



**SOUTH DAKOTA HOUSING FOR THE
HOMELESS CONSORTIUM
COORDINATED ENTRY SYSTEM
POLICY AND PROCEDURE MANUAL
6-13-19**

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I. Purpose

The Coordinated Entry System (CES) uniquely designed by the South Dakota Housing for Homeless Consortium (SDHHC) for South Dakota Continuum of Care (SD-CoC) is contained in this document. The CES Policy and Procedure Manual was written in order to ensure that persons experiencing homelessness and persons at risk of homelessness, are matched as quickly and efficiently as possible with the available intervention that will most effectively end their experience with homelessness, or prevent that experience from ever happening. The Coordinated Entry System (CES) seeks to adopt written standards that meet the requirements of the HEARTH Act and Policies and/or Procedures required by United States Department of Housing and Urban Development (HUD) for CES including but not limited to the following.

- Policies and procedures for providing initial housing assessment to determine the best housing and services intervention for individuals and families.
- Specific policy to guide operations of CES on how the system will address needs of those individuals and families who are fleeing, or attempting to flee domestic violence, dating violence, sexual assault, or stalking, but are seeking shelter or services from non-victim service providers.
- Policies and procedures for evaluating individuals' and families' eligibility for services.
- Policies and procedures for determining and prioritizing which eligible individuals will receive transitional housing assistance, rapid rehousing assistance, and permanent supportive housing assistance.

Coordinated Entry System Functions/Objectives/Principles

- Make available and known to anyone across South Dakota how to access homelessness related assistance.
- Assess in a standard and consistent manner and connecting participants with the housing/services that best meets the needs identified.
- Ensure clear, transparent, consistent and accountable service options.
- Facilitate positive, timely outcomes for those experiencing homelessness or the threat of homelessness with a rapid and consistently applied referral to the appropriate service.
- Prioritize people who have the greatest measurable needs and who have been homeless for longest periods of time.
- Use uniform and standard assessment process and procedures for determining appropriate referral.
- Incorporate and follow uniform guidelines among the components of homeless assistance (transitional housing, rapid rehousing, and permanent supportive housing) in regard to eligibility for services, prioritization of service offers, outcome expectations, and length of stays in projects.
- Implement and efficiently use the agreed upon priorities for accessing housing assistance and ensure that clients exit homeless to stable housing in the most rapid manner possible given the resources available.
- Ensure that people who have been homeless the longest and are the most vulnerable have priority to access to specific permanent supportive housing options.
- Establish and maintain uniform guidelines and standardized assessment processes throughout CES.
- Identify and reduce barriers to achieving stable housing.
- Facilitate communication between and among service providers.

- Provide a system for evaluation of outcomes and improvements of system function to increase positive outcomes.
- Recognize and affirmatively promote, to the maximum extent possible, the elimination of barriers to participation in all projects funded by the CoC and the ESG program, to maximize the accessibility of services to all homeless or potentially homeless persons.
- Operate with a person-centered approach, and with person centered outcomes.
- Ensure participants quickly receive access to the most appropriate services and housing resources available.
- Reduce the stress of the experience of homelessness by limiting assessments and interviews to only the most pertinent information necessary to resolve the immediate housing crisis.
- Incorporate cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.
- Implement standard assessment tools and practices, and capture only the information needed to determine the severity of participant needs and the best referral strategy.
- Integrate mainstream service providers into CES, including local Public Housing Authorities and VA medical centers.
- Utilize HMIS for the purpose of managing participant information and facilitating quick access to resources.

II. Definitions

1. Literally Homeless (HUD Definition)

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning

- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
- (ii) Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by a charitable organization or by federal, state, and local government programs); or
- (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

2. Disability (HUD Definition)

A physical, mental or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, brain injury that is expected to be long-continuing or of indefinite duration, subsequently impedes the individual's ability to live independently, and could be improved by provisions of more suitable housing conditions.

HUD defines a person with a disability as a person who;

- i) Has a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) or
- ii) Is determined by HUD regulations to have a physical, mental or emotional impairment that:
 - a) Is expected to be long, continued, and indefinite in nature;
 - b) Substantially impedes his or her ability to live independently; and
 - c) Is such of a nature that such ability could be improved by more suitable housing conditions, or

- iii) Has a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 15002(8)), or
- iv) Has the disease acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiology agent for acquired immunodeficiency syndrome (HIV).

3. Imminent Risk of Homelessness (HUD Definition)

Individual or family who will imminently lose primary nighttime residence, provided that;

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

4. Homeless under other Federal statutes (HUD Definition)

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;

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

5. Chronic Homeless (HUD Definition)

- (i) Homeless individual with a disability who has been continuously homeless for a year or more,
- (ii) Homeless individual with a disability who has had at least four instances of homelessness in the past three years and the homelessness totals at least twelve months,
- (iii) Individual residing in institutional care facility for less than ninety days, and immediately prior to entering the institution, the individual was homeless for 12 consecutive months

6. Fleeing Domestic Violence (HUD Definition)

Any individual or family who;

- (i) Is fleeing, or is attempting to flee, domestic violence
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks to obtain other permanent housing

7. VI-SPDAT™

Set of assessment tools used in prioritizing housing service offers based upon a vulnerability score. The Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT), developed and owned by OrgCode and Community Solutions, is a triage tool that assists in informing an appropriate match to a

particular housing intervention based upon acuity. SDHHC has agreed to use VI-SPDAT as the universal assessment and vulnerability prioritization tool.

8. Homeless Management Information System (HMIS)

Technology system used to collect client level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

9. South Dakota Housing for the Homeless Consortium (SDHHC)

Formed in 2000, the South Dakota Housing for the Homeless Consortium is a state-wide organization consisting of service providers, individuals, government, and faith-based organizations all working together to address homelessness in South Dakota. SDHHC believes that housing and other basic human needs should be within everyone's reach in an affordable and dignified manner. The vision is to empower homeless individuals and families to regain self-sufficiency to the maximum extent possible.

10. Continuum of Care (CoC)

The Continuum of Care is a community-based, long-range plan that addresses the needs of homeless persons in order to help them reach maximum self-sufficiency. The Continuum of Care is developed through collaboration with a broad cross section of the community and based on a thorough assessment of homeless needs and resources. The Continuum of Care is recommended by the U.S. Department of Housing and Urban Development (HUD) as a comprehensive and strategic approach to addressing homelessness.

11. Access Points

Agencies that are responsible for ensuring that all households experiencing homelessness and at risk of homelessness have prompt access to intake and assessment. Access Point service hours will be clearly demarcated and advertised. An Access Point may be a physical location or a telephone accessible call center.

12. Emergency Solutions Grants Program (ESG)

ESG is funded by U.S. Department of Housing and Urban Development. The purpose of ESG funds is to provide assistance to rapidly re-house persons who are experiencing homelessness. The funds under this program are intended to target individuals and families who would be homeless but for this assistance. ESG funds can be used to provide a wide range of services and supports under five program components: Street Outreach, Emergency Shelter, Rapid Re-housing, Homeless Prevention, and HMIS.

III. General Policies

All CES participating agencies and service providers shall maintain and adhere to the policies and procedures delineated in this manual. The definitions provided in this manual shall be used by all participating

in CES. All CoC Program-funded and ESG Program-funded projects are required to participate in CES. The CoC aims to have all homeless assistance projects participating in its CES process, and will work with all local projects and funders in the statewide CoC to facilitate their participation in CES.

1. Maintaining low barrier to enrolment

Providers serving households experiencing homelessness shall limit barriers to enrollment in services and housing. No family may be turned away from CES due to lack of income, lack of employment, disability status, or substance use status, unless the primary funder requires the exclusion or a previously established and existing policy limits enrollment in a project with a specific set of characteristics universally upheld for that project. Projects that maintain restrictive enrollment practices must maintain documentation from project funders, providing justification for enrollment policy.

2. Providing appropriate safety planning

CES service providers must provide necessary safety and security protections for families fleeing or attempting to flee family violence, stalking, dating violence, or other domestic violence situations. Minimum safety planning must include a threshold assessment for presence of participant's safety needs and referral to appropriate trauma-informed services if safety needs are identified. Participants will not be denied access to CES on the basis that participant is a victim of domestic violence, dating violence, sexual assault or stalking.

3. Enrollment process

Enrollment is limited to participants referred through CES Access Points. Each bed, unit, or voucher that is required to serve someone who is homeless must receive their referrals through the prioritization criteria. Any agency filling homeless mandated units from alternative sources will be reviewed with funders for compliance.

4. Contributing data to HMIS is mandatory

Each provider with homeless dedicated units is required to participate in HMIS. Providers should work with HMIS Lead to determine specific forms and assessments required for HUD compliance with HMIS.

5. CES; staff, training, and supervision

Each provider must notify CES Lead Agency (SDHDA) of changes in CES related staffing, in order that employees have access to ongoing training and information related to CES and ensure proper communication. A formal CES staff training will be conducted at least annually.

6. Emergency Services

The CES process allows for emergency services, including all domestic violence and services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short-term crisis residential programs, to operate with as few barriers to entrance as possible. People are able to access

emergency shelter, independent of the operating hours of the CES intake and assessment process. Emergency services providers are provided with CES marketing materials clearly explaining how participants are to be connected as soon as possible with intake and assessment processes of CES. Information on emergency shelters operating and contact information for emergency shelters is available at 1-800-664-1349.

IV. Roles and Expectations

1. Authorized CES HMIS User Agencies

Service providers who participate in CES and have access to the HMIS database.

2. Regional Coordinators

Statewide CES efforts organize South Dakota into four Regions. Each of the four regions has a designated Regional Coordinator. The Regional Coordinators assist CES processes by providing leadership in CES implementation efforts in their regions, assisting as appropriate in case conferencing, distributing information via the local media, and communicating directly with Authorized User Agencies and Receiving Programs to further CES processes. Regional Coordinators communicate regularly with SDHDA to ensure efficient work flow and assist matching households to services and housing through the CES.

3. CES Lead Agency

South Dakota Housing Development Authority (SDHDA) is the Lead Agency for South Dakota Housing for the Homeless Consortium, Collaborative Applicant for Continuum of Care Funding, and Lead Agency for SD HMIS and SD CES. SDHDA is responsible for the day-to-day operations of the CES.

4. Access Points

Organizations provide CES access to participants and complete intake procedures and are organized as regionally as physical locations and as a statewide call center accessible at 1-800-664-1349. Access Points are required to complete intake processes in HMIS.

5. Receiving Programs

CoC funded Rapid Re-housing and Permanent Supportive Housing programs, ESG funded Rapid Rehousing projects are Receiving Programs and are responsible to report vacancies to the Regional Coordinator and SDHDA. All projects that receive a referral from the CES are responsible for responding to that referral and participating in case conferencing requests. Projects receiving CoC or ESG funding are required to participate in CES.

6. Policy and Advisory Committee (PAC)

The PAC is the governing board of the South Dakota Housing for the Homeless Consortium (SDHHC) which is SD-500 CoC. The PAC is the governing entity of SD CES. The PAC is responsible for the general oversight of CES, including the approval of CES Policy and Procedures document and evaluation of CES.

7. SDHHC CES Committee

The CES committee meets monthly and oversees the implementation and function of CES.

8. CES Waitlist

SDHHC has established a state-wide by-name list of all known literally homeless persons who are seeking housing and services to resolve their housing crisis. The CES waitlist is organized according to participant need, vulnerability, and risk. This list provides an effective way to manage an accountable and transparent prioritization process. CES Lead Agency manages the CES waitlist in close collaboration with the other entities involved. New participants will be added to CES wait list and existing participants' rank on the prioritization list will be managed according to the prioritization principles as established by SDHHC CES Policies and Procedures Manual.

V. Specific Policies & Procedures

Connecting to Housing in Coordinated Entry System; Access, Assessment, Referral, Case Conferencing, Marketing, & Grievance Process.

1. Access

Participants seeking assistance access CES via Access Points. A standardized CES HMIS work flow is followed and standardized assessments are completed. Households in need may initiate a request for services in person through the designated physical Access Points or through the statewide telephone call center. Access Points that are physical locations are required to ensure that steps are taken to ensure access to individuals with disabilities, including access for individuals who use wheelchairs. Access Points are required to ensure effective communication with individuals with disabilities. Appropriate auxiliary aids and services necessary to ensure effective communication will be provided including but not limited to Braille, audio, large type, assistive listening devices, and sign language. Reasonable steps to offer CES process materials in the language of those with Limited English Proficiency will be made by Access Points. Outreach providers will assist potential participants to contact the most appropriate Access Point (either a physical location or via the Helpline Center's toll-free number), rather than providing assessments themselves. Current Access Points and hours of assessment are listed on the SDHHC Webpage

<http://www.housingforthehomeless.org/services/coordinated-entry-system.html> .

2. Assessments and Special Populations

Assessments and screening are conducted at Access Points. Potential participants are not screened out for assistance based upon perceived barriers to housing and services. All clients must consent to a release of information prior to assessment. The assessments are completed in HMIS. Eligibility for services and referral to prevention services, domestic violence services, or veteran services are determined by intake processes, work flow, and client consent.

The most appropriate service or housing options will be based upon the vulnerability and needs of those assessed. A standardized script is used to screen or refer and the workflow is followed to determine the needs of those seeking help. Households that are determined in initial screening to be in need of Domestic Violence (DV) Services are immediately referred to SD Domestic Violence Hotline, 1-800-430-7233.

Households are initially screened to determine if they meet criteria for literally homeless or imminent risk of homelessness. Those meeting the criteria for imminent risk of homelessness are referred to homeless prevention services providers in their communities or as close as possible to their current communities. CoC and ESG projects will work cooperatively to ensure the CoC's CES process allows for coordinated screening, assessment, and referrals for ESG projects consistent with the written standards for administering ESG assistance. SD CES will prioritize interventions for Rapid Re-housing and/or Permanent Supportive Housing services, and not for entry into emergency services or similar services, thus allowing for an immediate crisis response for emergency services. Information gathered in the assessment process will only be used to determine the applicant's position in the priority list for referral to appropriate services. Eligibility for available services will not be determined using priority assessments.

When an individual is homeless or at risk and is identified as a Veteran, the Veteran's Administration (VA) with consent of participant may be contacted immediately at 1-877-424-3838. Veterans may also be referred with consent to the local SD and Tribal Veteran's Services Offices. The Veterans may be referred for specialized services via the VA or Veteran Services Offices including Support Services for Veterans and Families (SSVF) and this is generally initiated via the VA call center processes. Additional assessment processes for determining eligibility for Veteran specific services is completed by the VA. The Households may forgo Veteran services referrals if they choose and this will be honored during intake process.

All assessments completed at Access Points are completed in standard HMIS intake and assessment work flow. A specific VI-SPDAT Vulnerability Index Assessment is completed for 3 specific populations; families, individuals, and youth. Households are prioritized for Permanent Supportive and Rapid Re-housing services based upon the score of the assessments. Households should be reassessed if more than 180 days have passed since previous assessment and they remain homeless.

3. Referral

Participant referrals are made throughout the intake processes and following case conferencing depending upon participant eligibility and needs identified. Referrals may be made for; Prevention Services, Domestic Violence Services, Veteran Services, Emergency Shelter, CoC funded housing options, and any other services applicable. Participants that are not literally homeless but are imminently in danger of becoming homeless and are at 30% or below the Area Median Income (AMI) shall be referred to the ESG services provider nearest to the participant's location and prioritized for services based upon a first come first served process while taking into account specific agency policy. Prevention screening will occur through the HMIS/CES Workflow.

Following assessment, eligible participants (literally homeless individuals/households) will enter a wait list status. Regional Coordinators and SDHDA will monitor the wait list and make appropriate referrals to

housing services based upon the use of case conferencing. Referrals are made based on intake and assessment information. Participants are screened for intervention options and eligible programs in HMIS CES workflow process. Households decide which program offer that they will accept. Households should always be encouraged to seek remedies outside of CES housing placement options.

Once a referral is made for housing, the Receiving Program has 2 business days to acknowledge the receipt of the referral. The Receiving Program must act on the referral within seven days. The Receiving Program may reject the referral if the program is unable to contact the referred household within seven days of acknowledgement and acceptance of referral. The Receiving Program is required to document attempts to contact participants in HMIS.

All referral and case information is tracked in HMIS case notes. Upon receipt and acceptance of referral, the Receiving Program assumes responsibility for updating client level data in HMIS including discharge. Clients may appeal eligibility determinations. Clients may appeal decisions including rejection by Receiving Programs. Appeal is accomplished by completing CES Grievance Form. Information for grievance process is to be provided by all Access Points, Receiving Agencies, and via Web page <http://www.housingforthehomeless.org/services/coordinated-entry-system.html>.

Once the appropriate intervention is identified by use of an assessment script and processes, assessment tools are scored, and case conferencing occurs, eligible participants will be referred to the appropriate housing services. VI-SPDAT Vulnerability Index score will be obtained for those individuals not immediately referred for Prevention Services, Domestic Violence services referrals, and VA referrals. VI-SPDAT score is used to determine prioritization of participants for housing offers based upon vulnerability.

All CES Receiving Programs which include all CoC-funded and ESG-funded projects will enroll new participants only from CES referral process. To facilitate prompt referral process, and to reduce vacancy rates, Receiving Programs must inform CES Lead Agency (SDHDA) and Regional Coordinator for the CES region of any known and anticipated upcoming vacancies. When a PSH, RRH, or TH vacancy occurs, the provider agency with the vacancy must alert CES Lead Agency (SDHDA) and Regional Coordinator within 5 business days. The notification must include specific details on the vacancy including project name, unit size, location, and any funder defined eligibility requirements. A referral to the Receiving Program should be made by the next case conferencing meeting from the CES waitlist based upon prioritization criteria.

There may be instances when Receiving Agencies decide not to accept a referral from CES. When this occurs, the Receiving Agency must notify CES Lead Agency and Regional Coordinator of the denial and the reason for the denial within 5 business days. Refusals by Receiving Agencies are only accepted in certain situations.

- The participant does not meet the projects eligibility criteria.
- The person would be a danger to self or others if allowed to stay at this particular project.
- The services available through the project are not sufficient to address the intensity and scope of the participant need.
- The project is at capacity and unable to accept referrals at this time.

4. Case Conferencing

This is the process by which the by-name homeless waiting list is effectively managed. Case conferencing occurs at the regional and state levels and in combination. The CES Regional Coordinators are responsible for ensuring that case conferencing occurs with the CES regional case conferencing teams regularly. Case conferencing serves as the process for referring wait list households to housing options. Case conferencing also serves to manage housing vacancies in Receiving Programs. The Receiving Programs are expected to share vacancies with the CES Regional Coordinator and CES Lead Agency. Housing vacancies

should be filled appropriately and as quickly as possible following the policy and procedures of this manual. Case conferencing is a tool to resolve barriers to housing and to prioritize wait list. Case conferencing is to be completed with decisions based on the prioritization of the most vulnerable individuals while considering the length of time households have been homeless as described in this manual. Participants placed on CES wait list should be contacted regularly following intake. Participants not actively receiving services should be contacted regularly by Helpline Center staff to keep information on homeless status, etc. updated.

Households are matched with the currently available housing options. Housing offers are made to those on the wait list and the offers are either accepted or rejected by households. The offers are recorded in HMIS, as are the rejection or acceptance of the offers, and the dates involved. Households will have five business days after housing offer to accept housing offer. Households that reject a housing offer, and remain literally homeless, do not forfeit their prioritization score. However, another participant may be identified with greater vulnerability than the participant that rejected a housing offer, at the time of the next housing opening, thus moving the household that rejected the housing offer to a lower position on the wait list. Matching information from assessments is always used to determine which housing intervention is best suited to end the household's homelessness experience. The CES waitlist will be monitored both regionally and at the state level to ensure that households are in fact prioritized for housing offers based upon vulnerability scores and case conferencing processes.

Case conferencing serves to ensure successful housing placement by addressing the needs of the most vulnerable and difficult to serve clients in order to ensure that they have access to the resources for which they have been found eligible and are appropriate to meet the need identified. Ensuring that needed documents are complete and ready is vital to the process. Ensuring effective and timely navigation to housing for persons experiencing homelessness, and preventing those experiencing homelessness from being placed in queue for an extended period of time, is paramount to case conferencing.

5. CES Staff Training

CES provides training opportunities at least annually to organizations and or staff persons at organizations that serve as Access Points and complete intake and administer assessments. Receiving Agency staff involved in CES, and Regional Coordinators also receive at least annually formal CES training. Other CES case conferencing team members, and PAC members are encouraged to attend annual CES training. CES updates and distributes training protocols annually. Training will include "new user HMIS" training with specific emphasis on understanding SD CES matching and prioritization, as well as, training regarding equal access and non-discrimination requirements. Use of the grievance procedure by applicants/participants will also be emphasized. Access Point staff administering assessments are to be provided with materials that clearly describe the methods by which assessments are to be conducted with due fidelity to CES written policy and procedure. CES staff may receive additional training as needed throughout the year to ensure effective operations of CES.

6. Marketing

The CES will be widely marketed throughout the homeless services system in South Dakota. Receiving Programs including CoC-funded Rapid Re-housing and Permanent Supportive Housing programs and agencies delivering services and Rapid Re-Housing under the Emergency Solutions Grants (ESG) will receive ongoing information updates regarding CES. In turn, those programs/agencies will reach out to potential CES participants to facilitate their entry into CES. The CES will actively market to all known and operating homelessness service providers information on access to CES system for participants.

7. Grievance Process

South Dakota CES is a transparent process. Participants who have a grievance with any portion of CES have the right to file a grievance form and have their concern addressed. CES Grievance Form is located in the Appendices of this document.

VI. Fair Housing, Regulatory, and Statutory Requirements and Protections

All HUD CoC funded projects in South Dakota's Coordinated Entry System must include strategy to ensure CoC resources and CES options are eligible to all regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. All SDHHC/SD CoC funded projects shall follow the non-discrimination and equal opportunity provisions of Federal civil rights law, including the following:

- Fair Housing Act
- Section 504 of the Rehabilitation Act
- Title VI of the Civil Rights Act
- Title II of the Americans with Disabilities Act
- Title III of the Americans with Disabilities Act

All CES participating projects in South Dakota's CES must ensure that all people in different populations and subpopulations throughout the geographic area, including people experiencing chronic homelessness, veterans, families, families with children, youth, and survivors of domestic violence, have fair and equal access to the CES, regardless of location or method by which they access the CES. Access Points must be accessible to households with disabilities. CES strives to protect the rights and protections of households seeking assistance. Households have a right to be treated with dignity and respect. There is a right to appeal decisions of CES via CES Grievance Process. Households have the right to be treated with cultural sensitivity. Advocates may be present to assist during any part of the grievance process. Participants may request reasonable accommodations and these requests must be duly addressed and considered. Participants may accept or reject housing offers. Confidentiality shall be maintained and any information disclosed, to whom, and for what purpose, shall be expressly explained and agreed upon by households seeking assistance. Participants may refuse to share information unless that information is deemed essential for safety or other reasonable reasons involving housing. At the same time, participants must understand that the failure to share certain data required may stop them from receiving services for which the participant may have qualified.

VII. Prioritization and Eligibility

The South Dakota CES seeks to prioritize the most vulnerable people seeking housing assistance for housing offers. The Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed and is owned by OrgCode and Community Solutions, and is the tool used by SD CES for triage assisting in informing an appropriate match to a housing intervention for literally homeless families based upon their acuity in several core areas. The VI-SPDAT allows for prioritization based on presence of

vulnerability across four components: history of housing and homelessness, risks, socialization and daily function, and wellness.

Participants seeking assistance should all receive the same information regarding what the CES process involves. Access Point assessors should communicate the assessment processes and its results clearly and consistently across the community. Participants must meet prioritization criteria in order to be referred within categories for housing options. Where two participants meet all criteria within a single priority category, providers will serve clients with the highest VI-SPDAT score first. Where two participants met all criteria within a single priority category and have the same VI-SPDAT score, providers serve participant families with the largest household size first, and then those with children under five. Among participants that meet all criteria within a single priority category, have the same VI-SPDAT score, and have the same household composition, providers will the participant family with the longest documented history of homelessness. Rapid Rehousing is targeted to persons/households who are not chronically homeless and have a lower VI score. Permanent Supportive Housing is targeted to persons who are chronically homeless and a have a higher VI-SPDAT score. SDHHC adopts as policy HUD notice CPD-16-11, Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.

Upon completion of the VI-SPDAT during assessment, the assessor should ask if the participant is currently working with a provider towards a form of housing assistance. If so, the participant should be encouraged to continue to engage with existing case management supports. If not, Access Point staff should provide a brief description of resources currently available within the community and ask if the family is interested in specific forms of housing assistance. Access Point staff must emphasize the importance of having reliable and comprehensive information regarding the best time, means, and place to contact participants. It is important to have reliable methods of contacting or locating participants recorded in HMIS. Staff should also quantify which essential documents the participant possesses currently and begin to work with participants on locating any missing documents. Emphasis must be made that specific documentation is required for many programs, including but not limited to government issued photo identification, social security card, birth certificate, and any proof of income.

South Dakota Housing for the Homeless Consortium Coordinated Entry System Eligibility and Target Populations

* Not reflective of our prioritization criteria.

<u>Housing Service</u>	<u>SDHHC Target Population</u>	<u>Eligibility Criteria</u>
Rapid Re-Housing	<ul style="list-style-type: none"> • Non-Chronic • Lower VI-SPDAT 	<ul style="list-style-type: none"> • Literally Homeless • Fleeing/attempting to flee DV
Transitional Housing	<ul style="list-style-type: none"> • Youth • DV Survivors 	<ul style="list-style-type: none"> • Literally Homeless • Imminent Risk of Homelessness • Fleeing/attempting to flee DV
Permanent Supportive Housing	<ul style="list-style-type: none"> • Chronically Homeless • Veterans • Highest VI-SPDAT • Chemically Dependent Clients 	<ul style="list-style-type: none"> • Chronically Homeless

SDHHC will use data collected through CES process to prioritize homeless persons within the statewide CES implementation. There may be specific prioritizations for specific programs based upon HUD CES guidance. The CES policies and procedures contain the factors and assessment information with which prioritization decisions will be made.

1. Permanent Supportive Housing (PSH) Prioritization:

The prioritization for PSH is consistent with HUD's Prioritization/PSH Notice. Persons eligible for PSH will be prioritized for available units based on the following criteria (applying the definition of chronically homeless set by HUD). The prioritization for persons who are determined to be eligible for PSH will be consistent with the SDHHC's scoring range for need and vulnerability associated with PSH projects. SDHHC will also prioritize the following persons for PSH:

1st Priority – Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs.

2nd Priority – Chronically homeless individuals and families with the longest history of homelessness but without severe service needs.

3rd Priority – Chronically homeless individuals and families with the most severe service needs.

4th Priority – All other chronically homeless individuals and families not already included in priorities 1 through 3.

5th Priority – Homeless individuals and families who are not chronically homeless but do have a disability and severe service needs.

6th Priority – Homeless individuals and families who are not chronically homeless but do have a disability and a long period of continuous or episodic homelessness.

7th Priority – Homeless individuals and families who are not chronically homeless but do have a disability and are coming from places not meant for human habitation, or emergency shelters.

8th Priority – Homeless individuals and families who are not chronically homeless but have a disability and are coming from transitional housing.

2. Rapid Re-Housing (RRH) Prioritization:

The prioritization for persons who are determined to be eligible for RRH will be consistent with the SDHHC's scoring range for need and vulnerability associated with RRH projects. SDHHC will also prioritize the following persons for RRH:

1st Priority – Households with children.

2nd Priority – Households experiencing domestic violence.

3rd Priority – Households Consisting of unaccompanied youth.

3. Transitional Housing (YH) Prioritization:

The prioritization for persons who are determined to be eligible for TH will be consistent with the SDHHC's scoring range for need and vulnerability associated with TH projects. TH is currently extremely limited in SDHHC CES. There are no CoC-funded or ESG-funded funded TH projects at this time.

VIII. Evaluation and Updating

Coordinated Entry System development involves significant development of systemic processes and associated change. To help ensure that the system is effective, particularly during the early stages of implementation, SDHHC anticipates adjustments to the processes described in this manual will occur. The CES will be reviewed and evaluated on at least a yearly basis and there will be ongoing opportunities for stakeholder feedback, via surveys, individual interview, focus groups or similar mechanisms. All individual data collected during the evaluation activities will be subject to the same data privacy requirements as all other data collected in the CES process. SDHHC will consider the addition of an FAQ section to the SDHHC website, to assist service providers and Access Point staff to have access to the most current information available regarding CES. Adjustments and changes to the manual will be approved by Policy and Advisory Committee of SDHHC. The Policy and Advisory Committee is the governing board of South Dakota Housing for Homeless Consortium.

IX. Appendices

Appendices I: Grievance Form

**South Dakota Housing for the Homeless Consortium
Coordinated Entry System
Grievance Form**

If you believe you have been treated unfairly during your application to the South Dakota Coordinated Entry System (CES), you may file a complaint. Please attempt to resolve any concern you may have by contacting the individual and agency involved directly. If you are not satisfied with the outcome you receive, or you are uncomfortable addressing your concern directly, you may provide us with the information requested below to begin CES Grievance Process. Please refer to the SD CES Grievance Process available at www.housingforthehomeless.org for detailed information on submitting form.

Name of individual filing Grievance Form

Address (City, State, ZIP Code)

Phone number where you can be reached

Who may we call if we can't reach you (name and number, agency if applicable)

Please explain what has occurred resulting in your grievance?

Is there a particular staff person and/or agency involved with this grievance? Please record here information about particular staff member and agency (organization) in order we may work to resolve the concern.

When and where did this event occur?

**South Dakota Housing for the Homeless Consortium
Coordinated Entry System
Grievance Form Continued**

What do you believe would be a fair and equitable solution to this grievance?

Signature*

Date

* Unsigned Grievance Forms will not be considered. Retaliation against you for filing a grievance is strictly forbidden.

FOR CES USE ONLY

Grievance received: _____
Date

By: _____
CES Program Manager

**South Dakota Housing for the Homeless Consortium
Coordinated Entry System
Resolution Record**

This portion to be completed by agency/individual receiving Grievance Form in process.

Name, title, agency, and location of individual completing Resolution Record

Document action taken to address attached Grievance Form. Please include any pertinent dates and attempts to contact individual completing Grievance Form. Refer to CES Grievance Process available at www.housingforthehomeless.org for guidance in process.

Signature

Date