

## Mother Gamelin Center- Clinic Operations

20 W. 9th Ave  
3<sup>rd</sup> Floor  
Spokane, WA 99204

### DRIVING DIRECTIONS

#### Westbound I-90:

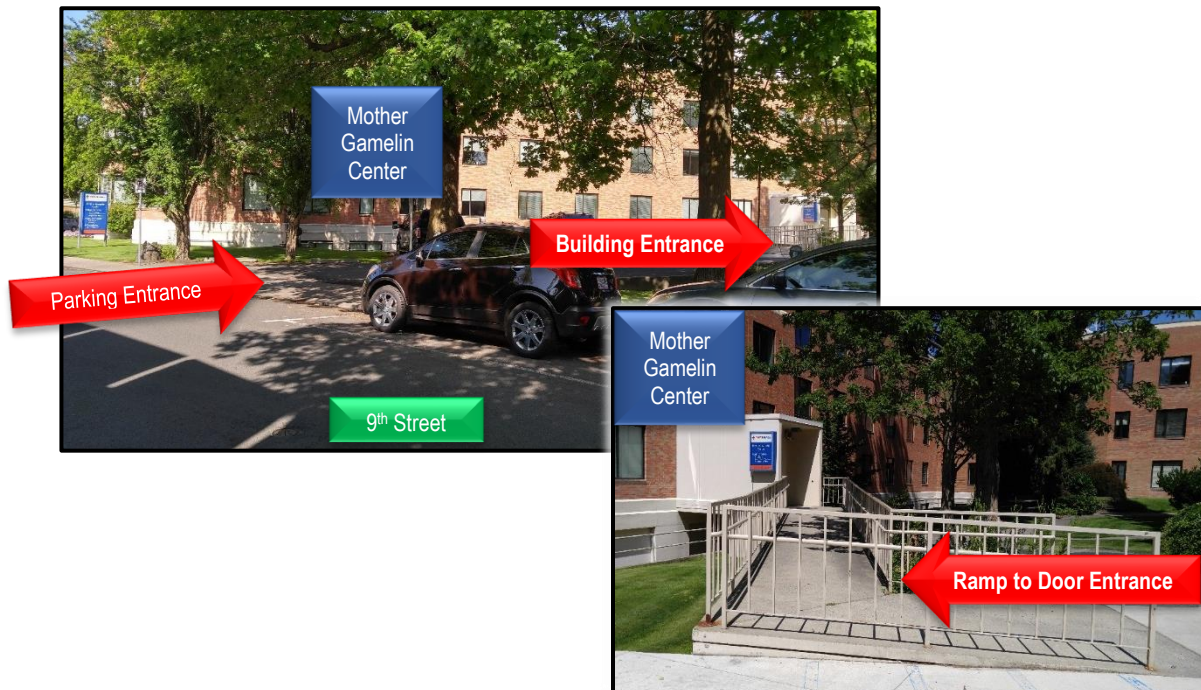
- Take exit **281**.
- Merge into right lane.
- LEFT onto **4th Avenue**.
- RIGHT turn onto **Cowley**.
- RIGHT turn onto **9<sup>th</sup> Avenue**.
- RIGHT into parking lot.

#### Eastbound I-90:

- Take exit **281**.
- Merge into left lane.
- LEFT at 2<sup>nd</sup> light, onto **2<sup>nd</sup> Ave**.
- LEFT turn on **Browne** merging immediately to right (3<sup>rd</sup> lane).
- LEFT turn immediately after under overpass onto **4<sup>th</sup> Ave**.
- RIGHT turn onto **Cowley**.
- RIGHT turn onto **9<sup>th</sup> Avenue**.
- RIGHT into parking lot.

### PARKING / ENTRANCE

- To avoid metered parking on the street, feel free to park in the small parking lot directly adjacent to the east side of the building. Park in a “Reserved for Regional Office” parking spot.
- Access the double doors into Mother Gamelin via the ramped entrance on the side of the building.
- Take the elevator to the 3rd floor.
- Use the doorbell/intercom to announce your arrival, an Administrative Assistant will assist you to your destination.





**CoC Agenda May 24, 2023**

**Management Strategies & Agenda Topics**

**Collaborative Attendance:**

**Collaborative Hybrid (in-person or virtual) Meeting**

Mother Gamelin Center - Providence Sacred Heart Campus  
20 W. 9th Ave, 3rd Floor, Spokane, WA 99204

<b>Agenda Items</b>	<ul style="list-style-type: none"> <li>• <b>General Announcements (10 min)</b> <ul style="list-style-type: none"> <li>○ TEAMS Captioning (live) &amp; Transcription (send with minutes)</li> <li>○ July Board application interviews/vote</li> <li>○ Public Comment</li> </ul> </li> <li>• <b>CA announcements</b> <ul style="list-style-type: none"> <li>○ Kimberly Babb                             <ul style="list-style-type: none"> <li>▪ NOFO &amp; RFP committee presentation (organization list)</li> <li>▪ Governance charter updates (track changes)</li> </ul> </li> <li>○ 5-year strategy changes due prior 2025. List of recommendations to be sent to Subcommittees for review.</li> </ul> </li> <li>• <b>CMIS Committee</b> <ul style="list-style-type: none"> <li>○ Committee Daniel Ramos, May 10<sup>th</sup> &amp; the 2nd Wednesday of each month.</li> <li>○ Agenda formulation</li> <li>○ PIT story board (TBD) &amp; Monthly PIT meetings for 2024</li> </ul> </li> <li>• <b>Subcommittee &amp; Workgroup Updates (15 min)</b> <ul style="list-style-type: none"> <li>○ Kimberly Babb - Share drive for sub-committee notes</li> <li>○ Veteran subcommittee – Shannon Dunkin - Past December proposal</li> <li>○ Families – Heather E. &amp; Chris H.</li> <li>○ Singles – David S. &amp; Eric R.</li> <li>○ Youth &amp; Young Adult – Gage S. &amp; Rose S.</li> <li>○ Youth Advisory Board – Pink V.</li> <li>○ Diversion – Jasmine B.</li> <li>○ Racial Equity – Chair Vacancy</li> </ul> </li> <li>• <b>CoC Regional workgroup Discussion</b></li> </ul>
<b>Votes</b>	<ul style="list-style-type: none"> <li>• CE Policies &amp; Procedures vote (July Vote) – Shannon</li> <li>• Veteran CE workflow status – Not inclusive to VA definition</li> </ul>



**CoC Board Agenda Moving Forward/Follow-up**

**Vacant Board Positions:**

- Family Representative - Lived Experience
- Provider, Supportive Services Rep (Jen Haynes position)
- Behavioral Health/Chemical Dependence Representative
  - **Gabriel Minchow – application review**
- Healthcare Provider/Hospital Representative
- K-12 Education Representative
- Philanthropy Representative

WA 502 Spokane City/County Continuum of Care  
Coordinated Entry Guidelines  
Policies and Procedures 2023

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## **I. Coordinated Entry Introduction and Overview**

### **A. Background and Purpose**

Coordinated Entry (CE) is a centralized or coordinated process designed to streamline participant intake, assessment, and provision of available housing intervention referrals through the Coordinated Entry System (CES). A CES covers a specific geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. The Spokane Regional Continuum of Care (CoC) has formed a CE System to ensure that homeless assistance is allocated as effectively as possible and is easily accessible no matter where or how people present with a housing crisis. The following Policies and Procedures will be used to guide the operation of the Spokane Regional Coordinated Entry System.

The purpose of a CES is to ensure that all people experiencing a housing crisis have fair and equal access, are quickly identified, assessed for, and connected to housing and homeless services based on their strengths and needs. It ensures that they receive the right resources at the right time and are empowered to solve their own housing crisis to stay out of the homeless response system to the best extent possible. It uses standardized tools and practices, incorporates a system-wide Housing First (no barriers to entry) approach, and, in an environment of scarce resources, coordinates housing support so that those with the most acute service needs are prioritized.

Implementing CE is a federal requirement for several federal programs under the Department of Housing and Urban Development (HUD). This CE System complies with HUD CE Notice CPD-17-01, CPD-16-11, 2012 CoC Program Interim Rule (24 CFR Part 578) and the Emergency Solutions Grant (ESG) regulations (25 CCR 8409). All CoC- and ESG-funded programs are committed to implementing this program. These policies will be updated at least annually to comply with evolving regulations and any changes in the Spokane City/County homeless system of care. Except as otherwise specified, Spokane City/County CE System Policies and Procedures apply to all geographic areas, subpopulations, and housing and homelessness services within the Spokane City/County Continuum of Care.

### **B. Goals**

The goal of CE is to provide each homeless household with the services and supports needed to rapidly return them to permanent housing. By implementing CE, Spokane's CoC hopes to achieve the following:

- Reduce “run around” for households experiencing homelessness.
- Reduce barriers for households experiencing homelessness to get into an appropriate housing placement.
- Prioritize the most vulnerable homeless households and connect them to the appropriate level of housing and support.
- Reduce the number of programs a household has to participate in before getting their needs met.

- Reduce new entries into homelessness through coordinated diversion and targeted prevention efforts.
- Eliminate the need for providers to manage waitlists, allowing them to focus primarily on providing services.
- Foster increased collaboration between providers and minimize duplication of services.

To achieve these goals, the CE System will strive to abide by the following guiding principles:

- **Housing First:** CE will support a housing first approach by facilitating appropriate referrals and working with individual programs to lower barriers for clients to obtain and maintain permanent housing. The CoC prohibits the CES from screening out a qualified individual or family due to perceived barriers to housing or services. Towards this end, all interventions offered through the CES cannot deny households based on lack of identification (State ID, Social Security Card, etc.).
- **Client Choice:** The CE systems will provide housing and service options informed by a common assessment tool, though the client will be able to determine what is best for his or her needs and may deny any housing option presented.
- **Collaboration:** Collaboration between partners is essential to the success of CE. To support the collaboration of providers, both CE systems will hold regular learning community meetings, encouraging feedback and suggestions from participating partners on how to ensure the on-going success of CE in Spokane.
- **Data Quality:** Gathering accurate data is essential to ensure appropriate housing placement in a timely manner for homeless households. Assessors will be collecting data through the common assessment tool, CMIS, Provider Surveys, Client Surveys, Case Studies, and the annual Point in Time Count.
- **Performance and Data Driven Decision Making:** Decisions to modify and adjust the CE systems shall be determined by performance on key outcomes determined by the data collection described above. CE's primary goal is collaborative service delivery to best serve homeless households and will be adaptable in its process as needed. Changes may be driven by a desire to improve process-oriented outcomes.
- **Prioritization and Eligibility:** 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 purpose of prioritization is to identify the "best fit" housing solutions for every household-meaning the least amount of assistance needed to exit homelessness.
- **Prioritizing Chronic Homeless Households for Permanent Supportive Housing:** CE will prioritize Permanent Supportive Housing placement for homeless individuals determined to be most vulnerable as determined by the common assessment tool, local priorities and chronic homeless eligibility. The assessment tool will help determine the household's level of housing and service need allowing for appropriate referral and placement. As noted below, all projects that have HOME dollars and Project Based Vouchers attached to the unit, must go through the Spokane Housing Authority to fill vacant units.

### C. Basic Definitions

- a. **SHCA-** Single Homeless Coordinated Assessment. SHCA began in October of 2014 as a decentralized assessment system with a lead agency (SNAP) to facilitate the training and coordination of numerous assessment sites to provide a “no wrong door” approach.
- b. **HFCA-** Homeless Families Coordinated Assessment. Our local Homeless Families Coordinated Assessment Program (operated by Catholic Charities Eastern Washington), which began in October 2012, coordinates all family homeless service programs in a centralized approach with a few satellite sites approved to assess households who are already connected with that satellite site.
- c. **Housing First-** Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals.
- d. **Chronic Homelessness-** Chronic homelessness is defined by HUD as a single individual or head of household with a disabling condition who lives in a place not meant for human habitation, a Safe Haven, or emergency shelter **AND** has either: experienced homelessness continuously for longer than a year or has had at least four episodes of homelessness in the past three years.
- e. **Case Conferencing-**Local process for CE staff and others working for households experiencing homelessness to coordinate and discuss ongoing work with person’s experiencing homelessness in the community, including prioritization or active list. The goal of case conferencing is to provide holistic, coordinated and integrated services across providers and to reduce duplication.
- f. **Continuum of Care (CoC)-**Group responsible for the implementation of the requirements of HUD’s CoC Program interim rule. The CoC is composed of representatives of organizations, including non-profit homeless providers, victim services providers, faith-based organization, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless persons.
- g. **Continuum of Care Program-**HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2)provide funding for efforts by non-profit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families and communities by homelessness; (3)promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4)optimize self-sufficiency among individuals and families experiencing homelessness.
- h. **Emergency Shelter-**Short-term emergency housing available to persons experiencing homelessness.



- i. **Emergency Solutions Grant (ESG) Programs-** HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.
- j. **Common Assessment Tools-** The CoC Coordinated Entry System uses different assessment tools depending on the sub-population that is currently being assessed.
- k. **Move-On Strategy.** All Permanent Supportive Housing providers, regardless of whether referrals are received from Coordinated Entry or the Spokane Housing Authority, must incorporate the Move-On Strategy as passed by the Continuum of Care Board in the Fall of 2019.

#### **D. Governance**

The Spokane City/County CoC has established this CE system including contracting of the CE lead agencies; Spokane Neighborhood Action Programs (SNAP) for households without children and Catholic Charities Eastern Washington (CCEW) for households with children. The CE leads are responsible for the general management of the CE system and facilitate coordination among all projects within the CE system. This role includes:

- Planning: facilitate system design process
- Policy oversight: establish and review policies and procedure, including CE prioritization policies.
- Management: Manage day to day workflow processes
- Community engagement: gather feedback from the crisis response system to inform policies and procedures.

Additionally, the CoC board provides oversight for the CE system, reviewing CE policies and procedures and establishing a subcommittee specifically for this purpose. The CE subcommittee will be comprised of representation from the CE lead agencies, nonprofit homeless service providers who serve as satellite sites, CMIS staff and key decision makers within other stakeholder agencies and systems. Additionally, the subcommittee will include individuals from target populations with lived experience. At least one member will also be a member of the CoC board and will serve as a Liaison between the committee and the board.

#### **E. Service Provider Participation**

Homeless housing and homelessness prevention projects funded by, but not limited to, the sources listed below must participate in CE as an access point or by accepting referrals. Participating projects accepting referrals must fill openings exclusively through the CE system and eliminate all side doors.

- WA State Consolidated Homeless Grant (CHG) (includes Housing and Essential Needs [HEN] projects)
- Federal Emergency Solutions Grant (ESG)

- Federal Continuum of Care (CoC) Program
- Local Homeless Housing Assistance Act (HHAA) Funds (local document recording fees)
- Local Human Services Grant (HSG)

Unless otherwise stated in grant guidelines or agreements, all homeless housing and homelessness prevention within the crisis response system funded by the City of Spokane/Spokane County must participate in the Spokane City/County CoC’s CE System.

### **Exception for Emergency Shelter Participation**

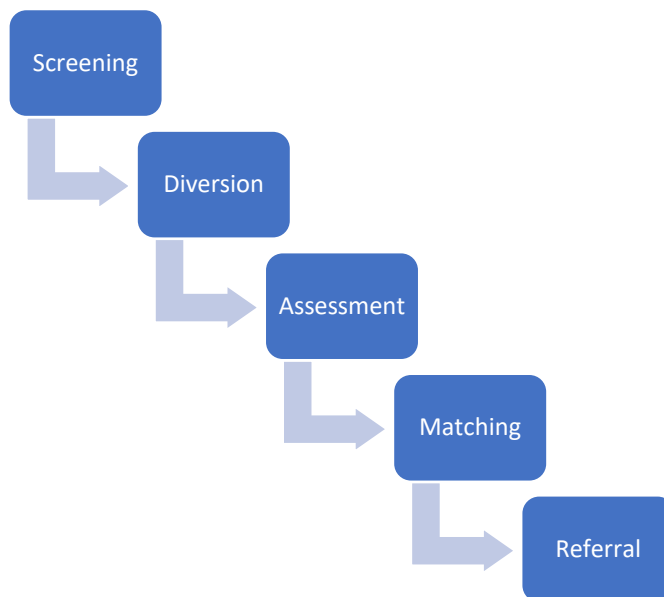
Due the immediacy and urgency of the services provided emergency shelters that are considered “drop-in” (i.e., offer night-by-night living arrangements that allow households to enter on an irregular or daily basis) are not required to fill vacancies through coordinated entry referral but must serve as access points for CE.

Emergency shelters which are considered “continuous stay” (i.e., offer living arrangements where households have a room or bed assigned to them throughout the duration of their stay) must fill all vacancies through referral from CE.

## **II. Eligibility and Typical Service Flow**

### **A. Eligibility**

All households seeking assistance through CE are eligible for service. Step 1 in the CE Workflow (Screening) will allow staff to determine what types of interventions may be a good fit (diversion conversation or housing intervention, single or family, homeless or housed, etc.), and if additional steps are warranted.



For the initial steps of the CE progression, screening and diversion conversations, reflective listening is the most useful strategy for determining next steps. Discussion around the household's experiences related to housing, safety, finances, social network, etc., will inform whether more than a diversion conversation and referral to relevant community resources is needed.

Eligibility for all homeless-related interventions and referrals, including Rapid Rehousing (RRH), Permanent Supportive Housing (PSH), Transitional Housing (TH), and Other Permanent Housing (OPH) will be based on 24 CFR §578.3. Only those who meet the criteria for one of the following categories will be eligible for these interventions:

*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 the few programs that are able to serve households at imminent risk of homelessness (HP), eligibility will be based on HUD's definition. Only those who meet the criteria for one of the following categories will be eligible for these interventions:

*Category 2: Imminent Risk of Homelessness*

An Individual or Family who:

- **(i)** Has an annual income below 30 percent of median family income for the area, as determined by HUD;
- **(ii)** Does not have sufficient resources or support networks, *e.g.*, family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the "Homeless" definition in this section; and
- **(iii)** Meets one of the following conditions:

- (A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
- (B) Is living in the home of another because of economic hardship;
- (C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;
- (D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, [State](#), or local government programs for low-income individuals;
- (E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
- (F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
- (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the [recipient's](#) approved [consolidated plan](#);

*Category 3: Homeless Under Other Federal Statutes*

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- Are defined as homeless under the other listed federal statutes.
- Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application.
- Have experienced persistent instability as measured by two moves or more during in the preceding 60 days: and
- Can be expected to continue in such status for an extended period due to special needs or barriers.

### **III. Policies and Standards**

Our CE system is aligned with federal requirements set forth by HUD and local experience informs our current system. The Spokane City/County Coordinated Entry System is shaped by local data and experience as well as best practices from other communities.

The CE lead agencies are responsible for developing detailed procedures to operate the system in accordance with the below overarching policies. Such standard operating procedures must be publicly available and are applicable to all CE partners.

- Process for households fleeing domestic violence and seeking services from non-victim specific providers
- Process to ensure safe and confidential access to the CE system
- Process to ensure immediate access to emergency services, such as domestic violence helplines and shelter
- Physical accessibility and reasonable accommodations
- Effective communication with individuals with disabilities
- Marketing to all households
- Marketing to households least likely to apply
- Referrals to subpopulation designed access point
- Access to emergency services
- Outreach Staff CE role
- Household Assessment
- Prioritization process
- Additional referral if rejected by project
- Maintaining up to date information on project capacities, vacancies and eligibility criteria
- Grievance and appeal submission
- Grievance and appeal reviews
- Communicating outcomes of grievance and appeal
- Obtaining household consent
- Secure and confidential storage of records

#### **A. Grievance and Appeal Process**

**Policy:** CE system grantees must ensure that a system is in place to address grievances for households within the CES. Grantees, recipients or sub recipients are required to maintain, at minimum, a procedure for grievances and/or appeals by the household if they disagree with a decision by the lead or their satellites as it concerns their housing assessment and/or referral or complaints of discrimination or lack of equal access.

**Procedure:** At minimum, the CE lead(s) will ensure compliance with the above policy by ensuring that they have crafted the following Procedure:

- Notify all households of their right to submit a grievance and how to do so; and
- The CE lead will review and submit an answer in writing to the filing household within five (5) business days.
- The household then has five (5) business day to appeal the decision of the CE lead to a senior officer within the CE lead's organization.
- The procedure should indicate that this senior officer is not to have been involved with the original appeal decision.
- The senior officer within the CE lead's organization has five (5) days to respond to this appeal.

- If the filing household is still unsatisfied, they may appeal, within five (5) business days, to the Community Housing and Human Services Department (CHHS) at the City of Spokane.
- This appeal should be submitted via email to [chhsoc@spokanecity.org](mailto:chhsoc@spokanecity.org)
- Grievance procedures must list Northwest Fair Housing Alliance as an option for clients to submit fair housing related grievances.
- The CHHS Department will have five (5) business days to respond.
- CE lead(s) will distribute their grievance procedures to all satellite sites. CE grantees will collect signed grievance procedures as part of the packet they receive back from satellite sites to enroll households in CE.
- CE lead(s) and satellite sites will have grievance procedure posted publicly in a waiting room, lobby, or other main point of entry that all clients access.

**Policy:** All Projects will maintain termination policies and procedures for any participant that is exited from the program whether voluntary or not.

- The procedure must explain that grantees may terminate assistance to a program participant who:
  - Violates program requirements or conditions of occupancy clients can submit a grievance orally or in writing; and
  - Voluntarily terminates services and exits the program.
- The grievance procedure will identify the client's due process which must consist of:
  - Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance
  - Written notice to the program participant containing a clear statement of the reasons for termination
  - A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
  - Prompt written notice of the final decision to the program participant.
  - Prompt written notice of the final decision to the program participant.
  - Hard-to-house populations. Recipients and subrecipient that are providing permanent supportive housing for hard-to-house populations of homeless persons must exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.

## **B. Fair Housing and Equal Opportunity**

*Nondiscrimination and equal opportunity requirements.* The nondiscrimination and equal opportunity requirements set forth in 24 CFR 5.105(a) are applicable.

The Spokane City/County Continuum of Care shall act in accordance with 24 CFR Part 5, which ensures equal access for individuals in accordance with their gender identity in

programs and shelters funded by HUD's Office of Community Planning and Development. All eligible individuals and families (regardless of sexual orientation, gender identity or marital status) should be accommodated in temporary, emergency shelters and other facilities used for housing, in accordance with the gender identity in which the individual identifies (24 CFR 5.100).

More information about HUD rules pertaining to Equal access in accordance with individual's gender identity and sexual orientation can be found here:  
<https://files.hudexchange.info/resources/documents/Equal-Access-Final-Rule-2016.pdf>.

*Housing for specific subpopulations.* Recipients and subrecipient may exclusively serve a particular homeless subpopulation in transitional or permanent housing if the housing addresses a need identified by the Continuum of Care for the geographic area and meets one of the following:

- (1) The housing may be limited to one sex where such housing consists of a single structure with shared bedrooms or bathing facilities such that the considerations of personal privacy and the physical limitations of the configuration of the housing make it appropriate for the housing to be limited to one sex.
- (2) The housing may be limited to a specific subpopulation, so long as admission does not discriminate against any protected class under federal nondiscrimination laws in 24 CFR 5.105 (e.g., the housing may be limited to homeless veterans, victims of domestic violence and their children, or chronically homeless persons and families).
- (3) The housing may be limited to families with children.
- (4) If the housing has in residence at least one family with a child under the age of 18, the housing may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the project so long as the child resides in the housing.
- (5) Sober housing may exclude persons who refuse to sign an occupancy agreement or lease that prohibits program participants from possessing, using, or being under the influence of illegal substances and/or alcohol on the premises.
- (6) If the housing is assisted with funds under a federal program that is limited by federal statute or Executive Order to a specific subpopulation, the housing may be limited to that subpopulation (e.g., housing also assisted with funding from the Housing Opportunities for Persons with AIDS program under 24 CFR part 574 may be limited to persons with acquired immunodeficiency syndrome or related diseases).
- (7) Recipients may limit admission to or provide a preference for the housing to subpopulations of homeless persons and families who need the specialized supportive services that are provided in the housing (e.g., substance abuse addiction treatment, domestic violence services, or a high intensity package designed to meet the needs of hard-to-reach homeless persons). While the housing may offer services for a particular type of disability, no otherwise

eligible individuals with disabilities or families including an individual with a disability, who may benefit from the services provided may be excluded on the grounds that they do not have a particular disability.

### **C. Safety Planning and Risk Assessment**

**Policy:** All persons who are fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking shall have immediate and confidential access to available crisis services within the defined CE geographic area. All CoC providers shall incorporate a safety risk assessment as part of initial CE triage and intake procedures, evaluating, to the greatest extent possible, the physical safety and wellbeing of participants and prospective participants.

**Procedure:** If a household identifies as fleeing domestic violence, sexual assault, stalking and trafficking at initial point of contact with CE or at any point of contact here after, CE staff will:

- Complete an initial screening of risk and if defined risk is identified the participant will be referred to available specialized services designed to address the particular service needs of survivors of abuse, neglect and violence.
- 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 (Anonymous) household at time of assessment.
- Inform household of what housing interventions they may be eligible for and inform them of how their referral will be processed in the system due to their anonymous status.
- Provide household information about/referral to local DV shelters providers, crisis lines and safety planning resources.
- Intimate Partner Domestic Violence YWCA of Spokane- 24/hr. Helpline 509-326-2255 [www.ywcaspokane.org](http://www.ywcaspokane.org)
- Lutheran Community Services Northwest Sexual Assault 24-hour crisis line- 509-624-7273 [www.lcsnw.org](http://www.lcsnw.org)

In the case that a household expresses feeling to be in imminent danger, CE screener will suggest calling 911 if they need police intervention and provide resources for our local domestic violence crisis line which includes safe shelter for those in imminent danger due to Domestic Violence.

### **D. Geographic Coverage**

Spokane County and City of Spokane CoC boundaries include the geography within the County of Spokane, including incorporated cities and unincorporated areas. The CE covers this full geography by identifying access, standard assessments, and uniform referrals processes.

### **E. Accessibility**

The CE system covers the entirety of Spokane County – which is the same geography as the CoC. The CE system is easily accessed for all participants.

The CE system is 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).

All physical system access points are accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs. This includes CE provider offices; and Same-day shelters where CE activities take place. Physical access points must be in reasonable proximity to public transportation. Any person accessing CE services may request a reasonable accommodation to complete the CE process in a different location due to physical accessibility issues.

CE sites have materials printed in other languages and braille as needed, and have the option to hire interpreters for meeting, at the expense of the agency.

- *Note: Having an English-speaking child translate for the family is not to be used as an option for translation.*

#### **F. Marketing Strategy:**

Marketing, or advertising, refers to how households learn the CE system exists. This may include, but is not limited to, written materials such as flyers and brochures, outreach to relevant partners, community education, and street outreach.

The CE system must develop and implement the following marketing components:

- A marketing strategy to ensure the CE system is available to all households regardless of actual or perceived race, color, national origin, religion, sex, age, familial status, disability, sexual orientation, gender identity, marital status, or U.S. residency status. This marketing strategy must be included in policies and procedures.
- A strategy to market to households who are the least likely to apply for services in the absence of special outreach. This marketing strategy must be included in policies and procedures.
- Advertisement of access points to all eligible persons, mainstream systems of care, and other community partners within the entire CE system's jurisdiction.

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

- Regular email updates to the general community, service providers, and Spokane City and County departments.
- Posting of CE polices and other information on the City of Spokane, Community Housing and Human Services (CHHS) website and the websites of the CE provider(s); CE information is available via the CHHS website and the websites of

other organizations that provide referral information and services, such as Eastern WA 2-1-1.

- Distributing informational flyers at service locations in the community.
- Ensuring CE information is available in accessible formats, such as large print, audio, Braille, multiple languages, and sign language interpreters when necessary.
- Provide CE Information through 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.
- CE Leads will elicit feedback from CE stakeholders on all promotional materials on a regular basis.
- Information regarding accessing emergency services outside of the CE operating hours through Eastern WA 2-1-1 and the 24/7 Regional Crisis Line will be included in CE lead agency's marketing materials.

## **G. Access Points**

The Spokane City/County Coordinated Entry System is bifurcated with households without children having multiple decentralized access points and households with children having fewer satellites with a more centralized model. Singles Homeless Coordinated Entry (SHCA) is led by one service provider; Spokane Neighborhood Action Partners (SNAP) while Homeless Families Coordinated Entry (HFCA) is led by another; Catholic Charities Eastern Washington (CCEW). Both systems vary in terms of where CE can be accessed.

*SHCA* has been decentralized due to the sheer number of people that may need to enter the Homeless System at any given time. This means that any single adult or youth (18-24) experiencing homelessness can access CE at a number of different Satellite Approved Agencies (SAA) and receive the same level of service as if they were to use the lead agency's designated walk-in hours for a housing conversation. These partners include street outreach teams, service agencies, in reach teams, overnight shelters and drop-in centers.

*HFCA* has partner agreements with a small number of Satellite Approved Agencies who specifically work with families. To provide ease of access and reduce trauma for families already being served by these agencies, they have been approved to complete the assessment piece of the CE process. HFCA remains centralized while allowing families to be assessed by providers they are already working with.

The CE Lead (SHCA/HFCA) is required, among other things, to maintain regular walk-in hours for those who need to access our Homeless System. SHCA also ensures that some designated staff maintain weekly hours at several different organizations to ensure a wide reach to those who may be experiencing homelessness. The CE lead is also expected to have flexible modes of connection to those experiencing homelessness (phone appointments,

physically going to their location (if needed and safe)). All CE staff must be trained in both Diversion and Coordinated Entry to be credentialed in CMIS.

Where we do not have separate designated entry points for specific sub populations, we do have agencies that serve these populations. Those fleeing domestic violence (DV), veterans and young adults can all be served at several different agencies that are able to assist all single adults, irrespective of their sub population designation. Every attempt is made to ensure a warm hand off to those agencies that specifically work with the above sub populations. Our system recognizes that turning someone away due to them falling into a specific sub population is not client centered and should be avoided if possible.

## **H. Subpopulation Dedicated Access Points**

### **i. VETERANS**

Veterans and their families access the CE system through the general process described above. In addition, Goodwill Industries of the Inland Northwest and the regional Veteran Affairs Medical Center also act as satellite sites for the veterans who seek services through the programs they offer such as HUD-Veterans Affairs Supportive Housing (VASH) and Supportive Services for Veteran Families (SSVF).

### **ii. YOUTH and YOUNG ADULTS AGED 18-24**

At this time the youth specific access points to CE are available via outreach efforts to drop-in centers, schools, behavioral health programs, and juvenile justice facilities and satellite CE appointments completed by the youth specific street outreach team operated by Volunteers of America of Eastern WA and Northern ID. Additionally, SHCA offers youth-specific walk-in hours on Thursdays from 1-3pm. Through a Youth Homeless Demonstration Project grant the Spokane City/County CoC is developing a separate CE access system responsive to the unique needs of youth and young adults.

### **iii. INDIVIDUALS and FAMILIES EXPERIENCING INTIMATE PARTNER DOMESTIC VIOLENCE**

The YWCA has many support services for those fleeing a domestic violence situation perpetrated by an intimate partner. The YWCA is also a satellite site for both the single and family CE systems. For those who identify as a member of this population and access CE outside of the services offered by the YWCA, the walk-in hours and 24-hour helpline information should be provided by the service provider offering housing support.

## **I. Mobile Outreach**

The goal of mobile outreach is to ensure that Coordinated Entry (CE) is available to 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., shelters, community centers, meal sites, etc.). While outreach can include efforts to understand service needs (e.g., behavioral health issues), the focus of the engagement should be collaborating with households to address their housing needs, using a housing first approach. For many households, multiple contacts over an extended period will likely be needed for engagement to

be successful. Outreach teams may receive referrals from entities such as City Code Enforcement or 3-1-1 staff, however outreach is not an enforcement entity.

Outreach may be conducted by staff of CE lead agencies 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.

#### **J. Screening**

At the screening step CE staff will collect information from households to identify their current housing situation and will begin problem solving conversations to determine if an alternative housing solution can be identified within the household's own existing resources and networks. The purpose of these questions is to identify whether the household truly needs assistance from the CE system or if alternative resources may be untapped. At this step these households might identify next steps to resolve their housing situation and will not need any further assistance.

#### **K. Diversion**

The purpose of Diversion is to prevent entry into the CE System whenever possible as there are not yet enough resources to meet the needs of people experiencing homelessness. The Diversion conversation is a creative, non-judgmental dialogue that is driven by a client's strengths, while identifying their barriers. It is centered around collaborative brainstorming to identify a no cost or low-cost solution to a housing crisis. Some Diversion activities include conflict resolution/mediation, housing search assistance, connection to mainstream benefits or services, or small amounts of one-time financial assistance.

The goal is to assist households to come up with a plan to enter a safe and appropriate housing destination that will last for at least 30 days.

All CE staff must be trained in Diversion strategies.

#### **L. Assessment**

If a plan is identified through the Diversion conversation the household will continue working with staff to implement the plan. If no plan is identified, the household will move on to the assessment phase of the CE process. The assessment process begins with a conversation and progresses through several other related conversations and assessment tools depending on the household's circumstances and the best fit for services.

The assessment process gathers all of the information necessary to make prioritization decisions, as defined by the CE prioritization policy. Household information should be collected in phases, utilizing trauma informed approaches, and obtaining only what is necessary to connect households to appropriate interventions and make prioritization decisions. Assessment processes, including use of assessment tools, must be implemented consistently at each access point to achieve fair, equitable, and equal access to services. Procedures must include documentation of uniform assessment processes and tools across access points and staff.

Our System utilizes a standard set of tools to determine eligibility and prioritization in our Coordinated Entry System. Our community currently utilizes the OrgCode Suite of tools (SPDAT, F-SPDAT) to help prioritize and connect people to housing. The specific assessment tools used, and resources pursued will be based on household details. For example, the Spokane City/County CE System has historically used different tools for households with and without children. Specific assessment tools for youth, and those fleeing or still in unsafe situations may also be used.

All Satellites must be trained in how to administer the tools offered by OrgCode. Only certified trainers may train others in our community per OrgCode requirements.

The CE workflow is contained in CMIS and requires Universal Data to be completed. A full list of those data elements is below. This data will also be used to determine prioritization (in addition to the assessment tools).

Required CMIS Universal Data Elements:

- 3.1 Name
- 3.2 Social Security Number
- 3.3 Date of Birth
- 3.4 Race
- 3.5 Ethnicity
- 3.6 Gender
- 3.7 Veteran Status
- 3.8 Disabling Condition
- 3.10 Project Start Date
- 3.11 Project Exit Date
- 3.12 Destination
- 3.15 Relationship to Head of Household
- 3.16 Client Location
- 3.20 Housing Move-in Date
- 3.917 Living Situation

Additional data elements are also collected to complete an SHCA or HFCA enrollment. These are in addition to the Universal Data Elements collected when a household is entered into CMIS for the first time. These data elements, such as: number of instances of homelessness and number of total months spent homeless, are used to determine eligibility for different housing interventions.

Satellite agencies cannot deny participants for failing to provide certain pieces of information, unless the information is necessary to establish or document program eligibility. However, nonindividual or family can refuse to be entered into CMIS, but they can opt to be Anonymous.

Based upon the information learned from the steps in the assessment progression, staff will determine which interventions the household may be eligible for and make the appropriate referrals. If it is determined that the household is not eligible for any housing interventions, or

that a referral is not a good fit, at a minimum, information about relevant community resources will be offered.

### **Groups with unique considerations**

- **DV:** 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 the initial point of contact with CE, CE staff will:
  - Provide household information about/referral to local DV shelters 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.
  
- **VETERANS:**  
Veterans and their families access the CE system through the general process described above. In addition, Veterans Affairs (VA) partners will also provide Coordinated Entry to determine eligibility and provide referrals for VA benefits and programs, such as HUD-Veterans Affairs Supportive Housing (VASH) and Supportive Services for Veteran Families (SSVF).

### **M. Prioritization and eligibility**

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 a part of the process is also used to determine what interventions a household is eligible to enter.

The general approach to prioritization is to give precedence to those with the greatest vulnerability or barriers to housing:

- People most at risk of imminent harm if they remain homeless; and
- People who have the greatest barriers to accessing housing.

The above identified assessment tools assign numerical scores to 4 domains (Wellness, Risks, Socialization and Daily Functions and History of Housing). For Households with children an additional domain reflects issues relevant to families. The scores assigned are intended to be reflective of the households’ barriers and vulnerabilities.

\*Note: To meet eligibility requirements for PSH, households must meet eligibility criteria of chronic homelessness and documented disability.

### **N. Referral**

All CoC Program and ESG Program funded projects must accept referrals exclusively through the Spokane City/County CoC defined CE process as described below. All other projects and services either required by funding or voluntarily participating in CE will consider this process their sole source for referrals.

When a TH, RRH, PSH or other project vacancy occurs or is expected to occur in the immediate future, the provider agency with the vacancy must alert the appropriate CE lead via e-mail within 2 business days of the vacancy. The notification must include specific details of the vacancy, including the project name, unit size, location and any funder-defined eligibility requirements. The CE lead will utilize the priority pool to identify a prioritized household to fill the vacancy.

The CE lead agency uses the limited information provided to make a preliminary determination of eligibility of the individual or family for the homeless housing program. Individuals and families who are referred to homeless housing programs by the CE lead agency are considered “likely eligible”, it is not the housing the providers’ responsibility to determine and document eligibility for the housing program.

One of the guiding principles of CE is participant choice. The principle must be evident throughout the CE process, including the referral phase. Participants in CE are allowed to reject service strategies and housing options offered to them, without repercussion.

Individuals and families will be given information about the programs available to them and provided choices whenever feasible based on information, vulnerability, preliminary eligibility pre-determination and available resources. Of the options available, participants will be afforded their choice of which program they will be referred to. If an individual or family declines a referral to a housing program, they remain in the priority pool until the next housing opportunity is available.

There may be instances when agencies decide not to accept a referral from the CE system. When a provider agency declines to accept a referred prioritized household into its project, the agency must notify the CE lead of the denial and the reasons for the denial.

Homeless Housing Providers are permitted to return referrals to the CE lead only in the following circumstances:

1. If the individual or family does not meet the project’s eligibility requirements, as established by the funder; or
2. The individual or family does not respond to attempts made by the Homeless Housing Provider to contact them or does not complete an intake/eligibility appointment in a timely manner.

The Homeless Housing Provider must notify the CE lead within 2 business days if either of the above occurs, identifying why the referral was rejected and how the referred participant was informed if applicable.

**Exception to the processes described above:**

The code of Federal Regulations requires the owner of HOME-assisted units to adopt and follow written tenant selection policies that provide for the selection of tenants from a written waiting list in chronological order of their application, insofar as is practicable; unless the project can meet the specific conditions outlined in 24 CFR 92.253 (D)(3)(i) or (ii). This means that PSH projects that are attached to Project Based Vouchers funded through HOME dollars must utilize this process instead of receiving referrals through Coordinated Entry. For these projects, households will be assisted with filling out a pre-application that will be submitted to the Spokane Housing Authority.

#### **IV. Data Systems**

The Spokane City/County CoC utilizes a Community Management information System (CMIS) for data collection. CMIS is utilized by CE to store participant demographic data and information on program services and enrollments so that individuals and families do not have to endure duplicative assessments by providers. It is also used to provide data on participant outcomes. The CE leads use CMIS as a referral platform to fill vacancies in Homeless Housing projects. Additionally, CMIS provides a communication platform to view participant assignments and share information on the individuals and families they are serving.

All participating agencies contributing data to CE must ensure participant's data

##### **A. Anonymous Clients**

**Policy:** Service providers entering client information into CMIS must ensure that all clients are fully educated on their rights and the benefits to their identifiable information being entered into CMIS. It is always the client's right to determine whether or not their identifiable information is entered.

**Procedure:** Prior to entering data in to the CMIS, the client will be presented with a copy of the current release of information and posted privacy notice.

##### **B. Ethical Data**

**Policy:** All CMIS users are subject to the privacy and confidentiality terms outlines in the CMIS Policies and Procedures as well as the federal regulations in the HUD Data and Technical Standards. At any point, if a breach of rules and/or policies occurs the user may be penalized by loss of access to CMIS.

**Procedure:** CMIS user shall inform the CMIS lead agency in a timely manner of any breach to the privacy and security policies outlines in the CMIS Policy and Procedure, the CMIS user agreement to the HUD Data and Technical Standards. The CMIS lead Agency will investigate and determine a proper course of action for corrections. If deemed necessary, a user termination may occur.

##### **C. Data Collection**



**Policy:** All users of the CoC’s CMIS database will abide by federal, state and local laws regarding the collection of data. Failure to comply may result in revocation of CMIS access and criminal and/or civil legal penalties.

**Procedure:**

Before data collection begins the client(s) must be presented with the Client Informed Consent form.

Clients who are fleeing or are otherwise in danger, from DV cannot have identifiable information entered into CMIS.

Participating agencies must store signed informed consent information release form in client paper file for auditing purposes.

**V. Training**

All Satellites are trained by the CE Lead before they are allowed to enroll individuals into the project in CMIS. The training is a uniform module prepared by the CE Lead agencies and that has been approved by the CMIS Lead and CHHS Staff. This training also goes over the referrals offered in our system and baseline eligibility requirements of each housing intervention. To maintain fidelity of the system, if a Satellite Approved Agency does not enroll at least one client per quarter, the CE Lead will reach out to the partnering agency and discuss the need for continued access in CMIS. In addition, there will be two mandatory trainings offered per year and to maintain credentials in CMIS these must be attended by Satellite Agencies. The CE Leads will determine if additional training is needed based off the MOUs signed by each participating site.

**Cultural and Linguistic Competence**

Cultural and linguistic competence involves understanding and appropriately responding to unique cultural variables, including age, ability, beliefs, ethnicity, experiences, gender identity, gender, linguistic background, national origin, religion, sexual orientation and socioeconomic status. CE service providers are expected to be culturally and linguistically competent and are strongly encouraged to engage in training opportunities to build these skills. As part of this process, it is imperative that CE providers explore how their own values, biases, and beliefs influence their communication and service delivery. This self-reflection will help ensure that there is respect for the different cultural backgrounds, preferences and practices of individuals and families seeking housing support and can have this information incorporated into their action plans.

## Appendix A

### Emergency Solutions Grants (ESG) & CoC Program

**Regulatory Citations:** 24 CFR 578.7(a)(9); 578.37(a)(1)(ii), 24 CFR 576, and 24 CFR §576.400(e), 24 C.F.R. §576.402

#### A. HUD Guidance Documents and Resources:

1. Coordinated Assessment - Philosophy Under the CoC and ESG Programs  
<https://www.hudexchange.info/resource/3106/coordinated-assessment-philosophy-under-the-coc-and-esg-programs/>
2. Notice CPD-13-06: Guidance for Submitting the Portions of the CAPER Related to Homelessness and the ESG Program  
<https://www.hudexchange.info/resource/3154/notice-cpd-13-06-guidance-for-submitting-portions-of-caper-related-to-homelessness-and-esg-program/>
3. ESG Program Components Reference Guide  
<https://www.onecpd.info/resources/documents/ESGProgram-Components-Quick-Reference.pdf>
4. Rapid Rehousing: ESG vs. CoC Guide  
<https://www.hudexchange.info/resource/2889/rapid-rehousing-esg-vs-coc/>
5. ESG CAPER Reporting: HMIS Programming Requirements  
<https://www.hudexchange.info/news/emergency-solutions-grants-esg-program-reporting-update/>

**B. Policy Requirement:** The CoC must consult with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC’s geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients.

#### C. Eligibility RRH ESG vs. CoC

One of the major differences between RRH assistance under the ESG program and the CoC program centers on eligibility. To receive ESG rapid re-housing (ESG-RRH) assistance, an individual or family must demonstrate at initial evaluation that it is literally homeless (referred to as Category 1 in the Homeless Definition Final Rule). An individual or family is defined as “literally homeless” if (1) living in a public or private place not meant for human habitation, (2) living in temporary shelter, which includes congregate shelters and transitional housing, or (3) exiting an institution where the individual or family has resided for 90 or fewer days and was living in shelter or in a place not meant for habitation before entering the institution.

To receive **CoC rapid re-housing (CoC-RRH)** assistance, though, individuals and families may be defined as homeless under any of the four categories as outlined in 24 CFR 578.3:

- a) Literally homeless (Category 1).
- b) Imminently losing their primary night-time residence (Category 2).

- c) Unaccompanied youth under 25 years of age or families with children and youth who do not otherwise qualify as homeless under this definition but who are defined as homeless under another Federal statute and meet additional specified criteria (Category 3). *Note: For CoC-RRH assistance to be provided to persons defined as homeless under Category 3, the project must be located within the geographic area of a CoC that has received HUD approval to serve this population.*
- d) Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (Category 4).

The CoC Program Notice of Funding Availability (NOFA) may impose additional eligibility requirements not reflected in the regulation. Projects funded to carry out RRH assistance under the CoC program must follow both CoC Program NOFA and regulatory requirements.

#### **D. Standards for the Provision of ESG Assistance Administered by the CoC**

These standard policies and procedures shall be followed for evaluating individuals' and families eligibility for Assistance under ESG.

Per 24 CFR 576.401 ESG subrecipients must conduct an initial evaluation to determine each individual or family's eligibility for ESG assistance and the amount and types of assistance the individual or family needs to regain stability in permanent housing.

ESG subrecipients must reevaluate the program participant's eligibility and the types and amounts of assistance the participant needs; **not less than once every 3 months** for participants who are receiving homelessness prevention assistance and rapid re-housing assistance.

Evidence of reevaluation will be documented in the HMIS (or its equivalent).

At the sub-recipient's discretion, reevaluations may be conducted more frequently than required by 24 CFR 576.401 and may also be incorporated into the **case management process which must occur not less than monthly** for homelessness prevention and rapid re-housing participants – See 24 CFR 576.401 (e) (i). Regardless of which timeframe is used, reevaluations, must at minimum, establish that:

The program participant does not have an annual income that exceeds 30 percent of median family income for the area, as determined by HUD; and the program participant lacks sufficient resources and support networks necessary to retain housing without ESG assistance. To determine if an individual or family is income eligible, the sub-recipient must examine an individual or family's annual income to ensure that it does not exceed the most current area income limits as posted on: <http://www.huduser.org/datasets/il.html>. When the program participant's income or other circumstances change (e.g. changes in household composition) that affects the program participant's need for assistance under ESG, the sub-recipient must reevaluate the program participant's eligibility and the amount and types of assistance the program participant needs.

#### **E. Length of Assistance**

Subject to the general conditions under 24 CFR 576.103 and 24 CFR Part 576.104, ESG subrecipients may provide a program participant with up to 24 months of rental assistance during any 3-year period. This assistance may be short-term rental assistance, Medium-term rental assistance, payment of rental arrears, or any combination of this assistance.

1. Short-term rental assistance is assistance for up to 3 months of rent.
2. Medium-term rental assistance is assistance for more than 3 months but not more than 10 months of rent.
3. Payment of rental arrears may consist of a one-time payment for up to 6 months of rent in arrears, including any late fees on those arrears.

The maximum amount of rental assistance provided, and an individual or households' level of responsibility for rent payments, over time, shall be determined by the ESG subrecipient and shall be reflective of the individual or family's need for rental assistance and the level of financial resources available to the ESG sub-recipient.

Rental assistance will end if and when another subsidy begins, such as Section 8 Housing Choice Voucher, public housing, project based rental subsidy, or other PSH subsidy.

#### **F. Recording Services in CMIS**

All ESG subrecipients must be contributing HMIS organizations (CHO) utilizing the single HMIS system designated by the Continuum of Care Board for the collection of client level data of participants and recipients of ESG assistance.

# Continuum of Care Board



**April 26, 2023**

Meeting Minutes

Microsoft Teams and

Spokane Housing Authority

Meeting called to order at **3:00 P.M.**

## **Attendance/Introductions**

**Board Members Present:** Robert Lippman, Arielle Anderson, Shannon Boniface, Gage Spicer, Matt Anderson, Arne Woodard, Morgan Smith, Audrie Meraki, Jennifer Haynes, Aaron Riley, Judge Mary Logan, Mark Michaelis, Daniel Klemme, Marilee Roloff, Jenn Cerecedes, Christopher Dorcheus, Jennifer Wilcox, Pink Varela, George Dahl

**CA Staff Present:** Daniel Ramos III, RaMona Pinto, Kimberly Babb, Kimi Clifton

**Guests:** Eric Robison, Heather Wallace, Jasmine Bower, Dena Carr, Sarah Lickfold, Dale Briese, Nicolette Ocheltree, Melissa Morrison, AJ

\*\*The Attendance roster listed above may not capture all the individuals that attended virtually if they joined the meeting after it had started due to the limitations of the hybrid-virtual meeting platform\*\*

## **Board Minutes Ready for Approval**

**MOTION** by Arne, seconded by Marilee, **to approve the January and February meeting minutes; approved unanimously.** (No meeting minutes for March as the regularly scheduled meeting was canceled in lieu of the retreat.)

## **Agenda Approval:**

**MOTION** by Arne, seconded by Jennifer W., **to approve the agenda; approved unanimously.**

**Announcements:** George Dahl will be the new County Rep with Adam Schooley subbing in as needed.

**PIT Data Release:** The initial release will be during the Study Session on April 27<sup>th</sup> at 11am. A second report out will be at the Spokane Homeless Coalition Meeting on May 4<sup>th</sup>. There is also an opportunity for a report out at the CHHS Board meeting on May 3<sup>rd</sup>.

Arielle Anderson requested the following to be noted (paraphrased):

There is disappointment in the CoC not being included in the release of the initial data. CoC doesn't necessarily need to be first, but she feels it should go to CoC before going to Council. There should be a community event for the initial release that includes the CoC, CHHS department, and the Spokane Homeless Coalition.

Gage asked about what the Board could do for more equitable access.

Jenn C suggested the CoC send a letter to Council or even just the CHHS department that outlined exactly what the CoC would like to see so CHHS can do that. Jenn C, Kim McCollim, and other staff did request the CoC be more involved by having a community event rather than just an invite

to the Study Session but was denied that request. The official letter may help add weight to the request for next year.

**CHHS (CA) Updates:** Jenn C will email out a new organization chart to help the board understand each person's role in the department. Kimberly Babb will start the PIT Workgroup the second or third week in June.

**CMIS:** Daniel Ramos III again said he would like a co-chair. He confirmed the CMIS Committee will meet the 2nd Wednesday of every month. The next meeting will be held May 10<sup>th</sup> at 3pm. Robert asked for an update for the Tableau Software and by-name list. Morgan helped explain the report and data and functional zero. Daniel explained some of his part and ClientTrack. Some discussion followed. The discussion got a bit technical, and Mark M said that he would take it offline and talk to Daniel directly.

**Subcommittee Updates:** Kimberly has set up a OneDrive link for the subcommittees to submit their agendas and minutes. Some discussion followed on process.

Mark M asked if the meetings are being transcribed because it is 2023 and we shouldn't be doing written minutes. Kimi said no because for some reason that permission isn't available to them – they can only record the meetings. Jenn said that CHHS would put in a ticket to IT asking about that. Audrie noted that it is legally required. Nicolette said she just turns on captions which are available for people attending virtually.

**CoC Regional Workgroup:** Shannon and Jenn C spoke about the recent info sessions with Mandy Chapman-Semple. Marilee suggested the CoC write a letter to Spokane Unite asking for details on how they see the CoC fitting in their plan. The CoC Workgroup will draft a letter to present to the Board for approval to send. Some discussion followed.

**RFP Committee:** Gage is trying to solidify what the committee is and potential stipends for persons with lived experience serving on the committee. Discussion followed.

**HUD Scoring Review:**

Kimberly Babb provided an overview of the scoring received from HUD. Kimberly will send out a slide that reflects the HUD ranking for the next meeting. Discussion followed.

**Retreat Next Steps:** Morgan provided some information from the HUD website. Discussion followed as well as Robert thanking Morgan on behalf of the Board for her service everywhere as she is leaving to go on to bigger and better things and will be extremely missed by everyone.

**Votes:**

**Youth Homelessness Demonstration Project:** Melissa Morrison presented on the recommendations for the host homes.

**MOTION** by Arielle, seconded by Marilee, **to accept the recommendation from the YHDP RFP committee to fund NHA SpeakUp, SpeakOut for Host Homes; approved unanimously** with Shannon, Gage, and Aaron abstaining.

Veteran Subcommittee: Morgan provided information on people self-identifying as a veteran and how that can sometimes cause them to be sent back and forth between provider services because they may be a veteran but ineligible for veteran's services. Because self-identifying is a HUD requirement, they worked with Daniel in CMIS to add an additional check box for eligibility for veteran homeless services that only veteran service providers would be able to check after confirmation.

**MOTION** by Arne, seconded by Gage, **to accept the veteran eligibility proposal and add the indicator; approved unanimously.**

Coordinated Entry and Permanent Supportive Housing Policies and Procedures: Arielle provided a brief synopsis on what needs to change to be compliant for certain types of funding. This will be held as an email vote due to running out of time to vote at the meeting.

**MOTION** by Arne, seconded by Marilee, **to adjourn the meeting; approved unanimously.**

**Meeting Adjourned at 5:03 P.M.**

The next COC Board Meeting will be held on May 24, 2023, at 3:00 P.M.

## Spokane Continuum of Care Sub Committee Monthly Report May 2020

**Name of Subcommittee:** Singles

**Name & Role of Person Submitting Report:** Eric Robison, Co-chair

**Subcommittee's Scope of Work:** Singles Homeless Population

**If Subcommittee did not meet please check here:**  Reason for not meeting:

**Date & Location of Meeting(s) Held:** 4/17/23 - virtual meeting

**In Attendance:** See Notes

**Absent:** NA

We have also invited additional partners to the table:

Empire Health, and Schools all invited as well, but did not attend this meeting.

**Representation:** *(What populations, organizations, etc. were represented during your meeting(s)? If you have a formal sign-in sheet please provide a copy.)*

- City
- HMIS
- Spokane Housing Authority
- Service providers: shelters and transitional housing
- DV specialists
- Spokane Public Schools
- Coordinated Entry/Diversion
- Family Specialists

Please submit this report via e-mail to the COC Secretary by the last day of each month. The COC Secretary's e-mail is: Arielle Anderson, [aanderson@spokanehousing.org](mailto:aanderson@spokanehousing.org), Shannon Boniface, [shannonboniface@cceasternwa.org](mailto:shannonboniface@cceasternwa.org)



## Spokane Continuum of Care Sub Committee Monthly Report May 2020

**Review of Meeting(s):** *(Please provide a brief overview of the meeting(s) including if goals were identified and if they were or weren't met. Please include your formal agenda if one was produced.)*

- See agenda/notes (below)

**Outcome of Meeting(s):** *(Was information shared? Were educational/training opportunities provided? Were goals set? Is follow up needed? Etc.)*

**Project Updates:** See notes (below).

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### Singles Sub-Committee Meeting Agenda & Notes (4/17/23)

#### Introductions/program updates

- Eric Robison, City of Spokane Valley – Doing small group meetings with Council now on most recent draft of the homeless plan (which incorporates community feedback) - after Council feedback is incorporated will go up for adoption. ARPS funds.
- Amy Johnson, SNAP CE lead – Staffing issues, so may adjust walk-in times but not sure yet.
- Dale Briese, community member -
- Chandler Dean, YWCA – Mobile housing assessor position now up and running – but can only assist those who are experiencing homelessness related to DV. RRH funding for next fiscal year
- Leah R, YWCA -
- Katie Card, Spokane Valley Partners – Seeing more people with warmer weather
- Darren White, HOC – 12 beds last night. Re-starting clubs with better weather – if you have a passion/talent to share, contact Keala Aquero at [keala.aquero@cceasternwa.org](mailto:keala.aquero@cceasternwa.org)
- Morgan Smith, BFZ – Officially scheduled new Diversion training, 4/24 and 2/25 - still 3 or 4 spots left! Required training to make referrals to the CDF, and also a very good idea!
- Rick Olson, CoS – RFP for eviction prevention will be announced on 4/24
- Kimberly Babb, CoS – PIT report will be announced at 4/27 Council meeting, report released on 4/28. CoC-funded programs all funded again at previous year's level. PIT committee starting again!
- Jenn Snow, HEN – Diversion, housing conversations, walk-ins all a challenge because of staffing issues. Starting interviews for a Case Manager Lead position soon.

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## Spokane Continuum of Care Sub Committee Monthly Report May 2020

- Rayan, HCA – E WA Trainer position still open through Thursday ([job link](#)) – talk to Rayan if questions. First of 7-part series about Medicaid starting tomorrow ([training link](#)). This Thursday is Advisory Council – will have update about Apple Health and Homes
- Jennifer Wilcox, Vet rep on CoC -
- Angela Amos, Womens Hearth – Surge grant to stay open on weekends. Mon, Tues, Thurs, Fri open at 9. Wed at 11. Closes at 130 on Mon, Wed, Fri. Closes at 3:30 on Thurs.
- Arielle Anderson, SHA
  - Almost done reaching goal for Emergency Housing Vouchers (good news!). Still waiting to hear about Housing Stability Vouchers that we applied for – hopefully in the next few weeks.
  - New RFP in May for new referral voucher partners – current partners will hear from SHA by May 1 about status of MOUs going forward. CE PSH referrals will all come under purview of SHA, which will be managing the waitlists going forward (not including scattered site PSH units) because of HUD compliance requirements.
  - Will only prioritize on time/date referral created, still prioritizing chronic homelessness – not using the SPDAT or length of homelessness. Will be sending out the pre-application after 10-day notice and posting on website happens April 27th at 8am.
- Gerriann Armstrong, TWO – Some openings at the moment. Office hours at TRAC – open to doing office hours at other locations if desired – but still doing interviews at TWO location. Staffing is finally looking good. MAT okay, although a clean-sober program (but work with folks who may be using at the time they want to get in).

### NEW BUSINESS

- Built for Zero update (Morgan)
  - Re-scheduled learning session in September.
  - Community Solutions undergoing some restructuring, trying to figure out what that means for us.
  - Work groups for landlord/property engagement to improve equitable housing outcomes for people going through any housing program in our community.
- Regional Authority conversations
  - CoC work group – update?
    - <https://spokaneunite.org/get-involved/>
  - Community input meetings
    - [Community Conversation on Homelessness - YouTube](#) (program from 4/13 starts at the 31:30 mark)
  - Challenges with communication – knowing where the process is at, what is happening next, etc

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## Spokane Continuum of Care Sub Committee Monthly Report May 2020

- CoC has a number of groups working now on a revision of the 5-year Plan to End Homelessness – more to come, including getting input from sub-committees specifically
  - Collating notes from recent annual COC retreat to share out (after OK from Exec Cmte) - this will help guide next steps, including participation of sub-committees
  - If you want to be involved in the CE workgroup, or Regional Authority workgroup, open to anyone who wants to participate. Just ask for meeting invites.
- Working w/ Morgan, Tammy Meyers to try and move case conferencing along
  - Also communicating with funders about requiring case conferencing for those who receive homeless services funding
- Spokane Valley Connect event ([Spokane Valley Connect2023 \(salsalabs.org\)](https://salsalabs.org))
  - May 18<sup>th</sup>, 1-5pm at Opportunity Presbyterian Church @ 202 N Pines
  - About 30 vendors signed up so far – registration closes May 10<sup>th</sup>
  - Volunteers needed: sign up here: <https://signup.com/go/qMBkACV>
  - Same organizing group as plans annual Homeless Connect event
- Possible to get ongoing updates/snapshots of CE sites, access for those that need it?

### FOLLOW-UP

- Basic User Training for CMIS was not useful/accessible for all abilities – are there better options for those that are differently abled?
  - Amy will follow up about CMIS and CE trainings to look into accessibility options

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## CMIS Committee Meeting

5/10/23

Start: 3:01 p.m.

End: 4:10 p.m.

Attendance: Daniel Ramos III, Shannon Boniface, Eric Robison, Tara Mugica, Joe Ader, Matthew Anderson, Jenn Cerecedes, Jennifer Wilcox, Arielle Anderson, Jene Ray, Adam Schooley, Christopher McKinney

Staff: Dan Parker, Amanda Martinez, Kimberly Babb, Kimi Clifton

Guest: David Lewis

Co-Chair for Committee: Need someone to volunteer who has the ability to attend these meetings.

Arielle nominated Matthew Anderson to be co-chair. Matt accepted. Arielle would also like to see Mark Michaelis involved with CMIS despite his scheduling limitations.

New Committee Time: 2<sup>nd</sup> Wednesday of each month from 2pm – 3pm

New Data Standards: Daniel Ramos III provided an update on the new HUD standards that CMIS needs to comply with. They are in the process of planning for the trainings for the changes and how it will look when they roll out the changes. Additional guidance on the data will be provided, however, some of the changes are:

1. Race and Ethnicity will be combined, and the SSN will only have the last 4 digits.
2. HUD is retiring the Coordinated Entry Assessment data element.

Ecovia: David Lewis presented on Client Track/Client Insight data warehouse. Discussion followed.