligibility and prioritization relative to other homeless households who need housing assistance. Households should not assume that they will be prioritized for future openings and plan accordingly.

FLAG REVIEW PANEL

At times, cases may require a "Flag Review". This will review assessments, prioritizations, and/or cases that have been flagged by participating members that indicate a household's level of vulnerability may not be accurately addressed through the assessment process, length of time homelessness may not be accurately reported, and any other major concerning issues that could arise that would directly affect the equal and fair access to the CE system. The information presented in the Flag Review process will be viewed from a person-centered focus in order to support the housing referrals for individuals and families with high vulnerability. The Flag Reviews for all referrals will be available to be scheduled prior, or called to attention during the weekly MVRT meetings for the BOS and LNK

TERMINATION AND GRIEVANCES

Housing programs that are required to participate due to HUD guidelines will need HUD approval to terminate participation.

Termination of housing assistance to individuals or families due to lease or program violations will need to follow each housing provider termination policy.

Participant concerns should be resolved promptly and fairly, in the most appropriate manner possible. Programs should inform individuals of the following process for filing a grievance. The Coordinated Entry Workgroup will respond to grievances in the following manner, depending on the nature of the concern or grievance.

- Housing Program Grievance - Grievances about experience(s) with homeless housing programs will be redirected back to the program to follow the grievance policies and procedures of that organization. The organization should maintain documentation of all grievances received.
- Fair Housing Grievance - Grievances about a participating program's screening or program participation practices which appear to have a discriminatory impact, can be made by contacting one of the following for the State of Nebraska, or by checking with local community resources listed below:
 - Nebraska Equal Opportunity Commission, (402)471-2024.
www.neoc.ne.gov
 - Family Housing Advisory Services, Inc., (402)934-6675, (800)639-5853
- Coordinated Entry Grievance - Grievances about the Coordinated Entry policies and procedures should be sent using the procedure below. It is an informal process that can be initiated in writing or orally. Upon receipt of an informal complaint, reasonable assistance will be provided by the CE staff involved and may include supervisory or administrative staff to help obtain a satisfactory resolution to the concern.
- For all grievances, please include or be prepared to provide:
 - Name
 - Date
 - Contact information
 - Best times and ways you can be reached
 - An explanation of your concern/grievance
 - What action you believe would solve the problem
 - Signature
- Please send your grievance to:
 - by email to: alldoorsleadhome.boslnk@gmail.com
 - by fax to: 402-472-8412 Attn: Coordinated Entry Manager
 - by calling the Coordinated Entry Manager at 402-472-8386

ACRONYMS AND DEFINITIONS

BNL

By Name List. The Most Vulnerable Review Team list reviewed weekly.

BOS

Balance of State. In this document, it refers to the CoC that covers the geographical area of Nebraska outside the cities of Omaha and Lincoln.

CM

Care or Case Manager. A person (as a social worker or nurse) who assists in the planning, coordination, monitoring, and evaluation of services for a participant with emphasis on quality of care, continuity of services, and cost-effectiveness

Chronic Homelessness

Chronically Homeless is defined in section 401(2) of the McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11360 as an individual or family that is homeless and resides in a place not meant for human habitation, a safe haven, or in an emergency shelter, and has been homeless and residing in such a place for at least 1 year or on at least four separate occasions in the last 3 years.

It is also required that the individual or family has a head of household with a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability.

An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility

Stays in institutions of fewer than 90 days do not constitute a break and count toward total time homeless

Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless. A chronically homeless family includes those who composition has fluctuated while the head of household has been homeless.

CoC

Continuum of Care. A regional or local planning body that coordinates housing and services funding for families and individuals who are homeless.

CS-MIS

Community Services Management Information System. A division of the University of

Nebraska - Lincoln Center on Children, Families, and the Law that provides infrastructure, management, training, software, data analysis, evaluation and technical assistance to community based service providers in the State of Nebraska. A component of which is management of information technology solutions for data collection to provide efficiency, effectiveness and strategic decision making.

DHHS

Department of Health and Human Services. Manages the delivery of health and human-related services.

Disability Status

Expected to be long-continuing or of indefinite duration; substantially impedes the individual's ability to live independently; could be improved by the provisions of more suitable housing conditions; and is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; is a developmental disability, as defined in section 102 or the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agent for acquired immunodeficiency syndrome.

Documented-up

In order for an individual or family to be prioritized as Chronic, they must be "Documented Up" to show they meet the length of time homeless through homeless verification through 3rd party documentation and self-verification as a last resort.

DV

Domestic Violence.

GPD

Grant and Per Diem. A program offered through Veterans Affairs. Per Diem (Latin for "per day" or "for each day") or daily payment for is a specific amount of money paid to organizations for participants.

HEARTH Act

Homeless Emergency Assistance and Rapid Transition to Housing Act. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with changes, including: consolidation of HUD's competitive grant programs, creation of a Rural Housing Stability Assistance Program, change in HUD's definition of homelessness and chronic homelessness, simplified match requirement, increase in prevention resources and emphasis on performance.

HMIS

Homeless Management Information System, a computerized data collection tool designed to capture client-level information over time on the characteristics and service

needs of men, women, and children experiencing homelessness.

Housing First

A model that emphasizes stable, permanent housing as a primary strategy for ending homelessness. Then voluntary support services as needed.

HUD

Housing and Urban Development

HUD HOMELESS

Category 1: Literal Homelessness

Individuals or families who live in a place not meant for human habitation (including the streets or in a car), emergency shelter, transitional housing, and hotels paid for by a government or charitable organization.

Category 2: Imminent Risk of Homelessness

Individuals or families who will lose their primary nighttime residence within 14 days and has no other resources or support networks to obtain other permanent housing

Category 3: Homeless under Other Statutes

Unaccompanied youth under 25 years of age, or families with children and youth, who do not meet any of the other categories but are homeless under other federal statutes, have not had a lease and have moved 2 or more times in the past 60 days and are likely to remain unstable because of special needs or barriers.

Category 4: Fleeing Domestic Violence

Individuals or families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and who lack resources and support networks to obtain other permanent housing.

MVRT

Most Vulnerable Review Team. The team meets on a weekly basis to review a by name list of individuals who are identified as the most vulnerable. The team assigns housing opportunities and brainstorms solutions for individuals.

NHAP

The Nebraska Homeless Assistance Program. A grant program that is comprised of the Nebraska Homeless Shelter Assistance Trust Fund (HSATF) and the Department of Housing and Urban Development (HUD) Emergency Solutions Grant (ESG.)

Non-Public Access Points

HMIS or non HMIS agencies that will not be publicly advertised. Able to make referrals to the All Doors Lead Home Coordinated Entry system either directly in HMIS, or by partnering with an HMIS agency.

PATH

Project for Assistance in Transition from Homelessness. Grant funds for services and supports authorized by SAMHSA for people with serious mental illness experiencing homelessness.

PIT

Point in Time. A snapshot of the homeless population taken on a given day. HUD requires this count to be completed during the last 10 days in January of each year. This count includes street homeless, as well as all clients in emergency and transitional beds.

PSH

Permanent Supportive Housing. Long-term, community-based housing that has supportive services for people with disabilities. This type of supportive housing enables the special needs populations to live as independently as possible in a permanent setting. Permanent housing can be provided in one structure or in several structures at one site or in multiple structures at scattered sites.

Public Access Points

Homeless and housing service providers that are publically advertised, utilize the HMIS system, and are able to make immediate referrals to the All Doors Lead Home Coordinated Entry system

ROI

Release of Information.

RRH

Rapid Rehousing. A Housing First Intervention designed to help individuals and families quickly exit homelessness and return to permanent housing.

ServicePoint

Web-based software system used by human services organizations to easily manage and coordinate services, guide resource allocation, and demonstrate effectiveness.

SSVF

Supportive Services for Veteran Families Program. Program to assist very low income Veteran families residing in or transitioning to Permanent housing by providing a range of support services.

TAY

Transition Age Youth. Targets 16 to 24 year olds.

VA

Department of Veteran Affairs.

VASH

HUD-VASH provides permanent housing for eligible homeless Veterans who are single or eligible homeless Veterans with families. The program is developed for the homeless Veteran, so eligible Veteran families must include the Veteran.

VAWA

Violence against Women Act. A piece of legislation that sought to improve criminal justice and community-based responses to domestic violence, dating violence, sexual assault and stalking in the United States.

VI SPDAT

Vulnerability Index & Service Prioritization Decision Assistance Tool. An evidence-informed approach to assessing an individual's or family's acuity. The tool, across multiple components, prioritizes who to serve next and why, while concurrently identifying the areas in the person/family's life where support is most likely necessary in order to avoid housing instability.

Resource Links

Coordinated Entry BOS and LNK resource page and downloadable documents:

<https://ccfl.unl.edu/community-services-management/coordinated-entry/coordinated-entry-providers>

Coordinated Entry Core Elements as provided by HUD:

<https://www.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf>

Equal Access in Accordance with Gender Identity Final Rule- 2016:

<https://www.hudexchange.info/resources/documents/Equal-Access-Final-Rule-2016.pdf>

Equal Access to Fair Housing Final Rule – 2012:

https://www.hudexchange.info/resources/documents/EqualAccess_FinalRule_2.3.12.pdf

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