



The Road Home

Tacoma / Lakewood / Pierce County Continuum of Care
In Partnership with Pierce County Human Services

COORDINATED ENTRY

Policy Manual

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I. Purpose of This Manual

This manual provides the policy framework for The Road Home, Tacoma/Lakewood/Pierce County's Continuum of Care (CoC), Coordinated Entry (CE) system. CE is a component of the CoC's homeless response system. It serves as the system front door and is designed to match households to the most appropriate housing intervention, based on their vulnerability and housing barriers, as well as project availability. This manual serves several purposes:

- Sets forth the policies governing the CE system.
- Establishes the framework for Pierce County Human Services (PCHS) to request and evaluate proposals from service providers to implement CE on behalf of the CoC.
- Provides all organizations in the homeless and social service systems with a basic overview of how CE operates and what they can expect when interacting with CE.
- Specifies what homeless individuals and families can expect from CE. If households of the system have questions about CE in general or concerns about how their specific situation is being handled by CE, they can consult this document for an overview of the policies governing CE decision-making.
- Documents all required CE policies by the Department of Housing and Urban Development (HUD), as described in CPD Notice 17-01: Notice Establishing Additional Requirements for a CoC Centralized or Coordinated Assessment System.

This is not an operational manual and does not lay out step-by-step procedures for implementation of these policies. The organization(s) selected by PCHS to operate CE are responsible for developing detailed procedures to operate the system in accordance with these overarching policies.

Since this document does not include operational policies, it is not expected that it will require frequent updates. PCHS will update this manual as needed when there are significant changes to CE policies.

II. CE Goals and Objectives

The objective of the CE system is to ensure streamlined access to the CoC's homeless response system for all households that are literally homeless and ensure they are matched to an appropriate intervention to end their homelessness, based on their vulnerability and housing barriers. The CE system is the "front door" of the homeless response system and one piece of the overall system infrastructure. The CE system helps the community meet its goal of ensuring that the experience of homelessness is rare, brief and non-recurring.

Desired results of CE include:

- People receive the right resources at the right time;
- Waiting times for assistance are reduced;
- Length of time that housing slots are vacant is minimized — for each project opening an eligible household is quickly matched and referred to fill it;
- Families and individuals receive support to solve their own housing crises and stay out of the homeless response system to the greatest extent possible;
- Those with the greatest vulnerability and who are hardest to serve are prioritized for help from the system; and
- People experiencing homelessness move to permanent housing and do not return to the system.

CE operates using a Housing First philosophy. All homeless people are assumed to be “housing ready” and are not required to participate in services or agree to treatment as a condition of receiving a referral to housing. Shelters and housing projects have minimal eligibility criteria and service participation requirements imposed on homeless people as a condition of entering housing.

III. CE System Flow

The design of the CE system is aligned with federal requirements set forth by HUD. Local experience also informs the current system. PCHS originally implemented Centralized Intake in 2010, creating Access Point for Housing (AP4H). Assessment of AP4H results conducted in 2014 and 2015 led to a re-design of the original system and a transition to CE. The new design is strongly informed by local data and experience as well as best practices from other communities.

The system is designed to have the same access, assessment, and referral process for all populations. Adults, families with children, youth, and veterans all are served through a single integrated system and directed to appropriate housing projects for these populations.

The CE system is a system-level function and as such, the activities provided must be mobile and available at locations where homeless people live or seek services. While specific locations may vary, CE activities will take place at a **minimum** at the following locations: (1) a central CE office location (including telephone call-in option); (2) at same-day shelters; and (3) outdoors or in locations where unsheltered people go.

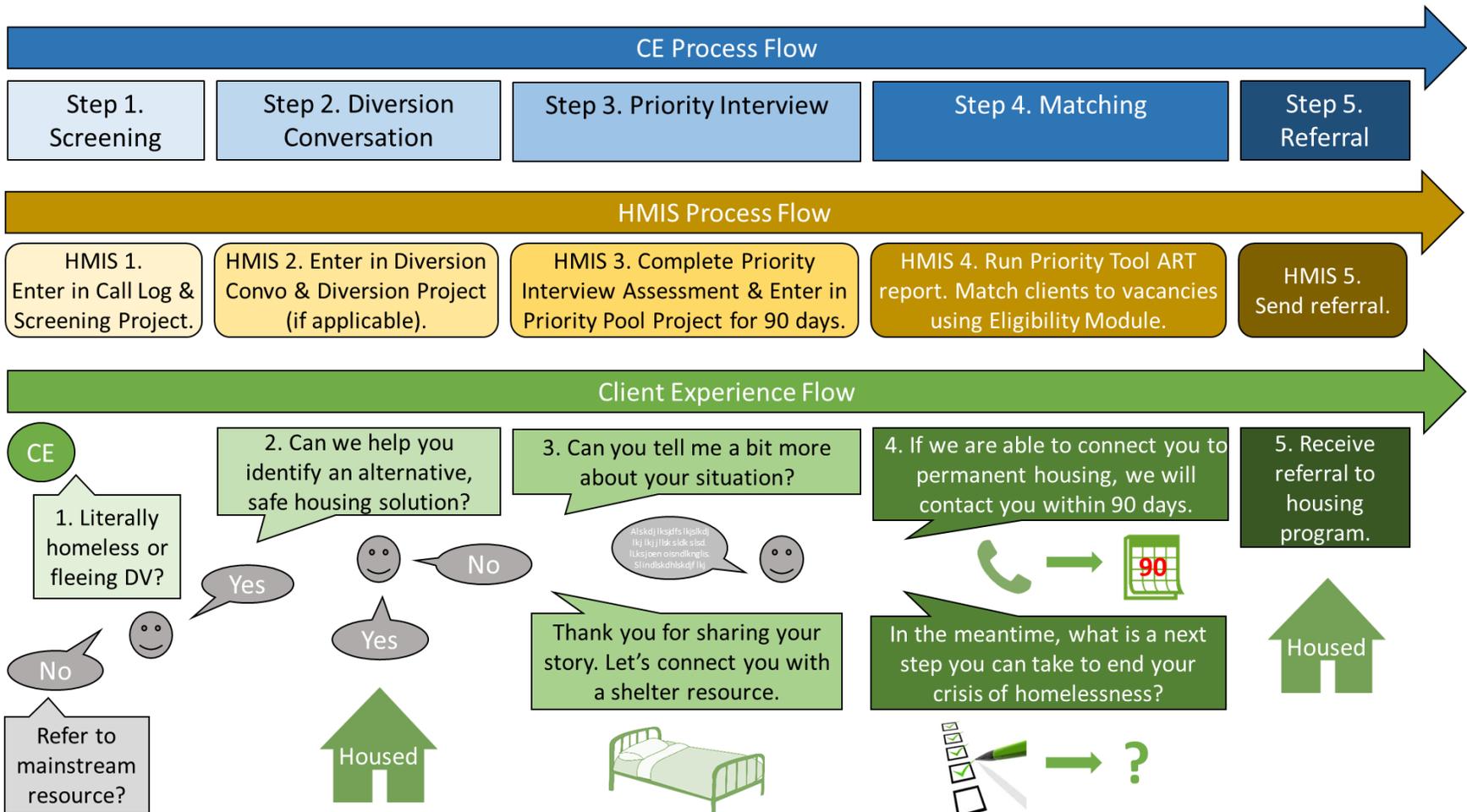
All homeless projects receiving funding from PCHS through the Homeless Housing Program (HHP) or CoC funding processes are expected to participate in CE. The HHP process includes Emergency Solution Grant (ESG) funds, so ESG funded projects are also required to participate. Participating providers of non-same-day shelter, transitional housing (TH), rapid re-housing (RRH), and permanent supportive housing (PSH) must fill all project vacancies through referrals from CE. Same day shelters must coordinate with CE staff to facilitate CE activities taking place at same day shelter sites. Policies relating to acceptance of CE referrals by participating providers are described in Section IX.

The United States Department of Veterans Affairs (VA) processes for assessments and placements for Veterans to VA projects are fully coordinated with the CE system.

The table below presents an overview of the key CE flow elements:

1. Initial Screening
2. Diversion Conversation
3. Priority Interview
4. Matching to Housing Projects
5. Referral to Housing Project
6. Project Enrollment

Policies relating to each of these process steps are detailed in the following sections.



CE = Coordinated Entry
 HMIS = Homeless Management Information System
 DV = Domestic Violence

IV. Geography, Accessibility, Marketing

The CE system covers the entire Pierce County geography, which is the same geography as the CoC. The CE system is well advertised and easily accessed.

The CE system is widely marketed and available to:

- All eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status;
- All populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process, regardless of the location or method by which they access the system;
- Individuals with disabilities; and
- Persons with Limited English Proficiency (LEP).

Specific steps PCHS and the CE provider(s) are taking to market the CE system include:

- Regular email updates to the general community, service providers, and City and County departments;
- Posting of CE polices and other information on the PCHS website and the websites of the CE provider(s);
- Informational flyers distributed at service locations in the community;
- Providing information about CE and the homeless response system, as well as access to CE services in accessible formats, such as large print, audio, Braille, interpreters, and sign language, when necessary. Households in need of language interpreters can access such services via Pierce County Interpreter Services and/or local non-profit provider agency Tacoma Community House, which CE staff will help coordinate. Additionally, some CE staff are fluent in Spanish and equipped to conduct intake, assessment, and diversion in Spanish when possible;
- Direct outreach to people on the street and other sites where people experiencing homelessness access services and supports;
- Announcements regarding CE information and updates during CoC or other committee meetings related to the homeless response system;
- Educating mainstream service providers (including, but not limited to, Department of Social and Health Services, Public Housing Authorities, Employment Services, School Districts, Mental Health providers, and Substance Abuse providers) about how to refer someone who is literally homeless to the CE system.

All physical system access points are accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs. This includes:

- The CE provider offices; and
- Same-day shelters where CE activities take place.

V. Screening Policies & Safety Planning

A. Purpose of Screening

The purpose of screening is to determine whether households who contact CE are literally homeless or fleeing domestic violence and therefore eligible to enter the homeless response system. This activity is designed to ensure that people who are experiencing homelessness have swift access to a homeless crisis response, while those who have other housing needs (e.g. doubled-up, couch surfing, facing eviction) are directed to appropriate mainstream resources.

Screening will be conducted by CE staff that have been identified to perform this activity and may include outreach and shelter staff. Screening activities will include:

- An initial over-the-phone screening conversation with CE staff to determine if the household is literally homeless or fleeing domestic violence and qualifies for assistance through the homeless response system. Households seeking assistance can contact staff through a central phone line;
- In-person screening appointments for households who do not have access to a telephone;
- Answer calls live or return calls within two business days; and
- Those who do not qualify for assistance through the CE system will be referred to appropriate resources outside of the homeless response system.

B. Access Points: Location of Screening Function

As noted above, screening will primarily be conducted over the phone through a central phone line. In specific instances, screening may also be conducted by:

- Mobile outreach teams: Since these teams generally only work with people who are living outdoors, the screening function in this instance involves confirming that the individual is living outside and completing the screening questions in the Homeless Information Management System (HMIS) (see below);
- South Sound 211 staff via 211 call-in helpline;
- Same-day shelters: Households living in shelters are already eligible for CE and so do not need to be “screened.” Note, households seeking shelter access will be screened to determine if a diversion conversation and ongoing diversion support may either prevent them from entering shelter entirely or allow for a rapid exit from shelter to a stable housing solution. When CE staff are conducting diversion conversations with people living in same-day shelters, they will also complete the screening questions. See Section V for diversion policies.

C. Who Is Eligible to Be Served

Eligibility for the homeless response system will be based on HUD’s Homeless Definition Final Rule. Only those who meet the criteria for one of the following categories will be served:

Category 1: Literally Homeless

- Unsheltered (street, car, encampments, other places not meant for human habitation).
- Living in emergency shelter (including motel stays paid for by charitable organizations).
- Living in transitional housing (having been unsheltered or in shelter upon entry).

- Exiting an institution with stay of less than 90 days (having been literally homeless upon entry).

Category 4: Fleeing Domestic Violence

- Fleeing or attempting to flee domestic violence and has no other residence and lacks the resources or support networks to obtain other permanent housing.
- Households experiencing domestic violence who are living in shelter or an unsheltered location for reasons unrelated to fleeing or attempting to flee domestic violence are not considered Category 4. Rather, these households fall under Category 1.
- This distinction may change if a household who is originally in Category 1 decides to flee. They would then be considered Category 4.

For more detailed information on HUD’s categories, please visit: https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

D. Screening Questions

Questions to be asked at the screening step will be developed by PCHS in consultation with the CE provider(s). At this step, screening staff will also begin problem-solving conversations with households to determine if an alternative housing solution can be identified, based on households’ existing resources and networks. The purpose of these questions is to identify whether the household truly needs assistance from the homeless response system, or if alternative resources may be untapped.

Screening questions will be limited to:

- Name
- Date of Birth
- Demographic information
- Contact information
- Monthly income
- Current living situation
- Chronic homeless status
- Domestic Violence (DV) status
- Veteran status
- Language Barrier/Need for translation and, if so, in which language
- Other data as needed for PCHS or State of Washington data collection purposes

E. Decision Points

Based on how the household responds to the screening questions, they will be directed to the appropriate system:

- If the household is in HUD Category 1 or 4, they will move forward to the diversion conversation. Those who conduct their initial screening conversation over the phone may schedule a separate in-person diversion conversation appointment; otherwise, screening conversations will naturally progress into a diversion conversation. This includes conversations conducted by the mobile outreach team, South Sound 211, and those taking place at same-day shelter.
- All other households will receive information to connect them to other services and resources. Households in need of prevention services will receive information about available resources, which are very limited. Currently there are no ESG funded prevention projects in the community.

Households who are not in HUD Category 1 or 4 will not be eligible for assistance through diversion. However, as part of the initial screening step, these households might identify a solution to their housing crisis. Screening staff will support households to identify next steps to resolve their housing situation, however, they will not receive any ongoing housing problem-solving support or financial resources.

F. Domestic Violence

To ensure households who are fleeing or currently in unsafe situations (i.e. DV, sexual assault, stalking) have proper, safe, and confidential access to the CE system and appropriate victim services, CE has developed a set of Standard Operating Procedures for screening people who identify as fleeing or victims of DV, sexual assault, and/or stalking. If a household identifies as such at initial point of contact with CE (typically, over-the-phone screening), CE staff will:

- Collect and document household information via paper screening, and delete all electronic record of household information. Paper screening will signal that the household must be entered into HMIS as a de-identified household at time of in-person diversion conversation;
- Provide household information about/referral to local DV shelters providers and safety planning resources; and
- In the case that a household expresses feeling to be in imminent danger, CE screener will suggest calling 911 and provide resources for a local crisis shelter specifically for people experiencing DV.

G. Household Communication

At this step of the process, households should be informed whether they qualify for entry into the homeless system. Examples include:

- *It sounds like you have a safe place to stay tonight. Our services are limited only to those who are unsheltered or cannot safely stay where they are. I can provide you with information about other resources that can help you; OR*
- *If sounds like you don't have a safe place to stay tonight. I am going to connect you to someone who can help try to resolve your housing problem.*

VI. Diversion Policies

A. Goal of Diversion

Diversion is creative brainstorming and problem solving to identify a no-cost or low-cost solution to a household's housing crisis, including help to remain in their current housing or move directly to alternative housing. The goal is to prevent entry into shelter and the homeless response system wherever possible. Diversion helps ensure that scarce resources, especially the most intensive housing supports, can serve households in greater need.

Diversion offers one-time support to households seeking assistance from the homeless response system by tapping into households' existing resources and social networks. Diversion is not necessarily designed to provide households with housing that meets or exceeds the standard for affordable housing (i.e. 30 percent of income goes towards housing expenses), nor is its goal to end a household's poverty.

B. Location and Staffing of Diversion

Diversion is ideally conducted in-person at locations where households are seeking to access shelter and homeless services. Specific locations for diversion activities will be determined by the CE provider(s) but should at a minimum include a central CE location, same-day shelter, outdoors by mobile outreach teams, and over the phone with South Sound 211. Trained CE Specialists (for example, South Sound 211 staff, CE providers, or shelter staff) will conduct this step of the process.

All staff conducting diversion activities will be trained, including completing mandatory shadowing of and by the CE provider(s).

Currently some same-day shelter staff conduct diversion activities for their residents, though not all do. For those not conducting their own diversion activities, CE provider(s) will coordinate with same-day shelters to have their staff available on-site for diversion appointments. This process includes:

- Request by same-day shelter to CE provider: generally, shelters will request a regular time slot during which CE staff will be on-site, though it can be more on an “as needed” basis;
- CE provider(s) will confirm availability and schedule the time block;
- Shelter staff are responsible for scheduling appointments for their shelter residents during the time when CE staff are on-site; and
- CE and shelter staff will work collaboratively to minimize no-shows and ensure that CE staff time is used efficiently.

C. Who Is Eligible for Diversion

Diversion should be attempted for all households who are identified via screening as eligible for entry into the homeless response system (i.e. those who are in Category 1 or 4). Diversion is not a “program” and thus no further eligibility criteria should be applied. Over time, diversion and problem-solving services may be available for households seeking shelter who are still housed but at imminent risk of losing their housing.

D. Document Collection

During this step, staff conducting diversion will collect a number of documents and verifications from those seeking assistance. Documentation includes:

- Homeless verification
- HMIS Release of Information (ROI) forms
- Income verification (i.e. paystubs, SSI, etc.)
- Personal identification
- Disability verification, if applicable and available

E. Diversion Conversation Questions

Diversion is conducted using a problem-solving approach. It is not an eligibility interview. PCHS will develop specific diversion conversation questions in consultation with the CE provider(s), but should generally cover the following topics:

- Where did you stay last night?
- How long have you been there; when do you have to leave?
- Why do you have to leave?
- Do you feel safe in the place you have been staying?
- What is your relationship with the person you are staying with?
- Do you pay anything?
- If we can't find you somewhere to sleep tonight, where will you stay?
- Can you find a place for a few nights? Where do you usually stay in emergencies? Do you feel safe staying there?
- Where do you have your belongings?
- How much income do you have?

Questions asked during this step may vary among different subpopulations, such as households fleeing domestic violence or youth experiencing homelessness. PCHS and the CE provider(s) will develop additional questions specifically designed for various subpopulations.

Some of these might have been asked as part of the screening process, in which case the information may be confirmed at this step.

F. Decision Points

Based on the result of the diversion conversation, the household will choose one of two directions:

- If a plan is identified, the household will continue working with staff to implement the plan (see G, below). These households will also be required to review and sign a document outlining their diversion next steps plan, as well as goals and timelines. The document requires households to indicate whether they agree to “work on an immediate, short-term housing crisis stability plan with support from a CE Specialist” or “continue to look for housing on [their] own.”
- If no plan is identified, the household will move on to a prioritization interview.

G. Diversion Activities/Resources

Diversion is designed to provide a “light touch” that helps households return to stable housing without any financial assistance or in some cases with a very small amount of financial assistance. Key diversion activities include:

- Mediation with landlord, family member or friend with whom the household may have recently stayed and where they may be able to return;
- Negotiation or advocacy with landlord;
- Shared housing/doubling-up;
- Problem solving to address housing barriers (e.g. restoring income or benefits; securing needed paperwork, etc.);
- Connection to mainstream benefits or services;
- One-time financial assistance. PCHS will work with the CE provider(s) to determine a maximum amount of assistance per household per diversion attempt. This amount will vary depending on availability of funds. The maximum will typically be somewhere between \$500 and \$1,000. The maximum may be exceeded on a case-by-case basis only upon approval of a CE program manager.

The CE provider(s) must follow County policies associated with providing financial assistance, including (but not limited to):

- Collecting appropriate documents from the household (i.e. homeless verification, ROIs, income verification, etc.);
- Obtaining appropriate expense approvals;
- Verifying the location of the housing where the household will live. Households may move out of Pierce County, but CE can only cover move-in costs for units located in the County;
- Verifying that any housing unit to be assisted meets habitability requirements;
- Performing a visual lead-based paint inspection (if unit developed before 1978); and
- Verifying county parcel (ownership).

H. No Diversion Plan Identified

If diversion is attempted but no plan is identified, then the household will move forward with the prioritization interview. The prioritization interview will *not* take place as a separate interview and will progress naturally from the diversion conversation. After the prioritization interview, the household will be placed in the priority pool for a possible referral to a housing project (for more information on this process, see Section VII). Households who are prioritized and waiting for a housing referral may return to the diversion step and receive assistance, if they are able to identify a low-cost solution to resolve their homelessness. There is no limit to the number of times a household may return to the diversion step. For a household to return to the diversion step after entering the priority pool for housing, the household must be removed from the “Priority Pool” project in HMIS at that time and re-entered into the “Diversion Conversation” and “Diversion” HMIS projects. To the extent possible, the household will return to the same Diversion Specialist to ensure continuity of service delivery.

I. Household Communication

At this step of the process, households should be encouraged to identify a solution rather than waiting for a housing referral. For example:

- *We have limited resources available to help you with long-term housing assistance. We’d like to try to help you identify an immediate solution that will solve your housing crisis.*

J. HMIS Data Entry

At the diversion step, CE staff will be required to create both a “Diversion Conversation” Project Enrollment and Exit in HMIS. Staff must ensure all required data elements are entered and required documents (listed above) are entered into HMIS. If household refuses to give consent to enter their information into HMIS, required documentation will need to be faxed or physically delivered to the CE provider(s).

Data collected through the Diversion Project in HMIS include:

- HUD HMIS Universal data elements (i.e. data of birth, race, gender).
- HUD HMIS Project-specific data elements regarding factors such as income or employment.
- Type of service provided, including “mediation and dispute resolution services,” “housing placement,” or “other case management.”

- Financial assistance provided: date financial assistance was provided; type of financial assistance provided; source of financial assistance; and dollar amount provided.
- Project exit date, destination from exit and housing outcome.

VII. Prioritization and Eligibility

A. Purpose of Prioritization

The purpose of prioritization is to identify the “best fit” housing solution for every household – meaning the least amount of assistance needed to exit homelessness. Households with higher barriers and greater vulnerability receive priority for deeper, more intensive interventions, but when these are not available, they are given access to what is available. The information gathered as part of the process is also used to determine what interventions a household is eligible to enter.

B. Project Types Participating in Coordinated Entry and Accepting Only Prioritized Households

All homeless projects receiving funding from PCHS (those funded under the HHP and CoC Notices of Funding Availability) are accessed only through CE and must accept the households that have been prioritized (provided they meet eligibility criteria).

Households that complete the prioritization interview will be eligible for referral to:

- Non-same day shelter, including shelters receiving ESG funding
- Transitional housing
- Rapid re-housing
- Permanent supportive housing

Vacancies in these projects are filled using the prioritization criteria described in this section.

C. Project Vacancies Not Filled Through Prioritization Process

The only County-funded projects not accessed through CE are same-day shelters. Access to same-day shelter is determined by each shelter provider using their own criteria. Same-day shelters typically use a separate waiting list system to fill their beds. Section XIII describes how same-day shelters coordinate with the CE system.

Same day shelters operate during times of the day when CE is not open. Households may access same day shelter and then, once they are sheltered, can be prioritized for housing assistance (see Section XIII).

D. Location and Staffing of Prioritization Interview

The prioritization interview will generally be conducted in-person at locations where households are seeking to access shelter and homeless services. Specific locations will be determined by the CE provider(s) but should at a minimum include the central CE location, same day shelter, and mobile outreach. The prioritization interview is generally done immediately following the diversion conversation.

Many of the data elements are collected as part of the diversion conversation. Following the attempt at diversion, the CE staff person will go back and ask any prioritization questions that have not yet come up during the diversion conversation. The CE provider(s) shall employ trained Coordinated Entry staff to conduct this step of the process.

E. Who is Prioritized

The prioritization and eligibility interview will be given to every household that cannot be diverted from the homeless crisis response system and that meets the screening criteria (i.e. HUD Category 1 and 4).

F. Prioritization Criteria

The CE prioritization criteria were developed by PCHS in consultation with a CE workgroup with representation from homeless response system providers (City, County, and non-profit agencies). The general approach to prioritization is to give precedence to those with the greatest vulnerability or barriers to housing:

- People most at-risk if they remain homeless
- People who have the greatest barriers to accessing housing

One approach to prioritization is used for all populations – there are not separate criteria for subgroups such as families, single adults, veterans, youth, etc. The table below summarizes the criteria used in the CE system.

Prioritization Criteria	
1. Housing Barriers Factors – Prioritize People Who Are Hardest to House	2. Vulnerability Factors – Prioritize High Risk of Death or Immediate Harm
<ul style="list-style-type: none"> • Chronically homeless 	<ul style="list-style-type: none"> • Age (under 18, over 65)
<ul style="list-style-type: none"> • Length of time unsheltered 	<ul style="list-style-type: none"> • Acute or chronic medical condition posing immediate risk of harm
<ul style="list-style-type: none"> • Disabling condition (health or behavioral health challenge or functional impairment) impairing ability to secure housing 	<ul style="list-style-type: none"> • Imminent danger from family, household member, other people in the person’s life (including DV)
<ul style="list-style-type: none"> • No income or extremely low income (below 10% AMI) 	<ul style="list-style-type: none"> • Active substance abuse causing risk to self or others
<ul style="list-style-type: none"> • Criminal record (felony) 	<ul style="list-style-type: none"> • Pregnancy
<ul style="list-style-type: none"> • Eviction history 	<ul style="list-style-type: none"> • Frequent criminal justice interactions
<ul style="list-style-type: none"> • Lack of recent rental history 	<ul style="list-style-type: none"> • Acute current mental health symptoms causing risk to self or others
<ul style="list-style-type: none"> • Large household size 	<ul style="list-style-type: none"> • Engaging in risky behavior in exchange for money/shelter

At this prioritization step, data is collected to determine a household’s priority to receive a housing referral. In addition, data is collected to determine what projects a household is eligible to enter. To ensure that the overall CE system operates using a Housing First model, projects receiving referrals are expected to reduce entry barriers. Only those eligibility criteria that are imposed by a funding source are permitted. See Section H, below, for policies relating to eligibility requirements.

G. Prioritization Tool

PCHS contracted with Focus Strategies to develop a prioritization tool that uses the criteria identified above. Features of the tool include:

- The tool includes a set of questions that are designed to assess the criteria identified above, based on the household's self-report.
- Two additional questions are included which allow the interviewer to flag a household that is not able to complete the interview due to functional impairment (mental illness, substance use, health condition).
 1. Was the household able to complete the interview? (Y/N)
 2. Does the household demonstrate significant functional impairment (e.g. due to active substance use, mental health, health condition, physical or development disability, or something similar)? (Y/N)

If the answers to question 1 is "No" or the answer to question 2 is "Yes," then designated CE staff may complete all non-HUD required questions on behalf of the client. This will help to ensure complete prioritization data is collected for all clients.

- The questions are designed to use the most objective and least intrusive ways of asking for information.
- Each question in the tool is scored; when complete, the tool generates a total priority score for the household.
- Households with longer histories of homelessness, higher housing barriers and greater vulnerability receive higher scores.
- The tool scoring rubric is known only to PCHS.
- The scoring result is not immediately known to the staff conducting the prioritization interview.
- The tool result is generated inside HMIS and used to create the priority pool (see Section VIII).
- The tool does not attempt to match households to an appropriate intervention type (e.g. PSH, RRH, TH) based on their score. It creates scores that can be used for dynamic and continuous prioritization.

H. Expectations Regarding Project Eligibility Requirements

To ensure that all projects are available to serve high need households to the maximum extent possible, all PCHS-funded projects are required to remove eligibility requirements and entry barriers, unless specifically required by a funding source. Allowed/disallowed entry requirements are summarized in the table below.

Project Eligibility Requirements

Type of Criteria	Allowed	Disallowed
Household type and composition	May restrict based on: <ul style="list-style-type: none"> • Household type (TAY, single adult, family) • Household size 	May not restrict based on: <ul style="list-style-type: none"> • Gender of adults or children (except if required based on configuration of facility) • Age of children in household with adults and children • Gender identity or orientation • Any other protected class
Homeless Status	May restrict admission to: <ul style="list-style-type: none"> • Literally homeless people • Chronically homeless people 	May not screen out literally homeless people
Residency	If funder required	Unless funder required, may not restrict admission to: <ul style="list-style-type: none"> • Last known address in Pierce County • Last known address in particular area of County
Immigration Status	May restrict based on immigration status	
Veteran Status	May restrict based on: <ul style="list-style-type: none"> • Veteran status • Discharge status (if funder required only) 	
Disability	May limit admission to people with a specific qualifying disability	May not deny admission based on having a disability (e.g. “not employable”)
Domestic Violence	May limit occupancy to DV victims	
Income	May restrict based on maximum income	May not restrict based on: <ul style="list-style-type: none"> • Minimum income • Income source
Employment	None allowed	May not restrict admission based on: <ul style="list-style-type: none"> • Current employment status; • Employability or history of employment; • Willingness to pursue employment
Education	None allowed	May not restrict admission based on: <ul style="list-style-type: none"> • Being a current FT or PT student • Willingness to pursue education

Type of Criteria	Allowed	Disallowed
Criminal Background	If funder required or on project case-by-case basis, may restrict based on: <ul style="list-style-type: none"> • Violent felony • Sex offender registration • Arson • Drug Manufacturing 	May not restrict based on any criminal background except those specifically required by funder.
Sobriety	None allowed	May not restrict based on: <ul style="list-style-type: none"> • Current sobriety • Length of sobriety • UI Test
Rental and Credit History	None allowed	May not restrict based on: <ul style="list-style-type: none"> • Past evictions • Having no rental history • Poor credit history
Service Participation	None allowed	May not restrict based on willing to participate in: <ul style="list-style-type: none"> • Case management • Mental health services or counseling • Substance abuse treatment or counseling • Goal setting or service planning • Any other mandated services
Pets	Congregate settings may restrict pets, other projects must receive waiver	Housing projects (non-congregate facilities) may not restrict pets unless they receive a waiver.

H. Household Communication

When a client has completed the prioritization interview, the prioritization result will not be immediately known. The household will be placed into the priority pool (see below for policies relating to lengths of stay in the pool). The message at this stage is:

- *If we are able to connect you to a housing project, we will let you know within 90 days. In the meantime, what is a next step you can take to end your crisis of homelessness?*

I. Staff Training

To ensure CE staff are provided ongoing, up-to-date information and training, PCHS will coordinate annual trainings regarding screening, diversion conversation, and the prioritization interview. PCHS staff or an experienced contracted third-party will conduct these annual trainings. CE staff will be trained on the purpose and function of the diversion conversation and prioritization interview process, as well as how these components fit within the greater CE system. During these trainings, CE staff will also be made aware of any new updates to or expectations for the assessment tool and process.

VIII. Priority Pool and Chronic Homeless Master List

A. Purpose of Priority Pool

The priority pool is designed to ensure those with the highest vulnerability and barriers are prioritized for assistance and that these households have the shortest possible wait time for assistance. Minimizing wait times is an overall objective of the system for all households. However, given the limited number of housing placements currently available, households with lower needs currently experience long waits.

B. Responsibility for Management of Priority Pool

PCHS is responsible for management of the HMIS system and for setting up the priority pool as a project within HMIS. The CE provider(s) is responsible for managing the priority pool, including:

- Ensuring all households who complete the prioritization interview have their response recorded in HMIS so that a score can be generated;
- Entering and exiting households into the “Priority Pool” project in HMIS; and
- Using the priority pool list to determine which households will be matched to which project vacancies (see Section IX).

C. Rules Governing the Priority Pool

- All households that receive a prioritization interview will be added to the pool with an auto-exit date that is 90 days from the date of entry. This ensures that the list does not become stale and filled with households who can no longer be contacted. Households who re-enter CE and are re-prioritized may go back on the list.
- The list is maintained in order based on prioritization tool score. All households (single adults, families, youth) are in the same pool.

- If a household is matched to an opening within the 90 days, they are only removed from the pool at time of referral to a project. Households may decline a referral and in this case, will return to the pool, maintaining their original exit date.
- If a household is matched to an opening but cannot be located after three attempted contacts (by phone or email), their enrollment in the pool will automatically expire at the auto-exit date, and CE will move on to the next household in order of priority.
- As previously noted in Section VI, households who are in the priority pool may choose to return to the diversion step and receive assistance if they are able to identify a low-cost solution to resolve their homelessness. When this occurs, the household is removed from the “Priority Pool” project and re-entered into the “Diversion Conversation” and “Diversion” projects in HMIS.
- When a household auto-exits the priority pool after 90 days without securing housing, they may return to the screening and diversion steps and re-enter the priority pool for another 90 days.

D. Chronic Homeless Master List

Households who self-report that they meet chronic homeless criteria will be placed onto the Chronic Homeless (CH) Master List in place of the priority pool. (Households do not need to co-exist on both the CH Master List and the priority pool as both lists feed into the priority tool for referral.)

If a household is prioritized for a housing referral and either cannot be contacted by any method listed in their contact information or does not have contact information, outreach staff will be asked to provide household location support. If the household cannot be located by an outreach worker, they will remain on the CH Master List for up to six months. If the household is located or contacted within that six-month time, they will receive an immediate referral to any housing vacancies.

Unlike the priority pool, the CH Master List does not have an auto-exit date. Households are removed from the CH Master List only when:

- They are referred to a housing project and secure housing
- The outreach team informs the CE provider(s) that they have not had any contact with the household for more than six months.

Documentation of chronic homelessness is collected at the time a household is referred to a housing placement (see Section XI). If it is determined the household is not chronically homeless, they are removed from the CH Master List and entered into the priority pool for 90 days from their original CH Master List entry date.

E. Priority List

The priority list is the combination of all households in the priority pool and on the CH Master List, ranked by priority score. CE will pull an updated priority list from HMIS daily, from which housing referrals will be made. CE will make referrals from the top of the list until all openings are filled. See Section X for more information on the matching and referral process.

IX. Vacancy Tracking

The Daily Vacancy Tracking (DVT) sheet in Google Docs will be used to manage the tracking of vacancies in participating projects and for matching eligible households from the priority list.

All participating projects are required to enter their available vacancies in the DVT daily as they open. All vacancies must be filled within 3 business days.

Projects are responsible for entering any funder-required eligibility criteria into HMIS that may limit which households may be referred to fill each vacancy.

The CE provider is responsible for maintaining regular communication with all participating projects to ensure their vacancies are being entered in a timely fashion and to troubleshoot any problems. CE staff are responsible for maintaining the DVT and making any needed technical fixes to ensure vacancies can be entered.

X. Matching and Referral

A. Matching and Referral Process

The CE provider will be responsible for matching households on the priority list to available vacancies on an ongoing basis. This section describes the process for matching to all units:

- The household with the highest priority score will be matched to an available vacancy, provided the household meets the eligibility criteria for the project.
- If the household does not meet the criteria for any available openings, the CE provider may skip to the next household on the priority list. The CE provider is expected to match households with the highest need (i.e. the highest priority score) first and cannot skip to subsequent households, except in the case that the household cannot be matched or has fallen out of contact. As new project openings are made available, CE will attempt to match these households who could not be previously matched to an opening.
- Prior to referral, CE will communicate with upcoming households to ensure appropriate documentation is in place, the households still qualify, and contact information is up to date. Households will be told they may receive a call regarding a referral for housing soon.
- PSH vacancies are filled only from the CH Master List, using the process described above. However, households on the CH Master List are not limited only to receiving PSH referrals and may be matched to a rapid re-housing project.

B. Policies for Accepting/Rejecting Referrals

When a match is made, the CE provider shall contact the household to verify eligibility and offer a referral/placement into the project. The household may decline the referral and remain in the priority pool. There is no designated maximum number of declines per household, however CE staff should work alongside households and encourage them to accept referrals whenever possible, given the scarcity of housing resources in Pierce County.

If the housing project provider cannot get in contact with the referred household after three attempts, on at least three business days, then they must wait until the end of the business day on the final attempt before they can decline the referral and mark it as “no contact” or “lost contact” in HMIS.

If the household accepts the referral, the CE provider will send the referral and ensure the household has the name and contact information of the provider agency. Additionally, providers must adhere to the following:

- Once the household connects with the project and appropriate staff, the provider is not allowed to do any further eligibility screening and must accept the household into the project. However, the provider is responsible for ensuring the household is eligible for the respective project upon entry. The provider should verify the household’s situation is accurate and/or has not changed, confirming they are eligible for entry.
- Once a household has been verified as being eligible, the provider cannot impose additional and/or new criteria to screen out households. Projects that refuse admission to eligible households will be at risk for loss of funding from PCHS.

If the housing provider determines that the household is not actually eligible, the provider may request a new referral and the household will return to the priority pool. If the eligibility issue is relatively minor, the provider should problem solve with the household to see if it can be resolved. In some cases, issues with ineligibility can be resolved through the housing provider admitting the household into a different project for which they are eligible, provided there is a vacancy. Any incorrect information should be updated in HMIS prior to returning the household to CE so that the error is not repeated with the next referral.

If the household was sent to the provider in error (i.e. the CE staff should not have made the referral), the household will remain in the priority pool. If the provider determines that the household is not actually eligible to be served in the homeless system (i.e. not homeless) then the provider will inform the CE provider and the household will be removed from the priority pool and referred to mainstream resources as appropriate. The CE staff are responsible for informing the household they have been removed and the reason.

Providers may turn down no more than five percent of referrals. Should a provider report greater than five percent rate of referral refusal, PCHS will address this performance issue in accordance with the process specified in their contract. Steps in the process include: a problem-solving meeting, performance improvement plan, loss of contract funding, and then loss of future funding.

Reasons for declining a referral that do not count against the refusal rate include:

- Household does not meet eligibility criteria for project.
- Household did not show up for appointment or loss of contact with household.
- Household specifically states they do not want services.

Any other reason would be considered a “decline by provider” and will count towards the five percent rate of refusal.

Note that if a household referred for a PSH vacancy is deemed too “high functioning” (i.e. does not need indefinite supportive services) at time of intake and the provider also has a rapid re-housing vacancy, the provider may request that the household be assigned to RRH. If the provider does not have an RRH vacancy, they can recommend that the household be referred for RRH placement.

XI. Documentation

The CE provider is responsible for collecting documents to verify that a household is eligible for a project vacancy before making the referral. The goal of the documentation process is to:

- Minimize the number of rejected referrals, by ensuring that to the greatest extent possible, all eligibility factors are documented before a household is referred to a project, and;
- Minimize the chances that a household will have to repeat or duplicate the collection of documents, by ensuring that documentation is gathered close to the time that the referral will be made (ideally within 30 days) so that all verifications are current when the household is referred.

While preventing duplicative documentation processes is a goal of the system, there will be situations where documentation is collected more than once. This is particularly true in projects that require income documentation at project entry. The CE provider should ensure income documentation is collected and up-to-date before and at time of referral, however, in some situations the income documentation will have to be updated when the household arrives at the project for enrollment.

Other documentation collected by CE staff during this time include:

- Homeless verification;
- Income documentation;
- HMIS Release of Information; and
- Personal identification, if possible.

In the case of Projects for Assistance in Transition from Homelessness (PATH)-enrolled CH households, the PATH team will provide support to housing providers around locating and contacting the household, as well as aid in gathering needed documentation for project enrollment.

XII. Mobile Outreach

A. Goal of Mobile Outreach

The goal of mobile outreach is to ensure that CE is available to those unsheltered households who do not actively seek shelter or services, yet have a high need for assistance from the homeless response system. Mobile outreach teams will seek out homeless households wherever they are staying (e.g. encampments), or accessing services (e.g. Healthcare for the Homeless, Family Support Centers). While outreach can include efforts to understand service needs (e.g. behavioral health issues), the focus of the engagement should be problem solving to meet the household's housing needs, using a housing first approach. For some CH households, multiple contacts over an extended period of time will likely be needed for engagement to be successful.

B. Staffing of Outreach Teams

Outreach staff may be part of PCHS's contract with the CE provider, or may be conducted by existing outreach teams who are trained to perform CE functions. Outreach is designed to connect with those living outdoors or other places not meant for human habitation and link them to appropriate voluntary housing interventions, services, and other supports. Specialized outreach teams may be deployed for the following populations:

- Chronically homeless single adults;
- Veterans; and
- Youth and young adults.

C. Responsibilities of Outreach Teams

Outreach teams will be trained to perform the following CE activities:

- Screening;
- Diversion Conversation (if household identifies a diversion solution, the outreach team may implement the solution or may provide a warm handoff to the CE provider to implement the solution);
- Prioritization Interview;
- Collect initial documents needed to enter household in CE (see Section VI);
- Work with households who are high on the priority list to complete documentation needed for admission to a housing project; and
- Document chronic homelessness, as needed.

Since many unsheltered and chronically homeless households will initially decline an offer of shelter or housing assistance, mobile outreach teams are expected to continue to engage with these households over an extended period, with the goal of eventually assisting the household to make the transition to permanent housing.

When an unsheltered household is matched to an available vacancy, the outreach team will be responsible for attempting to locate the household and assisting them to complete the steps needed to enroll in the housing project, such as collection of eligibility documentation, if the household chooses to do so.

XIII. CE Coordination with Same Day Shelters

A. Goal of Coordination with Same Day Shelters

Many of households with the greatest vulnerabilities and housing barriers are regular clients of same-day shelter. These individuals and families frequently cycle in and out of shelter and have some of the longest histories of homelessness. For this reason, it is critical to ensure that same-day shelters are integrated into CE.

B. CE Activities Conducted at Shelters

Currently, households access same-day shelter through processes designed by each individual shelter, typically involving a “first come first served” system and sometimes also a waiting list. As currently designed, CE will not change the process whereby households access same-day shelter beds. A prioritization system for shelter beds may eventually be implemented, but is not part of the current CE implementation.

The CE provider(s) is responsible for working in partnership with same day shelters to offer the following services at shelter sites:

- Diversion for all families and individuals occupying same day shelter beds to determine if there is a no or low-cost solution that will resolve their homelessness.
- Prioritization interviews so that all households occupying shelter beds are placed into the priority pool or CH Master List (whichever is applicable) and have the ability to access housing referrals for which they are eligible.

The CE provider(s) shall be responsible for coordinating the times when these activities will take place at the same-day shelters.

XIV. Household Autonomy and Appeals Process

To ensure household choice and autonomy, households of the CE system are allowed to refuse to answer any question asked of them and/or any form of assistance offered by CE. CE staff must not require that any person accept unsolicited services or housing assistance, and must not require that households unwillingly provide information as a prerequisite for receiving assistance.

Should a household or service provider have an unsatisfactory experience with CE or decision made by CE related to their level of assistance, that household and/or provider is entitled to file an appeal. All appeals must be filed in writing.

A three-tiered appeals process is in place to facilitate the review and ruling on an unsatisfactory decision. Appeals can be lodged within 14 days of the unsatisfactory decision.

The three levels of appeal include:

- *Tier 1.* Review by a Program Manager or designee from a CE provider agency who was not involved in the original decision-making process within two business days;
- *Tier 2.* Review by an Executive Director or designee of a CE provider agency within three business days; and
- *Tier 3.* Review completed by a designated representative from PCHS within three business days.

XV. Data Collection, Reporting and Evaluation

A. Data Collection and Reporting

All CE activities are recorded in the Pierce County HMIS System. Procedures relating to data entry are described in the PCHS HMIS User Manual.

The CE provider(s) are responsible for:

- Entering data into HMIS at all stages of CE process (screening, diversion, prioritization, and referral).
- Monitoring vacancies, identifying any issues with slow or inaccurate entry of vacancies by providers, and report problems to PCHS.
- Generating reports as required by PCHS.

- Working with PCHS to analyze data, identify areas of poor and weak performance, and problem solve to improve effectiveness of CE.

B. Performance Benchmarks and Monitoring

CE providers will be held accountable for reporting on and meeting project performance benchmarks set by PCHS. Should a provider be unable to achieve or exceed set benchmarks, they will work alongside PCHS to look more closely at project data, determine potential explanations for less than expected performance, and collaborate on strategies for improvement.

Areas that will be measured for performance include:

- Screening:
 - Percent of calls to CE that are answered in real time or responded to within a set timeframe.
- Diversion:
 - Percent of eligible households contacting CE by phone who receive a diversion conversation within a set number of business days;
 - Percent of eligible households connecting with CE through same-day shelter who receive a diversion conversation within a set number of business days;
 - Percent of households who are successfully diverted within set timeframe.
- Matching and Referral:
 - Rate of referrals that meet project eligibility criteria (determined by funder requirements; does not include other excessive project-specific requirements).
- Data Collection and Reporting:
 - Percent of HMIS data that is complete and accurate;
 - Percent of HMIS data that is entered within set number of days from initial collection.
- Outreach:
 - Percent of people engaged via outreach who receive a diversion conversation;
 - Percent of awarded outreach funds that are spent by project(s);
 - Data completeness and accuracy;
 - Data entered within set number of days from collection.

C. CE Evaluation

For quality assurance purposes and to allow for community involvement, each year PCHS will evaluate the CE system using qualitative and quantitative data about how it is working. This evaluation process will include gathering community input and feedback from a range of stakeholders, including (but not limited to) housing and service providers, CE staff, and CE households. Methods used by PCHS for collecting community input may include interviews, surveys, and focus groups; this process will be announced by the County and open to the public.

XVI. Privacy and Data Security

See the Piercy County HMIS User Manual Section 1: General Information, including the subsections “User Agreement” and “Client Release of Information and Informed Consent,” as well as Section 5.5: Creating a Non-ROI Client for policies governing privacy protections and data security protections for CE and HMIS.

XVII. Affirmative Marketing and Non-Discrimination

PCHS requires that all housing providers that receive funding through its processes must affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities. Housing assisted with CoC funds must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2).

All projects that receive referrals from CE are permitted and expected to comply with all applicable state and Federal civil rights and fair housing laws and requirements, including, but not limited to:

- 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 project 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 project or activity receiving Federal financial assistance; and
- Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, projects, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.
- HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing projects based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

The prioritization policy and process adopted by PCHS is designed to be fair and non-discriminatory:

- To the maximum extent possible, prioritization criteria are designed to be objective and to focus on concrete housing barriers and vulnerability factors.
- Households are not required to disclose the presence of a disability in order to be prioritized and presence of a disability by itself is not a prioritization factor.
- PCHS has tested the results of the prioritization tool to ensure that it does not result in disparate treatment of protected classes of people (race, ethnicity, age, gender).

HUD-Required Elements for Policies and Procedures

From HUD Notice on January 23, 2017

Policy/Procedure Element	Description of Required Elements	Section Reference
Affirmative Fair Housing Marketing Plan	A strategy to ensure that coordinated entry process is available to all eligible person regardless of race, color, national origin, religion, sex, age, familiar status, disability, actual or perceived sexual orientation, gender identity or marital status.	IV & XVII
Geography Covered	Description of geography covered.	IV
Populations	<ol style="list-style-type: none"> 1. Description of any distinctions in access or methods of covering different populations. 2. Documentation of the criteria for uniform decision-making within each population for whom different access points and assessment processes are used. 3. Assessments and placements for Veterans made by Veterans Affairs (VA) must be in both the CoC policies and Procedures, and of the affected project(s). 	III
Written Standards	<ol style="list-style-type: none"> 1. Written standards for providing CoC Program and ESG Program assistance which can guide the developing of formalized policies and procedures for the coordinated entry process. 2. Includes a definable set of criteria, including the factors and information used for assessment and prioritization for all homeless assistance. 	1 = All 2 = VII
Prevention	A process for persons seeking access to prevention services through the CE process.	V
Accessibility	<ol style="list-style-type: none"> 1. Documentation of steps taken to ensure that access points are accessible to people with disabilities. 2. Documentation of steps taken to ensure effective communication for people with disabilities. 	IV
Safety Planning	A specific policy to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, but who are seeking shelter or service from not victim service providers.	V
Outreach	Description of how street outreach efforts funded under ESG or CoC are linked to the CE process.	XII
Assessment Criteria for Decision Making	<ol style="list-style-type: none"> 1. Description of standardized assessment process, including the criteria used for uniform decisions making across access points and staff. 2. Prohibits the CE process from screening people out due to perceived barriers to housing or services. 3. Establishes that the assessment process cannot require disclosure of specific disabilities or diagnoses. 	VII, XVII, XIV
ESG Included in CE	CoC and each ESG recipient must work together to ensure that the CE process allow for coordinated screening, and	III, V, VII

Policy/Procedure Element	Description of Required Elements	Section Reference
	assessment and referrals for ESG projects are consistent with the written standards for administering ESG assistance - eligibility, prioritization, referral protocols, service coordination, CE participation expectations.	
Emergency Services	<ol style="list-style-type: none"> 1. Distinguishes the services that will be and won't be prioritized (i.e. shelter prioritization). 2. Documentation of a process by which persons are ensure access to emergency services during off hours when the CE process is not operating. 	VII
Referrals	<ol style="list-style-type: none"> 1. Uniform and coordinated referral process for all beds, units, and services available in participating projects. 2. Description of process for when a participant rejects a referral. 	X
Data Protection	<ol style="list-style-type: none"> 1. Written policies for protection of all data. 2. Protocols for obtaining participant consent to share and store data. 3. Prohibits denying services for refusal to share data. 	XVI
Complaints and Appeals	<ol style="list-style-type: none"> 1. Documents process for participants to file a nondiscrimination complaint. 2. Process to appeal CE decisions. 	XIV
Evaluation	Annual evaluation includes soliciting feedback from users.	XV