

Spokane Regional Continuum of Care
Coordinated Entry
Policies and Procedures 2026

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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, HMIS, 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 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.

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.

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, HMIS 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

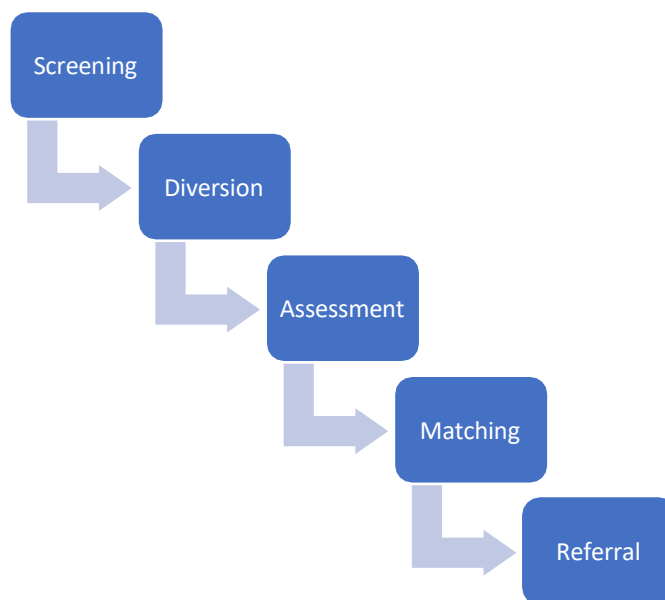
Due the immediacy and urgency of the services provided emergency shelters that are considered “drop-in” (i.e., offer night-by-night living arrangements that allow households to enter on an irregular or daily basis) are not required to fill vacancies through coordinated entry referral but must serve as 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 HUD's Homeless Definition Final Rule. 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 will imminently lose their nighttime residence, provided that:

- Residence will be lost within 14 days of the date of application for homeless assistance.
- No subsequent residence has been identified; and
- The individual or family lacks the resources or support networks needed to obtain other permanent housing.

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.

For more detailed information on HUD's categories, please visit:

https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule

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 coordinated entry system. Households must be notified of their right to submit grievances, and how to submit grievances. Households must be able to submit

grievances for CE decisions, as well as nondiscrimination and equal access complaints. Grievance procedures must be made publicly available to all clients and potential clients.

Procedure: When a grievance is received—

- The CE lead will review and submit an answer in writing to the filing household within 5 business days.
 - The household then has 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 5 days to respond to this appeal.
 - If the filing household is still unsatisfied, they may appeal, within 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
 - The CHHS Department will have 5 business days to respond.
- CE sites will distribute their grievance procedures to their 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.
 - Grievance procedures must list Northwest Fair Housing Alliance as an option for clients to submit fair housing related grievances.
 - CE sites, and satellite sites, will have grievance procedure posted publicly in a waiting room, lobby, or other main point of entry that all clients and potential clients' access.

Policy: All Projects will maintain termination policies and procedures for any participant that is exited form 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.
 - 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
- Lutheran Community Services Northwest Sexual Assault 24-hour crisis line- 509-624-7273 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 City and County 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 Spokane city/County 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 policies 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 HMIS.

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 assessment tool to determine eligibility and prioritization in our Coordinated Entry System. Our community currently utilizes the locally developed SALA Assessment to help prioritize and connect people to housing. 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 assessment tools that relate to the populations they engage with.

The CE workflow is contained in HMIS 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 HMIS 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

HMIS 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 HMIS, 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
- People who have the greatest barriers to accessing housing

The scores assigned are intended to be reflective of the households' barriers and vulnerabilities.

*Note: To meet eligibility requirements for PSH, Households must first meet eligibility criteria of Chronic homelessness and documented disability.

RRH - Emergency Shelter Prioritization

Additionally, for CHG-funded RRH projects, 20% of RRH referrals (each time a report is pulled) shall come from Emergency Shelters. This is designed to improve shelter flow and exits to permanent housing.

Participating shelters will be required and expected to enroll households into CE.

Emergency Shelter providers who also operate RRH may retain their own shelter households for RRH enrollment at the time referrals are requested or when case management capacity is confirmed, to maintain continuity of established client relationships. All RRH enrollments must still be supported by a referral from the CE Lead agency.

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.

IV. Data Systems

The Spokane City/County CoC utilizes a Homeless Management Information System (HMIS) for data collection. HMIS 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. CE leads use HMIS as a referral platform to fill vacancies in Homeless Housing projects. Additionally, HMIS 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 HMIS must ensure that all clients are fully educated on their rights and the benefits to their identifiable information being entered into HMIS. 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 HMIS, the client will be presented with a copy of the current release of information and posted privacy notice.

B. Ethical Data

Policy: All HMIS users are subject to the privacy and confidentiality terms outlines in the HMIS 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 HMIS.

Procedure: HMIS user shall inform the HMIS lead agency in a timely manner of any breach to

the privacy and security policies outlines in the HMIS Policy and Procedure, the HMIS user agreement to the HUD Data and Technical Standards. The HMIS 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 HMIS database will abide by federal, state and local laws regarding the collection of data. Failure to comply may result in revocation of HMIS 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 HMIS.

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 for either SHCA or HFCA before they are allowed to enroll individuals into the project in HMIS. The training is a uniform module prepared by the CE Lead agencies and that has been approved by the HMIS 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 HMIS. In addition, there will be two mandatory trainings offered per year and to maintain credentials in HMIS 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.

RRH assistance is also available to people fleeing or attempting to flee domestic violence if they are **also** literally homeless (24 CFR part 576.104).

To receive **CoC rapid re-housing (CoC-RRH)** assistance, though, individuals and families may be defined as homeless under any of the four categories included in the Homeless Definition Final Rule:

- 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 HMIS

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.